MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 112770

in a Liner (Vault/Crypt) Funeral, date, time Tues, 1/21, 1:00pm

Church, Chapel, Graveside Del Only Cath. Burial (Kyle) Mortuary.

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

Lot 29 Grave 2T Row _____ Section 1 Division ~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 186049

Acct. # 000952

Work Order # E 9900

PY-593 (REV 8-85)

E-9900

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	—	Doe 9122088	Unknown	10/8/91	M

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

7A. TYPED NAME AND ADDRESS OF APPLICANT FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Carl Bertha, Director & Daniel Chavez 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT

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

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

8B. DATE SIGNED: 1/17/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 17 1992	▶ Donald L. Powers, M.D.

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

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 29-27-1-12 3751 Market St. San Diego, CA	11B. DATE INTERRED 1/21/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY — Cardboard Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-92

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

in a Ash Vault (Vault/Liner) Funeral, date, time Mon 4/13 #4D

Church, Chapel, Graveside _____ Neels-Brea Mortuary.

(714) 529-2194 (Carol Weddle)

All Funeral cars must 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 238 Grave — Row — Section 2 Division ~~Block~~ 8

Grave space & Care Fund Pre-Need (1979 XE-412) ..... Ø

Additional spaces and care fund .....

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 3.30

Total Due 253.30

Paid receipt number 42035 253.30

Balance due Ø

Fax # (714) 529-8549

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ State /CA/ Zip Code

X _____ Telephone

Work Order # E 9901

Invoice # _____

Acct. # _____

PY-553 (REV. 8-86)

E-9901

MESSAGE CONFIRMATION
TRANSMISSION

JAN-21-'92 TUE 10:11

TERM ID: MT HOPE CEMETERY P-9999
TEL NO.:

NO.	DATE	ST. TIME	TOTAL TIME	MODE	ID	DEPT CODE	#PGS	
021	01-21	10:10	00'00"49		7145290549		OK- 1	NG- 0

OFFICIAL RECEIPT

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

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

No 42035

Date: 3-20, 1992

From: Desert Brea Mortuary Address: 735 S. Brea Blvd, Brea, Ca. 92621

Two Hundred Fifty-Three 30/100 Dollars ($ 253.30)

In Payment of Interment of Wanda Long

Lot 238 Grave Row Section 2 Division Block 8

Invoice No.

Acct. No.

W.O. E-9901

BALANCE DUE 0

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

AC-212 (Rev. 1-91) 21683

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

ISSUED BY J. White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	40 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	3 30
TOTAL PAID	$	253 30

E-9901

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WANDA	FAYE	LONG	Jan.17,1927	Jan.19,1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Fullerton	Orange	Sandra O'Brien (Daughter) 1483 South Alameda Los Angeles CA 90012

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Neels Bros Mortuary, 835 S. Brea Bl., Brea CA	FD 623	▶ [signature]	1/21/1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Jan.21,1992	▶ L. Rex Ehling M.D. 3359

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P.O. Box 355, Santa Ana CA 92702

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3850 Imperial Ave., San Diego CA	11B. DATE BURIED 4-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Loma Vista Crematory 701 E. Bastanchury Rd., Fullerton CA	12B. DATE CREMATED 1-21-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ----------	13B. DATE RECEIVED ----	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ ----------
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ----------	14B. DATE SHIPPED ----	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ ----------
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ----------	15B. DATE OF DISPOSITION ----	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ ----------

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

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-9901

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-92

You are hereby authorized and instructed to deliver the case and regulations to other interments

of X Wanda GF. Long

in a Ash Vault

Church, Chapel, Nonsectarian Hope Bree

All Funeral [illegible] (Over Weekly)

and billed to undersigned. Will note [illegible]

Lot 237 Grave — Plot — Section 2 Section 8

Grave space & Care Fund Pre-Need (1979) (E-442) $

Additional spaces and [illegible]

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower [illegible]

Sandra F. O'Brien the Father

Sandra F. O'Brien
1483 S ALAMEDA ST
LOS ANGELES, CA 90021
213-749-2130

Work Order # E 9901

Neels Brea Mortuary

NEEL FUNERAL DIRECTORS, INC.
Established 1911

E 8901

February 29, 1992

Dear Cemetery Representative:

Enclosed you will find a Interment Order and check in the amount of $253.30. for Wanda F. Long.

The cremated Remains will be delivered to you shortly after March 15,1992. If you have any questions please don't hesitate to call.

sincerely,

Henry Reid

Henry Reid
Neels Brea Mortuary

835 South Brea Boulevard • Brea, California 92621-5386

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lula C. Livingston

in a Vault (Vault/Liner) Funeral, date, time Fri, 1/24 1:00pm

Church, Chapel, Graveside Chapel + Grave-side ; Ragsdale Mortuary.

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

Lot 77 Grave 4 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	16.50
Total Due	1381.50
Paid receipt number	41792 1381.50
Balance due	0

PAID
JAN 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring check

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

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

Signature of recorded holder of deed

Harold Livingston
Signature

2552 Euclid Ave
Address

San Diego Ca. 92105
State Zip Code

262-8737
Telephone

Work Order # E 9902

Invoice #

Acct. #

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

No 41792

Date: 1-24, 1992

From: Anderson-Kazdale Address: 5050 Federal Blvd, SD 92102

Thirteen Hundred Eighty-one & 50/100 Dollars ($ 1381.50)

In Payment of Interment of Lula Livingston

Lot 771 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-9402

BALANCE DUE 0

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

8810

AC-212 (Rev. 1-91)

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

ISSUED BY JWitt

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	16	50
TOTAL PAID	$	1381	50

E-9902

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lula	Christine	Livingston	3-3-26	1-18-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Harold Livingston - Son 2552 Euclid Ave. San Diego, CA 92105

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

ACKNOWLEDGMENT OF APPLICANT

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

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: Debbie Williams

8B. DATE SIGNED: 1-22-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 24 1992	Ronald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 SanDiego, CA	

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 1/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Vault metal 774-3-12 w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-92

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

in a T.S Vault (Vault/Liner) Funeral, date, time Fri, 1/24, 11:00 AM

Church, Chapel, Graveside Chapel + Grave-side ; El Cajon Mortuary.

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

Lot 1116 Grave — Row — Section 3 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need (C-2274) 0

Additional spaces and care fund .....

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 16.50

Total Due 786.50

Paid receipt number 4481 786.50

Balance due 0

PAID
JAN. 21 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Elvira E Steiskel
Signature
8661 Winter Gardens Blvd #28
Address
Lakeside CA 92040
State Zip Code
443-A92
Telephone

Work Order # E 9903

Invoice # _____

Acct. # _____

PY-693 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 41781

Date: 1-21, 1992

From: Elvira Steiskal Address: 8661 Winter Garden #28, Lakeside

Seven Hundred Eighty Six 50/100 Dollars ($ 786.50)

In _____ Payment of Robert Steiskal Service

Lot 1116 Grave — Row — Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-9903

BALANCE DUE 0

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

AC-212 (Rev. 1-91) 1263

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

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	16	50
TOTAL PAID	$	786	50

E 9903

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Robert	Joseph	Steiskal	3/02/1911	1/20/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE FOR INFORMANT
Lakeside	San Diego	Elvira Steiskal - Wife 8661 Winter Gardens Blvd #28 Lakeside, CA 92040

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
El Cajon Mortuary 684 S Mollison Ave - El Cajon, CA 92020	FD-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED 1/23/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 23 1992	▶ Donald G. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P O Box 85222 San Diego, CA 92186-5222	- - -

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt Hope Cemetery - 3751 Market St San Diego, CA 92102 111e-3f9	11B. DATE INTERRED 1/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ J. A. Watt	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Cloth Covered Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Robert Binkowski

NewKirk + Whitney
Funeral Home

FAX # (203) 233-6205

for Margaret Burns

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Original Mailed for Signature.

Disinterment

Date 1-22-92

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

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

Church, Chapel, Graveside Featherngill (Ed) Mortuary.

Newkirk + Whitney (Robert Binkowski)

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

Ash Niches 4

Lot _____ Grave _____ Row 2 Section 1 Division ~~Block~~ 9

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Disinterment	150.00
Recording and filing fee	
Sales taxes	
Total Due	150.00
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ State City Zip Code

X _____ Telephone

Work Order # E 9904 ✓

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

Copy of Jora + Inter Order faxed for signatures.

E-9904

MESSAGE CONFIRMATION
TRANSMISSION

JAN-22-'92 WED 11:50

TERM ID: MT HOPE CEMETERY P-9999
TEL NO.:

NO.	DATE	ST. TIME	TOTAL TIME	ABBR SED	ID	DEPT CODE	#PGS	
023	01-22	11:49	00'01'27		2032335285		OK- 2	NG- 0

E-9904

DISINTERMENT, REMOVAL AND REINTERMENT RECORD

Name of Decedent _____

Date of Original Interment _____

Location of Original Interment _____

Date of Disinterment, Removal and Reinterment _____

Hour of Disinterment, Removal and Reinterment _____

Reinterment _____

_____

_____

Funeral Director Present, If Any _____

Location Where Reinterment Made _____

Description, Make and Type of Casket _____

Remarks _____

_____

The undersigned certify to the above, also that they viewed the above-mentioned disinterment, removal and reinterment, and that said disinterment, removal and reinterment was properly made.

Signatures of Relatives Present: _____

_____

_____

Signatures of All Employees Present: _____

_____

_____

_____

_____

_____

Refer to Work Order No. _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-92

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

in a Liner (Vault/Liner) Funeral, date, time Mon. 1/27 10:00 AM

Church, Chapel, Graveside Chapel + Del. Only ; GREENWOOD (Sharon) Mortuary.

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

✓ Lot 117 Grave — Row — Section IOOF ~~Division~~/Block 42

Grave space & Care Fund Pre-Need (B-358)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	702.38
Paid receipt number 41786	702.38
Balance due	Ø

PAID
JAN 22 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

Signature of recorded holder of deed

Signature D B Sanford

Address 11047 PALLEN WAY

State S.D. CAL Zip Code 92124

Telephone

Invoice #

Acct. #

Work Order # E 9905

PY-893 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 41786

Date: 1-22, 1992

From: Bruce Sanford Address: 11047 Palm Way, SD 92124

Seven Hundred 20/100 Dollars ($ 702.38)

In _____ Payment of Cave Sanford Internment Service

Lot 117 Grave — Row — Section IOOF Division Block 42

Invoice No. _____

Acct. No. _____

W.O. E-9905

BALANCE DUE 0

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

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

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	350.00
Burial Containers	100 77182	150.00
Handling Fee	100 77185	145.00
Recording & Misc. Fees	100 77183	45.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	12.38
TOTAL PAID	$	702.38

AC-212 (Rev. 1-91)

E-9905

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cave	Andy	Sanford	02-09-1901	01-21-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Bruce Sanford: Son 11047 Pallon Way San Diego, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805&Imperial Avenue San Diego, CA	F-843	▶ Kimberly L Jones	1-23-92

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 24 1992	▶ Ronald L. Romas, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 117-LOOF-42 BLK 3751 Market Street, San Diego, CA	11B. DATE BURIED 1/27/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe HA #123033 CC#91-186

in a Liner (Vault/Liner) Funeral, date, time Fri 1/24, 12:30pm

Church, Chapel, Graveside Del Oaky ; Mayer Mortuary.

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

Lot 25 Grave 2BT Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Susan Jarvie

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9906

Invoice # 186051

Acct. # 000952

PY-583 (REV. 6-85)

F-9906

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
John	---	Doe 91-1866	Unknown	09/08/1991	M

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

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

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED 01/23/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
$7.00	JAN 23 1992	Ronald L. Parrish, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 25-2T-1-12	11B. DATE INTERRED 1/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-23-92

#112-3017

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE #91-9182

in a LINER (Vault/Liner) Funeral, date, time 1-24 Fri

Church, Chapel, Graveside DEL-ONLY : HUMPHREY Mortuary.

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

Lot 35 Grave 2B Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

ROBERT HUMPHREY

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9907

Invoice # 186050

Acct. # 000952

PY-593 (REV. 6-88)

F-9907

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	----	DOE 9101982	Unknown	09-24-1991	M

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

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911	F-964

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Judith E Kerns	1-23-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	JAN 23 1992	▶ Donald L. Russell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 25-28-1-12 3751 Market St. San Diego, CA	11B. DATE INTERRED 1/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-23-92

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

in a Liner (Vault/Liner) Funeral, date, time Fri, 1/24 11:30AM

Church, Chapel, Graveside Graveside only ; Rosedale Mortuary.

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

Lot 88 Grave 11 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund Pre-Need (E-7048)	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	702.38
Paid receipt number 41789	702.38
Balance due	0

PAID
JAN 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ty will pay 1-23-92

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

Ty [illegible]
Signature

Address

State Zip Code

Telephone

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

Signature of recorded holder of deed

Work Order # E 9908

Invoice #

Acct. #

PY-583 (REV. 6-86)

MOUNT HOPE CEMETERY

E-9908

JAN- 23 1992

The undersigned hereby requests and authorizes the interment of the remains of BERNICE BANKS in Lot 88 Gr 11 Row _____ Sec. 2 Block Division 11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Maude Washington
Signature of relative or legal representative

4067 NEWTON-AVE SAN DIEGO CA 92113 FRIEND
Address & relationship to deceased or authority to sign authorization

Valerie L Yates
Witness

Jeralene Nichols
Witness

OFFICIAL RECEIPT

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

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

No 41789

Date: 1-24, 1992

From: Agnes Brown Trs. Trust Address: 1746 Euclid Ave, SD, Ca 92105

Seven Hundred Two 38/100 Dollars ($ 702.38)

In Payment of Burial Vault Service

Lot 28 Grave 11 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-9408

BALANCE DUE 0

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

AC-212 (Rev. 1-91) 1060

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

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	12	38
TOTAL PAID	$	702	38

E-9908

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS E 9908

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Bernice	Nadine	Banks	4-14-43	1-21-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Emmanuel Francouis - Son 757 48th St. San Diego, CA 92102

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

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Anderson	1-23-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 24 1992	Donald L. Parvas, M.D.,J.

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

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 88-11-2-11	11B. DATE INTERRED 1/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Cloth Covered Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-23-92

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

in a _____ Vault/Liner Funeral, date, time Fri, 1/24 Noon

Church, Chapel, Graveside Chapel + Grave-side Calif Burial (Marion) Mortuary.

All Funeral cars must 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. L-33" H-14" W-17"

Lot 3009 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	220.00
Paid receipt number 41809	220.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

Jammie Carter
Signature

404 Plantanost #3
Address

S.D. 92113
State Zip Code

5272309
Telephone

Work Order # E 9909

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

No 41809

Date: 1-31, 19 92

From Caly Burial Address: 5605 El Cajon Blvd 16

Two Hundred Twenty 220/00 Dollars ($ 220.00)

In Payment of Interment of Stasha Carter

Lot 3009 Grave — Row — Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-9909

BALANCE DUE 0

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

4009

AC-212 (Rev. 1-91)

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

ISSUED BY J Watts

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	90	00
Opening/ Closing	100 77181	75	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	220	00

MT. HOPE CEMETERY

W.O. # E-9909

NOTE

$ 220.00 San Diego, California 1-24 19 92

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 Two Hundred Twenty ~~No~~ DOLLARS with interest from February 24, 1992 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 FRANCINE ANZALONE-BYRD SIGNATURE Francine Anzalone-Byrd

ADDRESS 3734 Alaska St. SD. 92154

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 566-647732

PY-1012 (11-89) WORK 229-8201

E-9909

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Stasha	Lakee	Carter	7/4/1991	1/19/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tamie Carter-Mother 404 Plantano Street #3 San Diego, CA 92102

7A. PRINT NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
California Cremation & Burial Center 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ B L C Chase	1/22/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	JAN 2 3 1992	▶ Donald L. Ramos, M.D. MH

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 3009-1-9 Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 1/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY ——	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ——	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ——	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ——	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot + Trust

Date 1-23-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Lion & Flora S Lion

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 3745 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup 2 @ $350.00	700.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ 45.00	90.00
Sales taxes	27.23
Total Due	2242.23
Paid receipt number #41787	2242.23
Balance due	0

PAID
JAN 23 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X Robert S Lion
Signature

619 5th Avenue
Address

Chula Vista, Cal. 91910
State Zip Code

619 422 8857
Telephone

Work Order # E 9910

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11816

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Flora & Robert Lion for the sum of $ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3745, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9910

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo Teague
Cemetery Manager

Property Director

PY-844

OFFICIAL RECEIPT

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

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

No 41787

Date: 1-23, 1992

From Robert J Lin Address 619 5th St, C.V. 91910

Twenty-Two Hundred Sixty-Two 23/100 Dollars ($ 2262.23)

In Payment of Pre Need Lot + Trust for Robert + Alicia Lin
(Double Depth)

Lot 3745 Grave — Row — Section — Division 10 Block —

Invoice No.

Acct. No.

W.O. E-9910

BALANCE DUE 0

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

AC-212 (Rev. 1-91)

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

ISSUED BY

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	700	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	27	23
TOTAL PAID	$	2262,	23

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cyrilla A. Francisco in a T.S Vault (Vault/Liner) Funeral, date, time Sat. 1/25 10:30 AM Church, Chapel, Graveside Chapel & Graveside: Rosedale Mortuary.

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

Lot 88 Grave 7 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee Sat. O.T. Charge	480.00
Recording and filing fee	4.50
Sales taxes	16.50
Total Due	1861.50
Paid receipt number 4788	440.00
Balance due	1421.50

Family will watch lowering + Family covering. Want to be able to throw dirt in grave.

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

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

Samuel Francisco

Signature of recorded holder of deed

Signature Samuel Francisco

Address 6975 Lisa Ave #58

San Diego, Ca 92102

State Zip Code

Telephone (619) 263-3784

Work Order # E 9911

Invoice # 186052

Acct. # 072163

PY-683 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 41788

Date: 1-24, 1992

From: Ismael Francisco Address: 4975 Lisa Ave, SD 92102

Four Hundred Forty & 00/100 Dollars ($ 440.00)

In Payment of Interment Service for Cipilio Francisco

Lot 88 Grave 7 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-9916

BALANCE DUE $1421.50

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

AC-212 (Rev. 1-91)

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

ISSUED BY J. Witt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	440 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	440 00

MT. HOPE CEMETERY

W.O. # E-9911

NOTE

$ 1421.50 San Diego, California 1-24 19[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fourteen Hundred Twenty-one 50/100 DOLLARS with interest from February 25, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME SAMUEL FRANCISCO SIGNATURE [redacted]

ADDRESS 4975 Wise Ave San Diego CA 92102

CALIFORNIA DRIVER LICENSE NUMBER N7543773 SSN # 556-29-8680

PY-1012 (11-89)

E-9911

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 9911

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cyrilla	--	Fransisco	3-9-21	1-17-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Brooklyn	Kings	San Francisco - Son 4975 Lisa Ave. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
3050 Federal Blvd. Anderson-Ragsdale Mort.; San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT

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

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: Debbie Williams

8B. DATE SIGNED: 1-23-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 24 1992	Donald L. Powers, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL PLACE OF DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: Vital Records; P.O. Box 85222, San Diego, CA

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

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. 88-7-3-12 San Diego, CA	11B. DATE INTERRED 1/25/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A T.S. Vault metal w/ seal	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Use #4 Liner (oversize)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-92

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

in a Liner (Vault/Liner) Funeral, date, time Fri, 10:00 AM 1/31

Church, Chapel, Graveside Graveside (Chapel Service Thurs. Night) : 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. Casket: Wide - 32" Long - 88" Hig - 26"

✓ Lot 164 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00 ~~150.00~~
Handling Fees	145.00
Flower vases & Marker setting fee	
Recording and filing fee	45.00
Sales taxes	16.50 ~~12.38~~
Total Due	1251.50 ~~1197.38~~
Paid receipt number	41811 1251.50
Balance due	0

PAID
JAN 31 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary To Bring Check 1/29 Make Not Paid & price increase when he ordered oversize liner

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

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

_____
Signature of recorded holder of deed

Earl Moore
Signature

1624 E 9th St
Address

Natinoul City
State

474-6055
Zip Code

Telephone

Invoice # 91505

Acct. #

Work Order # E 9912

PY-583 (REV. 8-86)

E-9912

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9912

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Dorothy	Jean	Moore	3-14-44	1-24-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Earl Moore - Husband 1624 E. 9th St. National City, CA 91950

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5850 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT

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

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: Robert Wiedman

8B. DATE SIGNED: 1-28-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 29 1992	Donald L. Remus, M.D.

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

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 164-5-1-12 LINER	11B. DATE INTERRED 1/31/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

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

№ 41811

Date: 1-31, 1992

From: Lagodale Mortuary Address: 5050 Federal Blvd., SD 92102

Twelve Hundred Fifty-One 50/100 Dollars ($ 1251.50)

In _____ Payment of Interment of Dorothy Moore

Lot 164 Grave 5 Row — Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9912

BALANCE DUE 0

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

AC-212 (Rev. 1-91) 8844

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

ISSUED BY J. Waite

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	396	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	16	50
TOTAL PAID	$	1251	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-92

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

in a Liner (Vault/Liner) Funeral, date, time Tues, 1/28, 11:00 AM

Church, Chapel, Graveside Church + Grave-side ; Calif. Burial (VAN) Mortuary.

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

✓ Lot 143 Grave 6 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	1197.38
1/27 Paid receipt number 41793	100.00
Balance due	1099.38

(OVER) →

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

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

Bessie L. Benyard
Signature of recorded holder of deed

Bessie L. Benyard
Signature

3650 Webster Ave
Address

San Diego Ca 92113
State Zip Code

233-9582
Telephone

Work Order # E 9913 ✓

Invoice # 186053

Acct. # 072164

PY-583 (REV. 8-85)

1/27 – Bal. $1097.38

1/27 - Receipt #41754 200.00

1/27 - Balance Due → 897.38

2/28 #41939 400.00

497.38

OFFICIAL RECEIPT

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

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

No 41939

Date: 8-28, 1992

From: EVERETT BENYARD Address: 2560 BANCROFT DR. UNIT #13 S.D. 92154

Four hundred and xx/100 Dollars ($ 400.00)

In Part Payment of Interment Services for FLOYD Kennedy

Lot 143 Grave 6 Row 7 Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 9913

BALANCE DUE 497.38

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

CREDIT	67007	99	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	96	00
Opening/ Closing	100 77181	205	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	—

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0194

ISSUED BY W.J. Teague

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

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

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

№ 41793

Date: 1-27, 1992

From: Consuelo Parker Address: 12671 Cedarwood Circle, Riverside, Ca

One Hundred 00/100 Dollars ($ 100.00)

In _____ Payment of Interment of Floyd Kennedy

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9713

BALANCE DUE _____

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

AC-212 (Rev. 1-91) 1021

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

ISSUED BY J Waitsh

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

OFFICIAL RECEIPT

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

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

№ 41794

Date: 1-27, 1992

From: Everett Bergard Address: 2560 Bancroft Dr. #3, Sp Valley

Two Hundred 00/100 Dollars ($ 200)

In _____ Payment of Interment of Floyd Kennedy

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-9713

BALANCE DUE _____

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

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

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 1-91) 0170

MT. HOPE CEMETERY

W.O. # E 9913

NOTE

$ 897.38 San Diego, California 1-27 1992

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 Eight Hundred Ninety-Seven 38/100 DOLLARS with interest from February 28, 1992 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 Bessie L. Benyard SIGNATURE Bessie L. Benyard

ADDRESS 3050 Webster Ave San Diego, Ca. 92113

CALIFORNIA DRIVER LICENSE NUMBER D0848669 SSN # 262-40-6860

PY-1012 (11-89)

E-9913

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Henry	Floyd	Kennedy	5/7/1907	1/23/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Bessie L. Benyard-Niece 3050 Webster Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ B L G Chase	1/27/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	JAN 27 1992	▶ Donald L. Record, M.D.

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

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 143-6-1-12 3751 Market St. San Diego, CA	11B. DATE INTERRED 1/28/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY — Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # ID3084

in a Liner (Vault Liner) Funeral, date, time Fri, 1/31 2:00pm

Church, Chapel, Graveside Del Rey : Clairemont Mortuary. (Dorothy-279-2211)

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

✓ Lot 21 Grave 2B Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9914 ✓

Invoice # 186057

Acct. # 000952

PY-503 (REV. 6-85)

E-9914

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	—	Doe 91-2285	UNKNOWN	11-04-1991	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Susan Graves: Deputy P.A. 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Clairemont Mortuary: 4266 Mt. Abernathy Avenue San Diego, CA 92115	F-1126	Sharon Lawless	1-30-92

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 30 1992	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 21-20-1-A NON SECTARIAN LINER 3751 Market St., San Diego, CA	11B. DATE BURIED 1/31/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-92

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

in a _____ Vault/Liner Funeral, date, time Tue, 1/28, 2:00pm

Church, Chapel, Graveside Graveside ; Greenwood Mortuary.

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

✓ Lot 79 → 77 Grave _____ Row _____ Section _____ Division/~~Block~~ Muslim

Grave space & Care Fund Pre-Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container Casket Used	50.00
Handling Fees Gravel Fill	200.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	645.00
Paid receipt number 41795	645.00
Balance due	Ø

PAID
JAN 27 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO

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

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

_____
Signature of recorded holder of deed

Chaleb Okla
Signature

102 S. Honeysuckle
Address

Gilbert, AZ 85234
State Zip Code

(602) 892-7727
Telephone

Work Order # E 9915 ✓

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

E-9915 № 41795

Date: 1-27, 1992

From: Gerald Okla Address: 102 So. Honeysuckle, Gilbert, Az 85234

Six Hundred Forty five 00/100 Dollars ($ 645.00)

In _____ Payment of Interment of Hamed El Hamed

Lot 77 Grave — Row — Section — Division Block Muslim

Invoice No. _____

Acct. No. _____

W.O. E-9915

BALANCE DUE 0

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

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

ISSUED BY Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	295	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	645	00

AC-212 (Rev. 1-91)

E-9915

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Hamad	----	El Hamad	12-31-1953	01-24-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Duarte	Los Angeles	Itaf El Hamad: Wife 11115 Caminito Alvarez San Diego, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843	Sharon Fowler	1-28-92

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 28 1992	Donald L. Russell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N Figueroa Street, Rm. L-1 Los Angeles, CA 90012	P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 49 Dublin 3751 Market St., San Diego, CA	11B. DATE BURIED 1/29/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL John Waite
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-92

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

in a LINER (Vault/Liner) Funeral, date, time 1/30 Thu. 11:00 A.M.

Church, Chapel, Graveside Church G.S. ; Cal-Burial Mortuary.

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

Lot 174 Grave 12 Row — Section 1 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.34
Total Due	1197.34
Paid receipt number 3/2/92 Aux Invoice	1197.34
Balance due	0

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

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

Signature of recorded holder of deed

Eugene M. Lewis Jr.
Signature

4539 Logan Ave #A
Address

CA 92113
State Zip Code

(619) 262-6756
Telephone

Invoice # 186056

Work Order # E 9916

Acct. # 072166

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-9916

NOTE

$ 1197.38 San Diego, California 1-27- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of ELEVEN HUNDRED NINETY SEVEN AND 38/100 DOLLARS with interest from 3/12/92 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 EUGENE M. LEWIS JR SIGNATURE Eugene M. Lewis Jr

ADDRESS 4539 Logan Ave #A SD, CA 92113 MAIL ADD. P.O Box 740691 SD CA 92174

CALIFORNIA DRIVER LICENSE NUMBER C7131650 SSN # 571-13-2849

PY-1012 (11-89)

E-9916

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 07216

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3/2/92

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER #4139

AMOUNT PAID $1197.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Eugene Lewis, Jr

PAYOR NAME Calif. Surgical
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5602 El Cajon Blvd
SD 92115

REMARKS

CASHIER

INV. NO. 186056

TR-1561 (2-82)

E-9916

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Annie	Louise	Lewis	12/3/1944	1/23/92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Annie Starks-Mother 4565 Logan Ave. Apt. C San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ R L Chase	1/28/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	JAN 28 1992	▶ Donald L. Russell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 1/30/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY —— Liner metal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ——	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ——	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ——	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Property

Date 1-28-92

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 191 Grave — Row — Section — Division/~~Block~~ 10

Lot transferred by Alyne + John Spolarich to: Lacy Terry

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Transfer fee	45.00
Recording and filing fee	
Sales taxes	
Total Due	45.00
Paid receipt number 41798	45.00
Balance due	0

PAID
JAN 28 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

John S Spolarich
Signature

3688 Fund Cir # 27
Address

San Diego CA 92103
State Zip Code

293-0620
Telephone

Invoice # _____

Acct. # _____

Work Order # E 9917

PY-553 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 41798

Date: 1-28, 1992

From: John Spolarich Address: 3688 1st Avenue, SD 92103

Forty-five 00/100 Dollars ($ 45.00)

In _____ Payment of Transfer of Property to Mr Lacy Terry

Lot 191 Grave — Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9917

BALANCE DUE 0

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

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

ISSUED BY Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

AC-212 (Rev. 1-91)

1/28/92
Lot 191, Div. 10
Transferred to
Lacy Terry.
E-9917

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-9917

DEED

5223

10/25/1970

OWNERSHIP AND INTERMENT PRIVILEGES

TO John S. & Alyne Spolarich for the sum of $ 330.00 (DOLLARS)

LEGAL DESCRIPTION Lots 190 ~~& 191~~ Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-9262

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:

Double grave purchase - 12" x 24" single flush marker each grave or
12" x 36" double flush marker both graves.

R. W. Dehne
Cemetery Manager

William Jurkovich
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-9917 Nº 11818

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Lacy Terry for the sum of $ 45.00 (Transfer Fee) (DOLLARS)

LEGAL DESCRIPTION Lot 191; Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9917

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24". Flat Marker Only

Wendy Jo Teague
Cemetery Manager

Property Director

PY-584

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-92

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

in a _____ Vault/Liner Funeral, date, time Wed, 1/29, 12:30p

Church, Chapel, Graveside Graveside Cal-Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No | CASKET SIZE: L-32 3/4 | W-17 H-12

Lot 2908 Grave _____ Row _____ Section 7 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	220.00
Paid receipt number Auxiliary Invoice	220.00
Balance due	0

PAID
MAR 12 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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.

Herbert L Harton
Signature

6730 Doriana St #6
Address

S.D. CA 92139
State Zip Code

479-4667
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 9918

Invoice # 186055

Acct. # 072165

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-9918

NOTE

$ 220.00 San Diego, California 1-29 1992

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 Two Hundred Twenty 70/100 DOLLARS with interest from February 29, 1992 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 HERBERT L. HARTON SIGNATURE Herbert L. Harton

ADDRESS 6730 DORIANA ST. #6 S.D. CA 92139

CALIFORNIA DRIVER LICENSE NUMBER A8968038 SSN # 521-86-7923

PY-1012 (11-89)

E-9918

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9918

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Xavier	Darnell	Barton	10/28/1991	1/24/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Herbert L. Barton-Father 6730 Doriana St. Apt. 6 San Diego, CA 92139

7A. PRINT NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT

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

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

8B. DATE SIGNED: 1/27/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JAN 27 1992	Donald L. Powers, M.D. MO

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: P.O. Box 85222 San Diego, CA

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

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 2908-1-9 3751 Market St. San Diego, CA	11B. DATE INTERRED 1/29/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

E-9918

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072165

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-18-92

PAID BY (CIRCLE ONE): CA CK NF (Money Order)

PAYMENT REFERENCE NUMBER 0683125

AMOUNT PAID $220.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Veronica Hartoa

PAYOR NAME SAME
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS ~~4330~~ 10108 Calle Marinero #20
Spring Valley CA 91977
670-9413

REMARKS by Kathy L. Wigdahl (HS #72)

CASHIER

INV. NO. 186055

TR-1561 (2-82)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-31-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALEX LIPPAI P.A.# 1121456

in a LINER (Vault/Liner) Funeral, date, time 1/31 Fri 1:00 P.M.

Church, Chapel, Graveside DEL-ONLY ; GREENWOOD Mortuary.

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

✓ Lot 21 Grave 2 T Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126 00
Additional spaces and care fund	
Opening/Closing & Setup	121 00
Burial Container	
Handling Fees	50 00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
SHERRY	
Total Due	297 00
Paid receipt number	
Balance due	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9919

Invoice # 186058

Acct. # 000552

PY-593 (REV. 8-85)

F-9919

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Alex	UNKNOWN	Lipai	03-31-1942	10-11-1991	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lee Jamie: Deputy P.A. 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843	▶ Sharon Lawless	1-30-92

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JAN 31 1992	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA	LINER	11B. DATE BURIED 1/31/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teagues
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 21-27-1-12 GALVANIZED METAL		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-31-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADELYN L Cobbs

in a Liner (Vault/Liner) Funeral, date, time thurs, 2/6 1:00pm

Church, Chapel, Graveside Church + Graveside - GREENWOOD Mortuary.

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

✓ Lot 88 Grave 7 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	1497.38
Paid receipt number 41820	374.00
Balance due	1123.38
3/17/92	1123.38

Paid In full 3-17-92

Family will come in to arrangement. Mrs Iness Archy 264-3205

30 Day Note

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

Ines G. Archie
Signature

16231 Indian Cr. Rd.
Address

Cerritos, CA. 90701
State Zip Code

(310) 404-2691
Telephone

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

Signature of recorded holder of deed

Invoice # 186060

Acct. # 072168

Work Order # E 9920

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-992

NOTE

$ 1123.38 San Diego, California 2/3 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Twenty-three 38/100 DOLLARS with interest from March 6, 1992 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 Pilvia Y Cobbs - Davis SIGNATURE Pilvia Y Cobbs - Davis

ADDRESS 319 LOS REYES DR. S.D. CA. 92114

CALIFORNIA DRIVER LICENSE NUMBER N0784286 SSN # 547-98-9508

PY-1012 (11-89)

OFFICIAL RECEIPT

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

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

№ 41821

Date: 2/3, 1992

From: Silvia Cobbs Address: 319 Los Reyes Dr, SD

Three Hundred Seventy-four 74/00 Dollars ($ 374 —)

In _____ Payment of Adelyn Cobbs Service

Lot 88 Grave 7 Row — Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-9920

BALANCE DUE $1123.38

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

AC-212 (Rev. 1-91) 4911005911

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

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	374	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	374	00

E-9920

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Adelgn	Lloyd	Cobbs	09-22-1917	01-31-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Inez Archie: Daughter 16231 Indian Creek Road Cerritos, CA 90701

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843	Sharon Lewis	2-3-92

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 0 4 1992	Ronald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 2-6-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 88-7-1-11 Metal w/ sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-31-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GLADYS L EDWARDS

in a LINER (Vault/Liner) Funeral, date, time 2/5 Wed Noon

Church, Chapel, Graveside Church G.S. ; Cal-Burial Mortuary.

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

✓ Lot 105 Grave 6 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	4.25
Sales taxes	12.38
Total Due	1297.38
Paid receipt number 3/2 Aux. Inv.	1297.38
Balance due	0

Paid in full 3-3-92

Burial - Pending Call from Cal-Burial — 30 Day Note

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

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

Signature of recorded holder of deed

Renee D. Brown
Signature

7039 Benson Ave
Address

CA. 92114
State Zip Code

263-8060
Telephone

Work Order # E 9921

Invoice # 186059

Acct. # 072167

PY-583 (REV. 8-85)

MT. HOPE CEMETERY W.O. # E-9921

NOTE

1297 38 San Diego, California 1-31- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Ninety Seven and 35/100 DOLLARS with interest from 3-6-92 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 Renee Brown SIGNATURE Renee D. Brown

ADDRESS 7039 Benson Ave SD 92114

CALIFORNIA DRIVER LICENSE NUMBER C3320367 SSN # 560-11-8565

PY-1012 (11-89)

E-9921

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072167

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-2-92

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER #4139

AMOUNT PAID 1297.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Renee Brown

PAYOR NAME Calif. Burial
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5602 El Cajon Blvd
SD 92115

REMARKS JAN-MS#72

CASHIER

INV. NO. 186059

TR-1561 (2-82)

E-9921

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E9921

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Gladys	Lee	Edwards	2/28/1922	1/30/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Renee Brown-Daughter 7039 Benson Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	2/3/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 03 1992	▶ Donald L. Record, M.D.

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

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 2/5/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY ---- metal w/sealed liner 105-6-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ----	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ----	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ----	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 1-31-92

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 191 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	16.50
Total Due	786.50
Paid receipt number 41810	197.00
Balance due	589.50
2/4/92 41836	300.00
	289.50

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

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

_____
Signature of recorded holder of deed

Lacy Terry
Signature

Lacy Harrison ave'
Address

San Diego Ca 92113
State Zip Code

236-1712
Telephone

Work Order # E 9922

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

Bal – $289.50

4/15/92
#42126 50.00

239.50

E 9922

OFFICIAL RECEIPT

№ 41810

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

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

Date: 1-31, 19 92

From Lucy Terry Address: 2059 Harrison St, 92113

One Hundred Forty-Seven 14/100 Dollars ($ 147.00)

In Payment of Pre-Need Trust

Lot 171 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-9922

BALANCE DUE $587.50

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	[redacted]	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	137	W
Sales Tax	60101 78390		
TOTAL PAID	$	147	W

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

ISSUED BY [signature]

AC-212 (Rev. 1-91)

E 9922

OFFICIAL RECEIPT

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

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

No 42126

Date: 4-15, 19 92

From: Lacy Terry Address: 2059 Harrison Ave. SD

Fifty 70/100 Dollars ($ 50.-)

In Payment of Pre-Need Trust

Lot 191 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE $239.50

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

AC-212 (Rev. 1-91)

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

ISSUED BY J. Waits

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

E 9922

OFFICIAL RECEIPT

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

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

№ 41836

Date: 2-4, 1992

From: Lacy Terry Address: 2059 Harrison Ave, SD 92113

Three Hundred 710/100 Dollars ($ 300.-)

In _____ Payment of Pre-Need Trust

Lot 191 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-9922

BALANCE DUE $289.50

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

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

ISSUED BY J Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	300 00
Sales Tax	60101 78390	
TOTAL PAID	$	300 00

AC-212 (Rev. 1-91)

E 9922

OFFICIAL RECEIPT

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

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

No 42779

Date: 9-30, 19 92

From Lucy Terry Address: 2059 Harrison Ave SD

One Hundred 710/100 Dollars ($ 100)

In Payment of Pre-Need Trust

Lot 191 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-9922

BALANCE DUE $133.50

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

AC-212 (Rev. 1-91)

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

CITY AUDITOR
OCT 09 1992
003797

ISSUED BY [signature]

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-31-92

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

in a LINER (Vault/Liner) Funeral, date, time Tue 2/4, 10:30 AM

Church, Chapel, Graveside Del. Only ; El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO . DIP. - 1975

✓ Lot 45 Grave 2 Row _____ Section MAS Division/~~Block~~ R

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	702.38
Paid Receipt Number 2/1812	702.38
Balance due	0

PENDING Schedule Mort. will Notify

PAID
JAN 31 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

Madge L Carlile
Signature

450 E. BRADLEY AVE SP. 56
Address

EL CAJON CA 92021
State Zip Code

449-6366
Telephone

Invoice # _____

Acct. # _____

Work Order # E 9923

PY-593 (REV. 8-85)

E-9923

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9923

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Virginia	Mae	Street	10/23/1915	1/30/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Madge Carlile - Daughter 450 E Bradley Ave #56 El Cajon, CA 92021

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
El Cajon Mortuary 684 S Mollison Ave - El Cajon, CA 92020	FD-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge or applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Sharon Carlin	2-2-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 2 1992	Donald L. Powers M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P O Box 85222 San Diego, CA 92186-5222	- - - -

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt Hope Cemetery - 3751 Market St San Diego, CA 92102	11B. DATE INTERRED 2-4-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Metal Seda N/A 45-2-MAS-R	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E9923

OFFICIAL RECEIPT

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

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

No 41812

Date: 1-31-, 1992

From: Madge L Carlile Address: 450 E Bradley Ave. Spc 52 El Cajon CA. 92021

Seven Hundred Two and 55/100 Dollars ($ 702.55)

In Full Payment of Open & Closing of Virginia N Street Services

Lot 45 Grave 2 Row Section MAS Division/Block R

Invoice No.

Acct. No.

W.O. E-9923

BALANCE DUE Ø

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

#2908

AC-312 (Rev. 1-91)

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	950	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	4	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	10	55
TOTAL PAID	$	702	55

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/3/92

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

in a Liner (Vault/Liner) Funeral, date, time thurs 2/6, 1:00 pm

Church, Chapel, Graveside Church + Grave - Calif Burial Mortuary.

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

✓ Lot 132 Grave 8 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	1297.38
Paid receipt number 41817	324.00
Balance due	973.38
2/14 41907	654.38
	319.00

I hereby certify I am the daughter 2/13 41900 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Tina Manson
Signature

639 So. 31st
Address

San Diego, CA 92113
State Zip Code

239-6890
Telephone

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

Signature of recorded holder of deed

Invoice # _____

Work Order # E 9924

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

№ 41817

Date: 2/3, 1992

From: Tina Manson Address: 639 S 31st St. SD

Three Hundred Twenty four 70/100 Dollars ($ 324.00)

In _____ Payment of Interment of Beatrice Manson

Lot 132 Grave 8. Row — Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9924

BALANCE DUE $973.38

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

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

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	324.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	324.00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

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

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

№ 41900

Date: 2-13, 1992

From: [illegible] Address: 639 S. 31st St SD

Three Hundred Nineteen & 40/100 Dollars ($ 319.00)

In _____ Payment of Interment of Beatrice Mann

Lot 132 Grave _____ Row _____ Section 1 Division Block 009118

Invoice No. _____

Acct. No. _____

W.O. E-9924

BALANCE DUE $654.38

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

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

CITY AUDITOR
FEB 24 1992

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	117	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	00
TOTAL PAID	$	319	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

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

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

No 41907

Date 2-14, 19 92

From: Ina Mason Address: 639 S. 31st St SD

Six Hundred Fifty four 38/100 Dollars ($ 654.38)

In Payment of Interment for Beatrice Mason

Lot 132 Grave E Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-9924

BALANCE DUE 0

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

AC-212 (Rev. 1-91)

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

ISSUED BY J Waitt

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	152	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	33	38
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	654	38

MT. HOPE CEMETERY

W.O. # E-9524

NOTE

$ 973.35 San Diego, California 2/3 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred Seventy-Three 35/100 DOLLARS with interest from March 7, 1992 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 Tina Manson SIGNATURE Tina Manson

ADDRESS 639 So. 31st Street, San Diego, CA 92113

CALIFORNIA DRIVER LICENSE NUMBER N5826453 SSN # 565-92-5978

PY-1012 (11-89)

E-9924

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Beatrice	Everett	Hanson	5/10/1923	2/2/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Lisa Price-Daughter 4271 Juniper St. #3 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	2/4/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE *AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED* IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 0 5 1992	▶ Donald L. Rumsey, M.D.

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

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 2-6-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY --- 132-B-1-12 metal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/3/92

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

in a T.S Vault (Vault Liner) Funeral, date, time Mon, 2/10 1:00pm

Church, Chapel, Graveside Church + Grave : Ragsdale (MARK) Mortuary.

All Funeral cars must 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 109 Grave 1 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	16.50
Total Due	1381.50
Paid receipt number 41840	345.00
Balance due	1036.50

30 Days Note

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

Signature

Address 3893 Colina Dorada Dr.

San Diego CA 92124

State Zip Code

619 576-1270

Telephone

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

Signature of recorded holder of deed

Work Order # E 9925

Invoice # 186063

Acct. # 072171

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

No 41840

Date: 2/5, 19 92

From: Layton Davis Address: 3853 Colina Dorada Dr, Le 92154

Three Hundred Forty-five 00/100 Dollars ($ 345.00)

In Payment of Interment of Vivian Davis

Lot 109 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-9925

BALANCE DUE $1036.50

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

AC-212 (Rev. 1-91)

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

ISSUED BY J Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	345 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	345 00

MT. HOPE CEMETERY

W.O. # E-9525

NOTE

$ 1036.30 San Diego, California 2/5 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Thirty-Six 30/100 DOLLARS with interest from March 10, 1992 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 LAYMON DAVIS SIGNATURE Laymon Davis

ADDRESS 3853 Colina Dorada Dr. #H204 San Diego, CA 92124

CALIFORNIA DRIVER LICENSE NUMBER N2239471 SSN # 571-02-3991

PY-1012 (11-88)

E-9925

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KIVIAN	NEAL	DAVIS	5-17-32	2-3-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BRENDA MATHIS DAVIS - DAUGHTER 4760 KANSAS ST. #F SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
ANDERSON-RAGSDALE MORT.; 5050 FEDERAL BLVD. SAN DIEGO, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	2-10-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 10 1992	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY, 3751 MARKET STT SAN DIEGO, CA	11B. DATE INTERRED 2-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 109-1-3-12 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CONDECARIO BENITEZ (Infant)

in a NONE (Vault/Liner) Funeral, date, time Mon. 2/10 2:30pm

Church, Chapel, Graveside Graveside (only) ; CA BURIAL Army Mortuary.

All Funeral cars must 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. Length-22 1/2" Width-11"

✓ Lot 2774 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	220.00
Paid receipt number 41831	220.00
Balance due	-0-

PAID
FEB 5 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

J. Manuel Benitez
Signature

2749 6(G) St
Address

San Diego CA 92102
State Zip Code

237 0507
Telephone

Work Order # E 9926 ✓

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-9926

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 9926

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Candelario	---	Benitez	2/2/92	2/2/92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maria Lopez-Mother 2749 G Street # A San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	2/6/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 06 1992	▶ Donald L. Rainwater, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 2-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 2774-1-9 ---	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

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

No 41831

Date: 2-5- , 1992

From: J. Manuel Benitez Address: 2749 6th St. San Diego, CA

Two hundred twenty and xx/100 Dollars ($ 220.00)

In FULL Payment of Interment Services for Candelario Benitez

Lot 2774 Grave 1 Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E9926

BALANCE DUE 0

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

AC-212 (Rev. 1-91)

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

ISSUED BY W.J. Teague

CREDIT			
20% Sales Care	67007 77184	20	—
80% Sales of Lots	100 77184	80	—
Opening/ Closing	100 77181	75	—
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 220	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-92

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

in a ASH VAULT (Vault/Liner) Funeral, date, time Mon. 2/10 10 AM

Church, Chapel, Graveside GRAVESIDE ; CYPRESS VIEW Mortuary.

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

Lot 133 Grave 2 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.30
Total Due	253.30
Paid receipt number 41841	253.30
Balance due	-0-

PAID
FEB 5 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

Hisao Sugiyama
Signature

3611 Hazelhurst Ct.
Address

Bonita Ca. 91902
State Zip Code

479-0240
Telephone

Invoice # _____

Acct. # _____

Work Order # E 9927

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

No 41841

Date: 2-5- , 19 92

From: Address:

Two Hundred Fifty-Three and 30/100 Dollars ($ 253.30)

In FULL Payment of INURNMENT FOR MISAO SUGIYAMA

Lot 133 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E 9927

BALANCE DUE 0

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

9843

AC-212 (Rev. 1-91)

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

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77185	60	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	30
TOTAL PAID	$	253	30

E-9927

61494
Cypress View

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Misao	--	Sugiyama	1-08-1924	2-05-1992	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Naoye Kasubuchi - Sister 273 Sychar Road San Diego, CA. 92114

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

ACKNOWLEDGMENT OF APPLICANT

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

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: ▶ C. Hughes

8B. DATE SIGNED: 2-05-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 05 1992	▶ Donald L. Pannell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA.	11B. DATE INTERRED 2-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cypress View Crematory 3953 Imperial Avenue, San Diego, CA.	12B. DATE CREMATED 2-6-1992	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/90

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

in a T.S. Vault (Vault/Liner) Funeral, date, time SAT, 2/8, 9:00 AM

Church, Chapel, Graveside Church & Grave Side ; Clairemont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No . D.I.P. - 1979

✓ Lot 57 Grave 10 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund Pre-Need (E-28)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee Sat., O.T. Charge	480.00
Recording and filing fee	45.00
Sales taxes	16.50
Total Due	1266.50
Paid receipt number 41843	800.00
Balance due	466.50

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

Marine Gordon
Signature

429 So. Longwood Pl.
Address

Los Angeles, Calif.
State Zip Code 900 P

Telephone

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

Signature of recorded holder of deed

Invoice # 186062

Acct. # 072170

Work Order # E 9928 ✓

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

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

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

E-9928 No. 41843

Date: 7-6-92

From Maxine Gordon Address: 1129 S. Kingsley St., L.A. 90006

Eight Hundred 7/9/92 Dollars ($ 800.00)

In Payment of Myrtle Parker Services

Lot 57 Grave 10 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-9928

BALANCE DUE $466.50

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	350.00
Burial Containers	100 77182	200.00
Handling Fee	100 77185	175.00
Recording & Misc. Fees	100 77183	75.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	800.00

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

AC-212 (Rev. 1-91) 3157

ISSUED BY J. Watt

4/2/1979

E-9928

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

№ 9847

OWNERSHIP AND INTERMENT PRIVILEGES

TO Myrtle T. A. Perkins for the sum of $ 345.00 (DOLLARS)

LEGAL DESCRIPTION Lot 57 Gr 10 Sec 2 Div 11 (D.I.P.)

AS DESCRIBED ON PURCHASE ORDER NUMBER E-28

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only Allowed

R. W. Dehne
Cemetery Manager

Martin Bulaman
Property Director

PY-984

MT. HOPE CEMETERY W.O. # E-9928

NOTE

$ Hdd. 50 San Diego, California 2-6 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Four Hundred Sixty-Six 50/100 DOLLARS with interest from March 8, 1992 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 MAXINE Gordon SIGNATURE Maxine Gordon

ADDRESS 1129 So Longwood Pl Los Angeles, Ca 90019

CALIFORNIA DRIVER LICENSE NUMBER H0998614 SSN # 452-48-8848

PY-1012 (11-89)

E-9928

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MYRTLE	T.	PERKINS	08/11/1922	02/03/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	MAXINE GORDON - COUSIN 1129 LONGWOOD PL.? LOS ANGELES, CA. 90019

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
CLAREMONT MORTUARY 4266 MT. ABERNATHY AVE. SAN DIEGO, CA. 92117	FD-1126

ACKNOWLEDGMENT OF APPLICANT

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

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶ Denise Hamada

8B. DATE SIGNED 02/6/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 06 1992	Robert C. Hunt

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 NO. FIGUEROA STREET ROOM L-1 LOS ANGELES, CA. 90012	P.O. BOX 5222 SAN DIEGO, CA. 92186

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA. 54-10-2-11 SEALER T.S. UAUIT METRI	11B. DATE INTERRED 1-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY na	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS na	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED na	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION na	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/92

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

in a Liner (Vault/Liner) Funeral, date, time MON, 2/10 11:00 AM

Church, Chapel, Graveside Del. Minister ; P.B. Mortuary (Bob) Mortuary.

All Funeral cars must 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 409 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Pre-Need (D-2250) ..... Ø

Additional spaces and care fund .....

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 14.50

Flower vases - Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 702.38

Paid receipt number 41914 702.38

Balance due -0-

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 9929

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

No 41914

Date: 2-19, 1992

From: F Lorene Williams Address: 7643 Alba Ave, Yucca Valley, 92284

Seven Hundred Two 38/100 Dollars ($ 702.38)

In Payment of Interment of Willie William

Lot 409 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-9929

BALANCE DUE 0

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

AC-212 (Rev 1-91) 769

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

ISSUED BY J Watt

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	12	38
TOTAL PAID	$	702	38

E-9929

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NELLIE	KATHERINE	WILLIAMS	04-01-1891	02-04-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	SISTER-IN-LAW S. LORENE WILLIAMS 7643 ALABA AVENUE YUCCA VALLEY, CA 92284

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PACIFIC BEACH MORTUARY-4710 CASS STREET SAN DIEGO, CA 92109	813

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Marella Hansen	2-5-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB - 5 1992	▶ Donald L. Conrad, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE INTERRED 2-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 409-10 liner / metal non-sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDWARD J. [redacted] FOOTE

in a LINER (Vault/Liner) Funeral, date, time MON. 2/10 2PM

Church, Chapel, Graveside GRAVESIDE ; RAGSDALE Mortuary.

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

✓ Lot 88 Grave ~~78~~ 7 Row ____ Section 2 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container LINER	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	702.38
Paid receipt number 41854	702.38
Balance due	-0-

PAID
FEB 07 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

CALLED IN BY TYRONE

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

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

x Maude Washington
Signature of recorded holder of deed

T. T
Signature
4741 MAGNOLIA
Address
CALIFORNIA 92113
State Zip Code
Telephone

Invoice # ____

Work Order # E 9930

Acct. # ____

PY-593 (REV. 8-85)

E-9930

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EDWARD	REGINALD	FOOTE	10-26-16	2-3-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	VERNELL DAVIS - COUSIN 4741 MAGNUS WAY SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
ANDERSON-RAGSDALE MORT.; 5050 FEDERAL BLVD. SAN DIEGO, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	2-10-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 10 1992	▶ Donald G. Romas, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 852222 SAN DIEGO, CA	

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

* COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA	11B. DATE INTERRED 2-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 88-7-2-11 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

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

No 41854

Date: 2-7, 19 92

From: Tyrone Brown Address: 1746 Euclid Ave S.D. 92105

Seven Hundred and TWO — 38/100 Dollars ($ 702.38)

In Payment of

Lot 88 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-9930

BALANCE DUE 0

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

AC-212 (Rev. 1-91)

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

ISSUED BY D. Carter

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	38
TOTAL PAID	$	702	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Parker, Jr.

in a Liner (Vault Liner) Funeral, date, time Sat., 2/8 12:30 pm

Church, Chapel, Graveside Chapel & Grave-Side ; Calif. Burial (Gary) Mortuary.

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

✓ Lot 98 Grave 7 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	580.00
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	1877.38
Paid receipt number 41842	469.00
Balance due	1408.38

*PAID IN FULL 11-20-96 PER GREG WOODS IN TREAS.

Original to Bonnie Coll. 12/21/92 for Court

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

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

Betty A. Parker
Signature of recorded holder of deed

Betty A. Parker
Signature

214 54th St.
Address

San Diego, Ca. 92114
State Zip Code

619) 2625921
Telephone

Work Order # E 9931 ✓

Invoice # 186061

Acct. # 072169

PY-893 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-9931

NOTE

$ 1408.38 San Diego, California 2-6 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fourteen Hundred Eight 38/100 DOLLARS with interest from March 8, 1992 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 Betty Parker SIGNATURE Betty A. Parker

ADDRESS 214 54th St SD Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER N5730103 SSN # 549-62-2065

PY-1012 (11-89)

OFFICIAL RECEIPT

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

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

No 41842

Date: 2-6, 19 93

From: Betty Parker Address: 214 54th St. SD 92114

Four Hundred Sixty-Nine 7/8 Dollars ($ 469.00)

In Payment of Robert Parker Jr. Services

Lot 74 Grave 7 Row — Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-9931

BALANCE DUE 5408.38

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

584

AC-212 (Rev. 1-91)

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

ISSUED BY J Waite

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	469 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	469 00

E-9931

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4.
ROBERT	STANTON	PARKER, JR.	12/25/62	2/3/92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BETTY PARKER - MOTHER 214 54TH STREET SAN DIEGO, CA. 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5602 EL CAJON BLVD. SAN DIEGO, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		[signature]	2/7/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 0 7 1992	Donald L. Powers, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. BOX 85222 SAN DIEGO, CA	

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA	NON SEALER LINER 98-7-3-12	11B. DATE INTERRED 2-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY ----		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ----		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ----		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ----		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-7-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAIRO VALENCIA SOTELO

in a DBL CRYPT (Vault/Liner) Funeral, date, time WED, 2/12 10:00 AM

Church, Chapel, Graveside Graveside Guadalupana Jose Mortuary.

All Funeral cars must 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 174 Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	27.23
Total Due	1767.23
Paid receipt number 4955	1767.23
Balance due	0

PAID
FEB 10 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 DAY NOTE

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

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

_____
Signature of recorded holder of deed

Antonia Torres
Signature
4430 MAPLE ST
Address
San Diego Cal. 92105
State Zip Code
263 8245
Telephone

Work Order # E 9932

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-9932

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAIRO	———	VALENCIA-SOTELO	4-25-09	2-5-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANTONIA VALENCIA-WIFE 4430 MAPLE ST. SAN DIEGO,CA,92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such*	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2501 IMPERIAL AVENUE,SAN DIEGO,CA.92102	FD-1425	▶	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 10 1992	Ronald G. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SD,CA,92186-5222	———

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST.SAN DIEGO,CA,92102	11B. DATE INTERRED 2-12-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 174-3-2-12 metal sealed db/crypt	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

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

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

No 41855

Date: 2-10, 1992

From: ANTONIA Torres Address: 443 Maple St. SD 92105

Seventeen Hundred Sixty Seven 23/100 Dollars ($ 1767.23)

In Payment of TAIKO V - Sotelo Interment Service

Lot 174 Grave 3 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-9932

BALANCE DUE 0

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

AC-212 (Rev. 1-91)

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

CITY AUDITOR
FEB 12 1992

008741

ISSUED BY J Watt

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	27	23
TOTAL PAID	$	1767	23

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-10-92

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

in a Liner (Vault, Liner) Funeral, date, time Tues, 2/11, 10:30 AM

Church, Chapel, Graveside Chapel + Graveside Conrad (John) Mortuary.

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

Lot 47 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need (E-1628)	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	702.38
Paid receipt number 41870	702.38
Balance due	0

PAID
FEB 11 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary Price Check

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9933

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E-9933

MOUNT HOPE CEMETERY

FEBRUARY 10, 19 92

The undersigned hereby requests and authorizes the interment of the remains of GENEVA ELIZABETH CARTWRIGHT in Lot 47 Gr 10 Row _____ Sec. 3 Block Division 12 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

CAROL L. ANDERSON (Daughter of Geneva Cartwright)

Carol L. Anderson
Signature of relative or legal representative

13910 YORK AVENUE
POWAY, CA 92064
Address & relationship to deceased or authority to sign authorization

Steve L Anderson
Witness

John L. Sell
Witness

OFFICIAL RECEIPT

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

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

No 41870

Date: Feb. 11, 1997

From: Conrad Mortuary Address: 7387 Broadway L.G. 91945-1533

Seven hundred-two & 38/100 Dollars ($ 702.38)

In full Payment of General Cartwright service

Lot 47 Grave 10 Row Section 3 Division Block 42

Invoice No.

Acct. No.

W.O. E-9933

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1389

AC-212 (Rev. 1-91)

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

ISSUED BY K. L. Hydell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	38
TOTAL PAID	$	702	38

E-9933

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GENEVA	WOODSON	CARTWRIGHT	3-31-1921	2-7-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CAROL L. ANDERSON - DAUGHTER 13910 YORK AVENUE POWAY, CA 92064

7A. NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945	FD-941

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED 2-10-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 11 1992	▶ Donald G. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3851 MARKET STREET SAN DIEGO, CA 92102	11B. DATE INTERRED 2-11-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teagley	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Cloth Covered 47-10-3-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/93

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed, 2/12 1:00pm

Church, Chapel, Graveside Church + Grave-Side ; Ragsdale Mortuary.

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

✓ Lot 1528 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	16.50
Total Due	1581.50
Paid receipt number 4856	1581.50
Balance due	0

PAID
FEB 10 1993
MT. HOPE CEMETERY
CITY of SAN DIEGO

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

Signature James L. Tanner

Address 4612 52nd ST

State SAN DIEGO Zip Code 92115

Telephone 262-6177

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

Signature of recorded holder of deed

Work Order # E 9934 ✓

Invoice # _____

Acct. # _____

PY-553 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 41856

Date: 2-10, 1992

From: James Tanner Address: 412 S. 49th St. SD 92113

Fifteen Hundred Eighty-One 50/100 Dollars ($ 1581.50)

In _____ Payment of Addie Tanner Service

Lot 1528 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-9934

BALANCE DUE 0

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

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

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	16	50
TOTAL PAID	$	1581	50

AC-212 (Rev. 1-91)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9934

E-9934

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Addie	"B"	Tanner	7-25-1896	2-7-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	James L. Tanner - Son 412 S. 49th St. San Diego, CA 92113

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

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	2-11-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 12 1992	▶ Donald L. Powers, M.D., M.P.H.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 2-12-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1528-10 N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lonnie Dreaux, Jr

in a Liner (Infant) Vault/Liner Funeral, date, time Fri, 2/14, 11:00 AM

Church, Chapel, Graveside Graveside ; Conrad (Johns) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. CASKET Size: LONG - 21"; W - 10½"

Lot 3618 Grave ____ Row ____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	50.00
Handling Fees	25.00
Flower vases - Marker setting fee	
Recording and filing fee	4.50
Sales taxes	4.13
Total Due	299.13
Paid receipt number 41873	299.13
Balance due	-0-

PAID
FEB 11 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Barbara Thompson
Signature
2531 Calle Mariota
Address
San Diego Ca 92139
State Zip Code
470-2554
Telephone

Work Order # E 9935

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

No 41873

Date: 2-11, 1992

From: Barbara Thompson Address: 2536 Cole Granada, SD 92139

Two Hundred Ninety-Nine 13/100 Dollars ($ 299.13)

In Payment of Interment of Lonnie Brandt, Jr.

Lot 3618 Grave — Row — Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-9535

BALANCE DUE 0

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

AC-212 (Rev. 1-91) 1708

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

CITY AUDITOR
FEB 18 1992

ISSUED BY

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	75	00
Burial Containers	100 77182	50	00
Handling Fee	100 77185	25	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	13
TOTAL PAID	$	299	13

E-9935

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9935

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LONNIE	RAFAEL	BREAUX JR.	2-8-1992	2-8-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LESLIE JOHNSON (MOTHER) 6340 POTOMAC STREET #1 SAN DIEGO, CA 92139

7A. NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Donna Conrad	2-12-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 13 1992	▶ Donald L. Remus, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 3751	11B. DATE INTERRED 2-14-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTE ▶ Wendy Jo Leagno	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3618-1-9 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Credit lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VINCENT FAIOLA / JEAN L. BALVA

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 7 Grave 142 Row _____ Section 1 Division/~~Block~~ 4

Grave space & Care Fund ..... 2 @ 1000	2000
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	2000
Paid receipt number 41871	500
Balance due	1500

Paid-In-Full

ok for single upright monument on each grave space. 12x24

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

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

_____
Signature of recorded holder of deed

X _____
Signature

4252 ALOHA PL
Address

SAN DIEGO CA 92107
State Zip Code

(619) 295-5398
Telephone

Invoice # _____

Work Order # E 9936

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 41871

Date: 2-11-, 1992

From: VINCENT FAIOLA / JEAN L. BALUA Address: 4252 Alona Pl, San Diego, CA 92103

Five hundred and xx/100 Dollars ($ 500.00)

In PART Payment of CREDIT LOTS (2)

Lot 7 Grave 1 & 2 Row Section 1 Division ~~Block~~ 4

Invoice No.

Acct. No.

W.O. E 9936

BALANCE DUE 1500

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

1365

AC-212 (Rev. 1-91)

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

ISSUED BY W.J. Teague

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

OFFICIAL RECEIPT

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

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

No 42136

Date: 4-17- , 19 92

From: Vincent Faigla / Jean Balva Address: 1252 Aloha Pl. S.D. CA 92103

Fourteen hundred thirty-seven and 00/100 Dollars ($ 1437.00)

In Full Payment of 2 Preneed lots

Lot 7 Grave 142 Row Section 1 Division 4 ~~Block~~

Invoice No.

Acct. No.

W.O. E9936

BALANCE DUE 0

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

1445

AC-212 (Rev. 1-91)

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

ISSUED BY Wendy Jo Teague

CREDIT	67007	
20% Sales Care	77184	400 —
80% Sales of Lots	100 77184	1037 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1437 —

OFFICIAL RECEIPT

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

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

№ 42081

Date: 4-3, 1992

From: Vincent Faiola Address: 4252 Alcoba Pl, SD 92103

Sixty Three no/w Dollars ($ 63.—)

In _____ Payment of Pre-Need Lots

Lot 7 Grave 1 & 2 Row 8 Section 1 Division ~~Block~~ 4

Invoice No. _____

Acct. No. _____

W.O. E-9936

BALANCE DUE _____

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

1410

AC-212 (Rev. 1-91)

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

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	63	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	63	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva

4252 Aloha Place

San Diego, Ca. 92102 E-9956

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 $ 63.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva

4252 Aloha Place

San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva

4252 Aloha Place

San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		10					1				

Amount due when paid on, or before, due date above ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need

Vincent Falota & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva

4252 Aloha Place

San Diego, Ca. 92102 E-9956

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need ~~Lots~~

Vincent Faiola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Baliva

4252 Aloha Place

San Diego, Ca. 92107 E-9956

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. • Pre-Need Sales

Vincent Faiola & Jean Balva

4252 Aloha Place

San Diego, Ca. 92102 E-9956

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 ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9956

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need Lots

Vincent Fulola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9956

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. • Pre-Need Sales

Vincent Fatiola & Jean Salvi

4251 Aloha Place

San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above ▶ $ 43.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Felipe & Jean Belva

4252 Aloha Place

San Diego, Ca. 92107 E-9956

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 ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Salva
4252 Aloha Place
San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Mail or bring this COUPON with check/money order COUPON 17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Fasola & Jean Belva

4151 Aloha Place

San Diego, Ca. 92107 E-9956

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lots

Vincent Feiste & Jean Estes

4252 Aloha Place

San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9956

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 65.00

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

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92702 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Vincent Faiola & Jean Balva
4252 Aloha Place
San Diego, Ca. 92102 E-9956

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. $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Area Lots

Vincent Faiola & Jean Balva

4252 Aloha Place

San Diego, Ca. 92102 E-9956

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lots

Vincent Faiola & Jean Balva
4251 Aloha Place
San Diego, Ca. 92102 E-9936

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ ~~63.00~~ 51.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11841

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Vincent Faiola & Jean Balva for the sum of $ 2000.00 (DOLLARS)

LEGAL DESCRIPTION Lot 7; Graves 1 & 2; Section 1; Division 4

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9936

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:

Per Cemetery Manager, Wendy Jo Teague, Okay for single upright monument to be placed on each grave space, 12" X 24".

Wendy Jo Teague
Cemetery Manager

Property Director

PY-584

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-92

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues, 2/18 11:00AM

Church, Chapel, Graveside Church + Graveside, Rosedale (Mt. Hope) Mortuary.

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

Lot 97 Grave 4 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	16.50
Total Due	1381.50
Paid receipt number 44686	1381.50
Balance due	0

PAID
FEB 11 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

Thelma Elliott
Signature
1142 Persia Ave
Address
CALIFORNIA S.C. 94117
State Zip Code
(415) 587-0961
Telephone

Invoice # _____

Acct. # _____

Work Order # E 9937

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

44686

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

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

Date: 3-4, 1994

From: Helen Bullen Estate Address: 3758 Clinton, SD 92113

Thirteen Hundred Eighty-One 50/100 Dollars ($ 1381.50)

In _____ Payment of Interest of Helen Bullen

Lot 97 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4137

BALANCE DUE _____

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

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

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	16	50
TOTAL PAID	$	1381	50

AC-212 (Rev. 1-91)

E-9937

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HELEN	—	BUTLER	7-24-11	2-10-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	THELMA ELLIOTT - SISTER 1042 PERSIA AVE. SAN FRANCISCO, CA 94112

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
ANDERSON-RAGSDALE MORT.; 5050 FEDERAL BLVD SAN DIEGO, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Wallace	2-13-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 13 1992	Ronald S. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA	11B. DATE INTERRED 2/18/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Frazee
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal sealed Vault 97-4-3-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-12-92

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

in a LINER (Vault/Liner) Funeral, date, time Mon 2/24/92 12:00 A.M.

Church, Chapel, Graveside DELONEY ; Lewis Colonial (Jerry) Mortuary.

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

✓ Lot 12 Grave 4 Row — Section 7 Division/[redacted] 5

Grave space & Care Fund Pre-Need (B-8934)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.62
Total Due	701.62
Paid receipt number 41924	701.62
Balance due	Ø

PAID
FEB 21 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

*MARTIN GREGG 234-1640 - CONSUELO - will COME IN TO PAY U.S.

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

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

Signature of recorded holder of deed

Martin Gregg
Signature
1640 10th Ave #3
Address
S.D. Calif 92101
State Zip Code
234-1640
Telephone

✓ Work Order # E 9938

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

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

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

009251 № 41924

Date: Feb. 21, 1992

From: Martin Gregg Trustee Address: 1640 10th Ave No 3 SD. 92101

Seven hundred one & 62/100 Dollars ($ 701.62)

In Full Payment of Interment Joel Chambers

Lot 12 Grave 6 Row Section 7 Division Block 5

Invoice No.

Acct. No.

W.O. E-9938

BALANCE DUE Ø

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

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

CITY AUDITOR
FEB 27 19[illegible]

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	62
TOTAL PAID	$	701	62

AC-212 (Rev. 1-91) 743

E-9938

E 9938

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOEL	LEE	CHAMBERS	06-04-1922	02-11-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PRE-NEED RECORDS 3051 El Cajon Blvd. San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ Dan Hart	02-18-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 20 1992	▶ Donald L. Rowe, M.D.

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 2/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12-6-7-5 N/A metal-sealer (liner)	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-92

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

in a _____ (Vault/Liner) Funeral, date, time Fri. 2/14, 1:00 pm

Church, Chapel, Graveside Church + Graveside Calif Burial (GARY) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No Casket Size: 41" Long; 16" high; 16" wide

✓ Lot 3524 Grave — Row — Section / Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	220.00
Paid receipt number 41899	220.00
Balance due	0

PAID
FEB 13 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

Cynthia M. Johnson
Signature
3959 Gibraltar Ave #9
Address
Los Angeles, CA 90008
State Zip Code
(213) 290-3480
Telephone

✓

Work Order # E 9939

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-9939 NO 41899

OFFICIAL RECEIPT

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

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

Date: 2-13, 1992

From: Cynthia Johnson Address: 3959 Gibraltar Ave #9, [illegible] 11 [illegible]

Two Hundred Twenty — 00/100 Dollars ($ 220)

In _____ Payment of Interment of Donald Johnson Jr.

Lot 3524 Grave 1 — Row — Section 1 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. E-9939

BALANCE DUE _____

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

Cash $20 — 3108 ($200)

AC-212 (Rev. 1-91)

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

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	75	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	220	00

E 9939

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Donald	Ray	Johnson Jr.	9/16/1991	2/11/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	Los Angeles	Cynthia Johnson-Mother 3959 Gibralter Avenue #9 Los Angeles, CA 90008

7A. FIRM NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT

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

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

8B. DATE SIGNED 2/13/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 13 1992	▶ Donald L. Rimrod, M.D.

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

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA92120	11B. DATE INTERRED 2-14-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 3524-1-9 —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/13/92

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

in a Liner (Vault/Liner) Funeral, date, time Wed, 2/19 1:00pm

Church, Chapel, Graveside Church - graveside; Rosedale (MARK) Mortuary.

All Funeral cars must 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. VR

Lot L Grave — Row 39 Section 5 Division/~~Block~~ 7

Grave space & Care Fund Pre-Need Trust (C-5692)	Ø
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need (C-5692)	Ø
Burial Container Pre-Need (C-5692)	Ø
Handling Fees Pre-Need (C-5692)	Ø
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 41901	45.00
Balance due	Ø

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

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

Signature of recorded holder of deed

Valerie Kiles
Signature

P.O. Box 2565
Address

El Centre, CA 92244
State Zip Code

619-352-2095
Telephone

Work Order # E 9940

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E-9940

OFFICIAL RECEIPT

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

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

№ 41901

Date: 2-13, 1992

From: Valerie Kilas Address: 246 No Parda St. SD 92102

Forty-five 70/100 Dollars ($ 45.00)

In _____ Payment of Interment of Caroline Pearson

Lot L Grave 1 Row 39 Section 5 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-9940

BALANCE DUE 0

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

164

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

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 1-91)

E-9940

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. 15285

DATE 4-16-19[illegible]

FROM Caroline Pearson ADDRESS 246 N. Parde St. SD

two hundred Fifty three & 00/100 DOLLARS ($ 253.00)

IN full PAYMENT OF Pre-need cemetery charges

(Lot - opening/closing Chgs & Cement liner)

LOT L GRAVE — ROW 29 SECTION 5 DIVISION 7 BLOCK

INVOICE NO. CASH

W.O. C-5692

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN INK SIGNED

PAID
APR 16 1968
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY D. Shelps

CREDIT SALES CARE	306 951	50 00
HALF SALES OF LOTS	100 7784	50 00
OPENINGS	100 7781	90 00
BOXES	100 7782	63 00
REMOVALS FOUNDATIONS	100 7783	—
TOTAL PAID $		253 00

FORM AC-212

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-9940 4/16/1968

E 9940 3637

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Caroline Pearson for the sum of $ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot L Row 39 and Lot M Row 38 Section 5 Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER C-5692 and C-5621

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker or Monument

R. W. Dehne / [illegible]
Cemetery Manager

Eric Quartz
Public Works Director

FORM PW-584

E-9940

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 9940

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CAROLINE	SUSIE	PEARSON	2-20-1906	2-11-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	VALERIE KILES - NEECE P.O. BOX 2565 EL CENTRO, CA 92244

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
ANDERSON-RAGSDALE MORT.; 3050 FEDERAL BLVD. SAN DIEGO, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or *Person Acting as Such*	8B. DATE SIGNED
		▶ Debbie Williams	2-13-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 18 1992	Donald G. Romas, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA	

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA	11B. DATE INTERRED 2-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy J. Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A L-39-5-7 metal w/seal	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HANK QUANG PHAM

in a LINER (Vault/Liner) Funeral, date, time MON, 2/17, 11:00

Church, Chapel, Graveside Church + Graveside Goodbody (Bill) Mortuary.

All Funeral cars must 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 4559 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ... Pre-Need (E-1915)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker sealing fee ... Holiday Overtime	580.00
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	1282.38
Paid receipt number 41902	321.00
Balance due	961.38
11988 AUX INV	961.38

PAID
MAR 06 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

Signature of recorded holder of deed

Martha Pham
Signature

2873 Rhoades Rd
Address

San Diego Ca 92139
State Zip Code

H-470-3553
Telephone

Invoice # 176064

Acct. # 072172

Work Order # E 9941

PY-883 (REV. 8-85)

OFFICIAL RECEIPT

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

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

№ 41902

Date: 2-14, 1992

From: Martha Pham Address: 2773 Rhoads Rd, SD 92135

Three Hundred Twenty-One 00/100 Dollars ($ 321.00)

In _____ Payment of Interment of Hank Quang Pham

Lot 4559 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9941

BALANCE DUE $961.38

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

1096

AC-212 (Rev. 1-91)

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

ISSUED BY Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	321	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	321	00

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E-9941

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072172

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-6-92 H.D.

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER #1606

AMOUNT PAID $961.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Martha Pham

PAYOR NAME Lang Duy Nguyen
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 8614 Meeker Rd
SD 92126

REMARKS JAN - MS #72

CASHIER _____

INV. NO. 186064

TR-1561 (2-82)

E-9941

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PETER	HANH QUANG	PHAN	10-29-1914	2-13-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Paul Pham son 2873 Rhoades Road San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
GOODBODY MORTUARY 5027 El Cajon Blvd., San Diego, CA 92115	FD 790

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Peggy D Conrad	2/14/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
			FEB 14 1992	▶ Donald L. Conrad, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY LINER 4559-10 Mount Hope Cemetery WOOD NON SEALER 3751 Market Street, San Diego, CA	11B. DATE INTERRED 2-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Yaeger	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 4559-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE *REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED*	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE *OF TRANSIT* ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Lot

Date 2-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha & Paul Pham

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Lot 4554 4555 Grave — Row — Section — Division/Block 10

Grave space & Care Fund 2 @ $895.00	1790.00
Additional spaces and care fund	
Opening/Closing & Setup PAID IN FULL 7-21-92	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1790.00
Paid receipt number 4903	447.00
Balance due	1342.00

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

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

_____
Signature of recorded holder of deed

Martha Pham Paul Pham
Signature

7873 Rhoades Rd
Address

San Diego CA 92139
State Zip Code

619-470-3553
Telephone

Work Order # E 9942

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E-9942

NAME Pham, Martha & Paul MARTHA 470-3553 ACCT. NO.

ADDRESS 2873 Rhoades Rd., S.D. 92139 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
2-14-92	Opened Account for two (2) Pre-Need Lots:				
	Lots 4554 and 4555, Division 10 (Each lot was $895.00)	1790.00			1790. 00
2-14-92	downpayment Rec # 41903			448.00	1342. 00
6-23-92	Coupon #1, Receipt # 42402			56.00	1286.08
6-24-92	Coupon #2 receipt # 42409			56.00	1230.00
6-26-92	Coupon #3 receipt # 42431			56—	1174.00
10-26-92	Coupon #4 receipt # 42884			56—	1118.00
11-16-92	Coupon #5 receipt # 42999			56—	1062.00
12-14 92	Coupon #6 RECEIPT 43123			56—	1006.00
2-1 93	Coupon #7 " 43302			56—	950.00
3-1 93	Coupon #8 Rec 43386			56—	894.00
3-22 93	Coupon #9 rec 43505			56—	838.00
4-23 93	Coupon 10 rec 43615			56—	782.00
6-2-93	Coupon 11, rec # 43750			56—	[illegible]
7-6-93	Coupon 12, rec # 43872			56—	670.00
8-12-93	Coupon 13, rec # 44008			56—	614.00
9-15-93	Coupon 14, rec # 44145			56—	558.00

AVERY FORM NO. 25-204 Pham, Martha & Paul AVERY Pre-Need Lots (2) 4554 & 4555, Div 10 PRINTED IN USA

E-9942

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]	93	Coupons 15/16 ; Receipt # 44249				558.00
					112.00	446.00
1/5	93	Coupons 17/18 Rec # 44513			112.00	334.00
3-15-95		Per telephone conversation with Martha, she agrees to pay $25.00 a month. (she has not paid because she has been out of work since 1993)				334.00
[redacted]						
4-24-95		R-46153 CPN 19			25 00	309 00
5/24/95		Coupon #20 Rec # 46252			25 00	284 00
7/3	95	Coupon #21 Rec # 46399 Chk # 0503			25 00	259 00
8/25	95	Coupons #22 & 23. Rec # 46558			50 00	209 00
9/29	95	CPN 24 R-46639			25 00	184 00
5-2	96	R-47350			100 00	84 00
5-30	97	R-48030			50.00	34.00
[redacted]	98				34 00	0

AVERY FORM NO. 25-204 AVERY PRINTED IN USA

OFFICIAL RECEIPT

50209

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E 9942

Date: 7-21, 1998

From: Martha Pham Address: 2873 Rhoades Rd. San Diego 92137

Thirty Four Dollars ($ 34.00)

In full Payment of 2 Pre-Need Lots

Lot 4554 4555 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-9942

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

2476

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shedlin

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

46153

MOUNT HOPE CEMETERY

527-3400

Date: 4-24, 1995

From: Martha Phan Address: 2873 Rhoades Rd., SD 92139

Twenty-five 1/20/100 Dollars ($ 25.00)

In _____ Payment of Pre Need Lots

Lot 4554/4555 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9942

BALANCE DUE _____

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

409

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

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

OFFICIAL RECEIPT

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

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

№ 43123

Date: 12/14, 19 92

From: MARTHA & PAUL PHAM Address: 2873 RHODES RD S.D. CA 92139

FIFTY-SIX and 00/100 Dollars ($ 56 00)

In PART Payment of PRE-NEED LOTS

Lot 4554/4555 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-9942

BALANCE DUE #1454.00

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

AC-212 (Rev 1-91) 1558

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

ISSUED BY J. K. Hayden

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

43505

OFFICIAL RECEIPT

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

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

Date: 3-22, 1993

From: Paul Pham Address: 2813 Rhodes Rd S.D. 92139

Fifty-six Dollars ($ 56.00)

In part Payment of Pre Need Lots

Lot 4554 + 4555 Grave Row Section Division Block 10

Invoice

Acct. No.

W.O. E-7942

BALANCE DUE $1284.00

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

1658

AC-212 (Rev. 1-81)

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

ISSUED BY R. Ferguson

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46639

Date: 9-29 , 19 95

From: Martha Hue Phone Address: 2873 Rhoades Rd, SD 92139

Twenty-five 00/100 Dollars ($ 25.00)

In Payment of Pre need lots

Lot 4554 & 4555 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-9942

BALANCE DUE

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

AC-212 (Rev. 5-94) 0595

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

ISSUED BY J. Rauch

CREDIT	67007	25 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78300	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

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

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

№ 42409

Date: 6-24, 1992

From: Marcha - Paul Pham Address: 2873 Rhoades Rd, SD 92139

Fifty-Six 710/100 Dollars ($ 56.-)

In _____ Payment of Pre-Need Lots

4554 and

Lot 4555 Grave — Row — Section — Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-9942

BALANCE DUE _____

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

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

ISSUED BY J Waits

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

AC-212 (Rev. 1-91) 1245

OFFICIAL RECEIPT

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

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

No 42431

Date: 6-26-, 1992

From: Martha Nhu Nguyen Pham Address: 2873 Rhoades Rd., S.D. 92139

Fifty-six and 00/100 Dollars ($ 56.00)

In paid Payment of Credit Jot

Lot 4554/4555 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 9942

BALANCE DUE 1622

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

1295

AC-212 (Rev. 1-91)

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

ISSUED BY W. J. Jaquet

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	56 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	50101 78390	
TOTAL PAID	$	56 —

OFFICIAL RECEIPT

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

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

№ 42402

Date: 6-23, 1992

From: Martha Pham Address: 2843 Rhoades Rd, SD, 92139

Fifty-Six 7 10/100 Dollars ($ 56 -)

In _____ Payment of Pre-Need Lots

Lot 4554 - 4555 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-9942

BALANCE DUE _____

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

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

ISSUED BY J Waits

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

AC-212 (Rev. 1-91)

1200

OFFICIAL RECEIPT

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

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

№ 41903

Date: 2-14, 1992

From: Martha + Paul Ham Address: 2873 Rhoades Rd, SD 92139

Four Hundred Forty Eight — 00/100 Dollars ($ 448.—)

In _____ Payment of Pre-Need Lots

Lots 4554 4553 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9542

BALANCE DUE $1342.00

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

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

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	448.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	448.00

AC-212 (Rev. 1-91) 1097

OFFICIAL RECEIPT

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

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

No 42884

Date: 10-26 , 1992

From: Martha + Paul Pham Address: 2873 Rhoades Rd, S.D. 92139

Fifty-six and xx/100 Dollars ($ 56.00)

In cash Payment of Preneed Lots Coupon 4

Lot 4554/4555 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E 9942

BALANCE DUE 1566.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1482

AC-212 (Rev. 1-91)

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

ISSUED BY W. J. Teague

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

46558

MOUNT HOPE CEMETERY

527-3400

Date: 8-29, 1995

From: NARTA Hue Pham Address: 2873 Rhoades Rd S.D CA. 92139

fifty Dollars ($ 50.00)

In part Payment of pre-need lots for

Pham, Marta & Paul

Lot 4554, 4555 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-9942

BALANCE DUE 209.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

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

ISSUED BY V Balabley

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

AC-212 (Rev. 5-94) 0548

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

46399

MOUNT HOPE CEMETERY

527-3400

Date: 7-7, 1995

From: Martha Phane Address: 2783 Rhoades Rd SD. 92139

Twenty five & no/100 Dollars ($ 25.00)

In _____ Payment of Pre-need Lots (2)

Lot 4554 & 4555 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9942

BALANCE DUE _____

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

0503

AC-212 (Rev. 5-94)

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

ISSUED BY Carolyn

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46252

Date: May 24, 1995

From: Martha Pham Address: 2873 Rhoades Rd. S.D. CA 92139

Twenty five & 00/100 Dollars ($ 25.00)

In Payment of Pre-Need Lots (2)

Lot 4554 & 4555 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-9942

BALANCE DUE #284.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #439

AC-212 (Rev. 5-94)

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

ISSUED BY Michele L Clark

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

OFFICIAL RECEIPT

45630

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-30, 1997

From: Martha Hue N. Pham Address: 2873 Rhoades Road San Diego 92139

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre-need lots for Martha Hue N. Pham and Paul anh Q. Pham

Lot 4554-4555 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-9942

BALANCE DUE 34.00

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

1280

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Duggan

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47350

Date: 5-3, 19 94

From: Martha Pham Address: 2873 Rhoades Rd SD 92139

One Hundred Dollars ($ 100.00)

In part Payment of 2 Pre-Need Lots

Lot 4554 4555 Grave ____ Row ____ Section ____ Division 10 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-9942

BALANCE DUE 84.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0806

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hamilton

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

OFFICIAL RECEIPT

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

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

No 42999

Date: 11-16 . 1992

From: Martha Pharr Address: 2573 Rhoades Rd, S.D. CA 92139

Fifty-six and 1st/100 Dollars ($ 56.-)

In full Payment of Funeral Lots Coupon #5

Lot 4554 & 4555 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E9942

BALANCE DUE 1510.-

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

1526

AC-212 (Rev. 1-91)

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

ISSUED BY W. J. Teague

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

OFFICIAL RECEIPT

44513

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

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

Date: 1/5, 19 94

From: Paul Pham Address: 2873 Pioneer Rd. S.D. 92130

One hundred twelve and 00/100 Dollars ($ $112.00)

In Full Payment of Licensed Lots

Lot 4554 / 4555 Grave ____ Row ____ Section ____ Division ____ Block 12

Invoice No. ____

Acct. No. ____

W.O. E-9542

BALANCE DUE $782.00

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

AC-212 (Rev. 1-91) 2072

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

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	112 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	112 00

OFFICIAL RECEIPT

44249

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

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

Date: 10/2 , 19 97

From: Martha / Paul Pham Address: 2877 Rhoades Rd. S.D CA 92139

One hundred twelve and 00/100 Dollars ($ 112.00)

In Dist Payment of Pre-need lots

Lot 4554/4555 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-0042

BALANCE DUE 394.00

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

AC-212 (Rev. 1-91) 1977

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	112	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	112	00

OFFICIAL RECEIPT

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

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

No 43386

Date: 2-23, 1973

From: Martha Pham Address: 2873 Rhodes Rd S.D. Ca. 92139

fifty-six Dollars ($ 56.00)

In full Payment of Pre Need Lots

Lot 4554 & 4555 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-9942

BALANCE DUE 1342

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

AC-212 (Rev. 1-81) 1764

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

ISSUED BY N Enquera

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

OFFICIAL RECEIPT

43872

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3499

Date: 7-6, 1993

From: Martha Aram Address: 2973 Rhoads Rd Sd

Fifty Six 70/100 Dollars ($ 56)

In _____ Payment of Pre Need Lots

Lot 4554, 4555 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-9942

BALANCE DUE _____

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

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

ISSUED BY J Waits

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

AC-212 (Rev. 1-91) 1920

44145

OFFICIAL RECEIPT

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

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

Date: 9-15, 1993

From: Martha Pham Address: 2873 Rhoades Rd, SD

Sixty-Six 7 Dollars ($ 56.00)

In _____ Payment of Pre-Need Lots

Lot 4554 & 4555 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O: E-9942

BALANCE DUE _____

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

1914

AC-212 (Rev. 1-91)

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

ISSUED BY J Waits

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

OFFICIAL RECEIPT

44008

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

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

Date: 8-12, 1993

From: Martha Ham Address: 2873 Kheadis Rd, SD 92139

Fifty Six 110/100 Dollars ($ 56.00)

In _____ Payment of Pre Need Lots

Lot 4554 + 4555 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9742

BALANCE DUE _____

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

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

ISSUED BY J. Waite

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

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

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

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

No 43302

Date: 2-1, 1993

From: Martha Hue N. Pham Address: 2873 Rhoades Rd S.D. Cal 92139

Fifty-six 00/100 Dollars ($ 56.00)

In Part Payment of Pre Need Lot

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-9942

BALANCE DUE $1398.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1634

AC-212 (Rev. 1-91)

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

ISSUED BY M. Ferguson

CREDIT	67007	56	00
20% Sales Care	77194		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 56	00

43750

OFFICIAL RECEIPT

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

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

Date: 6-2, 1993

From: Martha Pham Address: 3173 Rhoades Rd., Sa.

Fifty-Six 00/00 Dollars ($ 56.00)

In _____ Payment of Pre-Need Lots

Lot 4554 + 4555 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9942

BALANCE DUE _____

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

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

ISSUED BY [signature]

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

AC-212 (Rev. 1-91) 1795

OFFICIAL RECEIPT

43615

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

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

Date: 4-23, 1993

From: Martha Pham Address: 2273 Rhodes Rd.

Fifty-six Dollars ($ 56.00)

In part Payment of Two Need Lot

Lot 4554 + 4555 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O: E-7712

BALANCE DUE 1230.00

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

AC-212 (Rev. 1-91) 1718

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

ISSUED BY M. Ferguson

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

OFFICIAL RECEIPT

50209

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-21 19 98

From: Martha Pham Address: 2873 Rhoades Rd. San Diego 92139

Dollars ($ 34.00)

In full Payment of 2 Pre-Need Lots

Lot 4554 4555 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-9942

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2476

AC-212 (Rev. 5-94)

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

PAID

JUL 21 1998

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY S. Sheldon

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots E-9942

Martha & Paul Pham
2873 Rhoades road
SanDiego, Ca, 92139

4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots E-9942

Martha & Paul Pham
2873 rhoades road
San Diego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] Lots E-9942

Martha & Paul Pump
2873 rhonnes road
San Diego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots E-9942

Martha & Paul Pham
2873 rhoades road
San Diego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 56.00

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

$ _____

Amount Received $ 56.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots

Marcus Powell

11423 So. Canyon Dr.

Houston, Texas 77089

(107-1 & 2 - 3 - 12)

B-10763

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					30						

Amount due when paid on or before, due date above. ▶ $ 29.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots E-9942

Martha & Paul Phem
2873 Rhoades road
SanDiego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 56.00

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

$ _____

Amount Received $ 56-00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots E-9942

Martha & Paul Pham

2873 rhoades road

San Diego, Ca. 92139

4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots E-9942

Martha & Paul Phem

2873 Rhoades road

SanDiego, Ca. 92139

4554/4553 Day 10

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above $ 56.00

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

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots E-9942

Martha & Paul Phaji

2873 Rhoades road

SanDiego, Ca. 92139

4554/5555, 4/24/10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, *due date above.* $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Loss E-9942

Martha & Paul Phum
2873 rhondes road
San Diego, Ca. 92139
4554/4555, Dir 10

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Loss B-9942

Martha & Paul Plum
2873 Rhoades road
SanDiego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 56.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Loss E-9942

Harche & Paul Flynn
2873 rhoades road
San Diego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ *check (✓) if this is new address*

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots E-3942

Martha & Paul Thim
2673 Rhoidda road
SanDiego, Ca. 92139
4554/4555, blv 10

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above: $ 56.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots B-9962

Martha & Paul Plum
2873 rhoades road
San Diego, Ca. 92139
4534/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots E-9942

Martha & Paul Phan
2873 Rhoades road
SanDiego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 56.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots E-9942

Martha & Paul Pham
2873 rhoades road
San Diego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 56.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots E-9947

Martha & Paul Pham
2873 Rhoades road
SanDiego, CA. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 56.00

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

$ _____

Amount Enclosed $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots E-9942

Martha & Paul Plum
2873 rhonda road
San Diego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: $ 56.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lots 2-9942

Martha & Paul Phan
2873 Rhoades road
SanDiego, Ca. 92139
4554/4555, Div 18

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ ~~56.00~~ 25

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ *check (✓) if this is new address*

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots E-9942

Hattie & Paul Phan
2873 rhoades road
San Diego, Ca. 92139
4554/4555, Div 20

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 50.00

Amount due if paid more than ____ days after due date above. $ 25

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ Check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Certain Lots Section 4

Martha & Paul Penn
2873 Rhonda Road
San Diego, CA. 92139
4554/4555, Div 10

Month and Day Are Indicated Below

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

Amount due when paid on or before due date above ▶ $ 36.00

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Paid Lots E-9942

Kuetbe & Paul Phan
2873 rhodes road
San Diego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 56.00

Amount due if paid more than ____ days after due date above. $ 25

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Lots

Martha & Paul Phan

2873 Rhondac road

San Diego, Ca. 92139

4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 56.00

Amount due if paid more than ____ days after due date above ▶ $ 25

$ +

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lots E-9942

Martha & Paul Thus
2873 rhonda road
San Diego, Ca. 92139
4554/4555, Div 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above ▶ $ 50.00

Amount due if paid more than ____ days after due date above ▶ $ [signature]

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/92

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

in a Liner Vault/Liner Funeral, date, time Tue, 2/18 1:00 pm

Church, Chapel, Graveside Chapel + Graveside, GREENWOOD (Terry Care) Mortuary.

All Funeral cars must arrive 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 Grave _____ Row 9 Section 1 Division/~~Block~~ Chinese

Grave space & Care Fund Pre-Need (D-7343) ..... Ø

Additional spaces and care fund .....

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee Marker Setting fee + Install fee for Lg. flm. vase 145.00

Recording and filing fee 45.00

Sales taxes 12.38

Total Due 847.38

Paid receipt number 41904 847.38

Balance due Ø

PAID
FEB 14 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

Tam Yee
Signature

4029 POPPY PL. SD.
Address

CA. 92105
State Zip Code

619-283-3165
Telephone

Invoice # _____

Acct. # _____

Work Order # E 9943

PY-583 (REV. 8-85)

E-9943

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 9943

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Yat-Kwai	—	Yee	03-03-1902	02-13-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tom Yee: Son 4029 Poppy Place San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary I-805 & Imperial Avenue San Diego, CA	F-843	▶ Kimberly L Yee	2-18-92

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 18 1992	▶ Donald G. Romos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 2/18/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Wood w/sealed Liner 4-9-1 Chinese	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

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

№ 41904

Date: 2-14, 1992

From: Thomas Go Address: 6236 Waterfall Pl, SD 92120

Eight Hundred Forty Seven 38/10 Dollars ($ 847.38)

In _____ Payment of Interment of Yat Yee

Lot 4 Grave — Row 9 Section 1 Division Block Chinese

Invoice No. _____

Acct. No. _____

W.O. E-9943

BALANCE DUE 0

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

AC-212 (Rev. 1-91) 128

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

4

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	190	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	38
TOTAL PAID	$	847	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Ann Williams in a Double Depth Crypt (Vault/Liner) Funeral, date, time Tues, 2/20, 2:00pm Church, Chapel, Graveside Church + Grave-Site; Reynolds Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 79 Grave 8 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-9502)	0
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need Pd. of $305.00 (E-9502)	345.00
Burial Container	330.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	27.23
~~Total Due~~	447.23
Paid receipt number 41905	447.23
Balance due	0

PAID
FEB 14 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed *

Ruth Arberry
Signature
2630 K St
Address
San Diego Calif
State Zip Code
233-7554
Telephone

Work Order # E 9944

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-9944

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 9944

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PATRICIA	ANN	WILLIAMS	1-6-56	2-7-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	CLYDE ARBERRY - BROTHER 3732 OGAN AVE. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
3050 FEDERAL BLVD. ANDERSON-RAGSDALE MORT.; SAN DIEGO, CA	F1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge on applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	2-17-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 18 1992	Donald G. Reeves, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA	

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

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

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA	11B. DATE INTERRED 2-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal w/Sealed 78-8-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Ruth Arberry

E-9544

Used Oversized
linen for Patricia
Wms. Service. w/
able crypt plates
on bottom.

for 200 Service they'll
use a T.S Vault.

OFFICIAL RECEIPT

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

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

№ 41905

Date: Feb 14, 1992

From: Henry Ayberry Address: 2630 "K" St San Diego 92102

Four Hundred Forty-seven & 23/100 Dollars ($ 447.23)

In Full Payment of Patricia Williams

Lot 79 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-9944

BALANCE DUE 0

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

AC-212 (Rev. 1-91) 0016339770
CASHIERS CK

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

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	45	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	27	23
TOTAL PAID	$	447	23

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/92

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

in a Liner Vault/Liner Funeral, date, time Wed 12:00 2/19

Church, Chapel, Graveside Graveside Only Rosedale Mortuary.

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

Lot 119 Grave 6 Row — Section 3 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	1297.38
Paid receipt number 41906 323.00	
Balance due	974.38

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

Brenda J. Hassan
Signature

847 Givens St.
Address

San Diego CA 92154
State Zip Code

473-5868 WK
Telephone

344-7090

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

Signature of recorded holder of deed

Invoice # 186065

Work Order # E 9945

Acct. # 072173

PY-693 (REV. 9-85)

MT. HOPE CEMETERY

W.O. # E-9945

NOTE

$ 974.38 San Diego, California 2-14 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred seventy-four 38/100 DOLLARS with interest from March 21, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME KATHERINE L. COOPER SIGNATURE Katherine L. Cooper

ADDRESS 351 Wineward St. S.D. Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER N3198748 SSN # 560-26-0054

PY-1012 (11-89)

E-9945

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THEO	T.	WISE	8-27-02	2-13-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	KATHERINE COOPER - NIECE 351 WINEWOOD ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
ANDERSON-RAGSDALE MORT.; 5050 FEDERAL BLVD. SAN DIEGO, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such*	8B. DATE SIGNED
		▶ Debbie Wilson	2-18-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 19 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222 SAN DIEGO, CA	

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

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA	11B. DATE INTERRED 2-14-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A cloth w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

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

No 41906

Date: 2-14, 19 92

From: Brenda Heisler Address: 247 Givens St. SM, 92154

Three Hundred Twenty-Three 00/100 Dollars ($ 323.00)

In Payment of Two T. Wise Interment Service

Lot 119 Grave 6 Row — Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-9945

BALANCE DUE $974.35

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

AC-212 (Rev. 1-91)

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

ISSUED BY J Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	323 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	323 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-92

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

in a Liner (Vault/Liner) Funeral, date, time Mon, 2/24 1:00pm

Church, Chapel, Graveside Chapel + Grave - 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 No .

✓ Lot 2609 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	702.38
Paid receipt number 43281	702.38
Balance due	-0-

Pd-In full 2-26-92

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9946 ✓

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E-9946

FAMILY OR MORTUARY
WILL CALL TO FINISH
ARRANGEMENTS.

Credits Claims
Edwin Jackson
1620 5th Ave
Ste 810
SD 92101
233-7585

OFFICIAL RECEIPT

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

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

№ 43281

Date: 1-26, 1993

From: Carol Tottress Address: 2939-D Alta Vista Dr. SD

Seven Hundred Two 38/100 Dollars ($ 702.38)

In _____ Payment of Interment of Chas Watts

Lot 2609 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9946

BALANCE DUE 0

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

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	38
TOTAL PAID	$	702	38

AC-212 (Rev. 1-91)

108

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9946

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CLEO	—	WATTS	10-3-12	2-14-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CAROL TOTTRESS - NIECE 7435 CARRIE RIDGE WAY SAN DIEGO, CA. 92139

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA.	F1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Lemuel Hampton	2-24-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		7.00	FEB 24 1992	▶ Ronald A. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA. 92138-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA.	11B. DATE INTERRED 2/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 36040/Liner Metal Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jack Williams

in a T.S. VAULT (Vault/Liner) Funeral, date, time Feb. 21, 2:00pm

Church, Chapel, Graveside Chapel + Grave Side ; Rosedale (Mt. Rosedale) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes.

✓ Lot 5 Grave 2 Row _____ Section 61 Division/~~Block~~ 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	16.50
Total Due	486.50
Paid receipt number	
Balance due	

Creditors Claim

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9947

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-9947

Barbara Davis

2555 Camino Del
Rio S.

Ste #201

SD 92108

Creditors Claims

Case #156557

295-5070

E-9947

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JACK	—	WILLIAMS	5 16 31	2-8-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BERNICE BROOKS - EXECUTRIX 375 68TH ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
ANDERSON-RAGSDALE MORT.; 5050 FEDERAL BLVD. SAN DIEGO, CA	F1329

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: ▶ Bernice Williams

8B. DATE SIGNED: 2-17-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 18 1992	Donald L. Pamas, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS; P.O. BOX 85222
SAN DIEGO, CA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA	11B. DATE INTERRED 2-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/18/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JUSTINO NARVAEZ

in a LINER Vault/Liner Funeral, date, time WED, 2/19 2:00 PM

Church, Chapel, Graveside Chapel + Graveside CALIF BURIAL Mortuary. (MARTIN)

All Funeral cars must 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 148 Grave 3 Row — Section 1 Division ~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	12.38
Total Due	1297.38
Paid receipt number 41911	325.00
Balance due	972.38

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Aida Narvaez
Signature
7415 Prairie Mound Way
Address
San Diego CA 92139
State Zip Code
(619) 475-6042
Telephone

Invoice # 186066

Work Order # E 9948

Acct. # 072174

PY-593 (REV. 8-86)

MT. HOPE CEMETERY W.O. # E-9546

NOTE

$ 972.38 San Diego, California 2-18 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Seventy Two 38/100 DOLLARS with interest from March 19, 1992 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 Aida Narvaez SIGNATURE Aida Narvaez

ADDRESS 7445 Prairie Mound Way San Diego CA 92139

CALIFORNIA DRIVER LICENSE NUMBER A4546904 SSN # 074-54-1115

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41911

Date: 2-18, 1992

From: Lida Narvaez Address: 4415 Prairie Mound Way SD 92139

Three Hundred Twenty five 00/100 Dollars ($ 325.00)

In _____ Payment of Interment of Justin NARVAEZ

Lot 148 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9948

BALANCE DUE $972

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	325	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	325	00

AC-212 (Rev. 1-91)

E-9948

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Justino	—	Narvaez	7/21/1919	2/14/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Aida Narvaez-Daughter 7415 Prairie Mound Way San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	2/19/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 19 1992	▶ [signature], M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92120	11B. DATE INTERRED 2-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY — 148-3-1-12 metal w/seabed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE *REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED* —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE *OF TRANSIT* ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need

Date 2/18/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roscoe Neely

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... Settled ..... _____

Additional spaces and care fund ..... _____

Opening, Closing & Setup ..... Pre-Need ..... _____

Burial Container ..... fee ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee 135.00

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 135.00

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9949

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOYCE MARIE MARTIN

in a DOUBLE CRYPT (Vault/Liner) Funeral, date, time TUES 2/25 1:00 PM

Church, Chapel, Graveside CHURCH G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 122 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	330.
Handling Fees	320
Flower vases - Marker setting fee	
Recording and filing fee	4
Sales taxes	2
Total Due	176
Paid receipt number 41916	20
42047	
Balance due	156
	156.

PAID
MAR 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 DAY NOTE

I hereby certify I am the Husband of the above named dece and this is your authority to make disposition of remains as above indicated. I certify and repre: that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless fr any liability on account of said authorization and interment.

Jeannie L. Martin
Signature
6782 Tiffin ave
Address
Calif 92114
State Zip Code
265-1836
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 9950

Invoice # 186068

Acct. # 072175

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41916

Date: 2-20, 1992

From Jennie Martin Address: 6782 Tiffin Ave, SD 92114

Two Hundred 00/100 Dollars ($ 200.-)

In _____ Payment of Interment of Joyce Martin

Lot 123 Grave 5 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9550

BALANCE DUE $1565.58

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1132

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

E-9950

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joyce	Marie	Martin	8-11-44	2-17-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE
San Diego	San Diego	James W. Martin - Husband 6782 Tiffin Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such*	8B. DATE SIGNED
		▶ Debbie Wilson	2-21-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$0.00	FEB 21 1992	▶ Donald G. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

X

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	NAME AND LOCATION OF CEMETERY 3751 Market St. Mt. Hope Cemetery San Diego, CA	11A. DATE INTERRED 2/25/92	11B. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 122-5-2-12 N/A metal/sealer dbl/crypt	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-9950

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072175

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-24-92 - H.D.
#1155

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER # 1155

AMOUNT PAID 165.58

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Jimmie Martin

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 6782 Tiffin Ave
S.D. CA 92114

REMARKS By K.L. Wigdahl

CASHIER

INV. NO. 186068

TR-1561 (2-82)

Mt Hope Cemetery
Agreement Confirmation

E-9950

05/18/2002

Agreement Number: E-9950-F
Agreement Date: 02/19/1992
Purchaser: Martin, Jimmie L And/Or Martin, Joyce
6782 Tiffin Avenue
San Diego ,CA 92114
Purchaser Number: 102 / 103
Phone: 619-265-1836
Child Protection: N
Beneficiary: Martin, Joyce

Counselors: 6 UNKNOWN

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	695.00	0.00	
1	Opening/Closing	1st Burial Dbl Depth	350.00	0.00	
1	Burial Vaults	Double Depth Lawn Crypt	330.00	25.58	
1	Handling Fee	D/D Crypt Handling fee	320.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		122	5	A

BASE PRICE	1,740.00
SALES TAX	25.58
TOTAL CASH PRICE	1,765.58
TOTAL DOWNPAYMENT	200.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	1,565.58
DEFERRED PAYMENT PRICE	1,765.58
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	1,565.58
DATE FIRST PAYMENT DUE	06/18/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

Mt Hope Cemetery
Contract Entry Verification
05/18/2002

E-9950

Contract Number: E-9950-F

Contract Date: 02/19/1992
Purchaser: Martin, Jimmie L And/Or Martin, Joyce
6782 Tiffin Avenue
San Diego ,CA 92114
Purchaser Number: 102 / 103
Phone: 619-265-1836
Child Prot: N
Beneficiary: Martin, Joyce

Counselors: 6 UNKNOWN

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-2	695.00	0.00		
1	Opening/Closing	1st Burial Dbl Depth	350.00	0.00		2nd Burial not paid
1	Burial Vaults	Double Depth Lawn Crypt	330.00	25.58		
1	Handling Fee	D/D Crypt Handling fee	320.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		122	5	A

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Hubble (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Tues, 2/25 11:00AM

Church, Chapel, Graveside Graveside Family Will bring Ashes to office before Service Mortuary.

All Funeral cars must 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. Set Up 10 Chairs

✓ Lot 3832 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (1973 D-3040)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.10
Total Due	253.10
Paid receipt number 41919	253.10
Balance due	Ø

PAID
FEB 20 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Doris Lasow
Signature

11722 Golden Cir
Address

Lakeside, Ca
State Zip Code

561-2374
Telephone

Work Order # E 9951 ✓

Invoice #

Acct. #

PY-593 (REV. 8-85)

E-9951

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LUCILLE	- - -	HUBBLE	2-2-14	2-19-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Doris Lazov - Daughter 11722 Golden Circle Lakeside, CA 92040

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Paris-Frederick Mortuary-374 N. Magnolia Ave. El Cajon, CA 92020	795

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 2 0 1992 ▶	Donald L. Rimel, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans St. San Diego, CA 92110	-

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 2/25/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda Inc.; 14065 Old Hwy 80 El Cajon, CA 92021	12B. DATE CREMATED 2/21/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS - (R) 3832-10 ASH VAULT	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41919

Date: 2-20, 19 92

From Doris Lazzo Address: 11722 Golden Circle, Lakeside

Two Hundred Fifty Three 10/100 Dollars ($ 253.10)

In Payment of Interment of Lucille Hobbs

Lot 3832 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-9951

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1471

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	253	10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTER

Date 2/19/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES G. Stephens

in a _____ (Vault/Liner) Funeral, date, time Fri, 7:21

Church, Chapel, Graveside _____; Calif Burial (Ruby) Mortuary.

All Funeral cars must 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 74 Grave 11 Row _____ Section MAS Division/~~Block~~ O

PAID
FEB 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Disinterment	500.00
Recording and filing fee	
Sales taxes	
Total Due	500.00
Paid receipt number 41918	500.00
Balance due	0

Calif Burial to Burns Creek

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Lillie M. Stephens
Signature
5989 ELDER GARDENS ST.
Address
CALIFORNIA 92120
State Zip Code
619 286-9855
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 9952 ✓

Invoice # _____

Acct. # _____

PY-583 (REV. 8-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41918

Date: 2-20, 1992

From: Calif Cremation Burial Address: 5602 El Cajon Blvd, SD

Five Hundred 70/100 Dollars ($ 500.—)

In _____ Payment of Disinterment of James T. Stephens

Lot 74 Grave 11 Row _____ Section MAL Division ~~Block~~ 0

Invoice No. _____

Acct. No. _____

W.O. F-7752

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 4103

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watts

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	500	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

E-9952 #292

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
James	Gallager	Stephens	5/21/1937	2/8/1945	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT
San Diego	San Diego	Lillis M. Stephens-Mother 5989 Eldergardens St. San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd, San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	2/18/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		$7.00	FEB 19 1992	▶ Donald L. Russell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☒ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☒ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY ——	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Greenwood Cemetery 4300 Imperial Ave. San Diego, CA 92120	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ——	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ——	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION [illegible] San Diego, CA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

THE CITY OF

SAN DIEGO

E-9952

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

2 MONTH 92 YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

James D. Stephens

from Lot 74 Grave 11 Section MAS Row — Block — Division O
and to remove the same to and reinter said remains in Lot _____ Grave _____
Section _____ Row _____ Block _____ Division _____ Cemetery _____

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address
Lillie O. Stephens	Sister	5989 Eldergardens Street, San Diego 92120
Lillie M. Stephens	Mother	5989 ELDERGARDENS ST. SAN DIEGO 92120

I hereby authorize the above disinterment:

Lillie M. Stephens (Lot owner must sign if not legal custodian)

2-21-92 Date

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/19/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby WEST

in a Liner (Vault/Liner) Funeral, date, time Thurs, 2/20 10:00

Church, Chapel, Graveside Chapel + graveside Rapdale (MARK) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 43 Grave 8 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-6781) ..... Ø

Additional spaces and care fund .....

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee .....

Recording and filing fee 4.50

Sales taxes ..... Will 12.38

Rapdale Brings check + sign 100.

Total Due 702.38

Paid receipt number 4120 702.38

Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9953 ✓

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-9953

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ruby	—	West	6-18-18	2-15-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Syrdella M. Pounds - Sister 5930 Division St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR OTHER PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	2-19-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 20 1992	Donald G. Romas, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 2-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 43-B-1-12 metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41920

Date: 2-20, 1992

From: Ragsdale Address: 5050 Federal Blvd, SD

Seven Hundred Two 38/100 Dollars ($ 702.38)

In _____ Payment of Interment of Ruby West

Lot 43 Grave 8 Row — Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. F-9953

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

8963

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	12	38
TOTAL PAID	$	702	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Place Ashes in Upper left Corner to Allow for More burials.

Date 2/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Floyd Wood (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Wed, 2/26 10:00 AM

Church, Chapel, Graveside Graveside ; Calif Burial (Jeannette) Mortuary.

All Funeral cars must 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. Family Will bring Ashes at 9:30

✓ Lot 87 Grave 11 Row ____ Section 3 Division/~~Bldg~~ 12

Grave space & Care Fund Pre-Need (E-5179)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.10
Total Due	253.10
Paid receipt number 41915	253.10
Balance due	Ø

PAID
FEB 20 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

There will be an honor guard

I hereby certify I am the Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Constance Hart
Signature

3599 Quarrieres St.
Address

Spring Valley, CA. 91977
State Zip Code

463-6793 (H) - 236-6438 (Work)
Telephone

Invoice # ____

Acct. # ____

Work Order # E 9954

PY-593 (REV. 8-85)

E-9954

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Floyd	Wilbur	Wood	4/19/1936	2/18/1992	M

CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Betty Ann David-Daughter 1836 Chris Scott El Paso, TX 79936

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	2/20/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 2 0 1992	[signature] Brad L. Powers, M.D. MG

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 97-11-3-12 3751 Market St. San Diego, CA	11B. DATE INTERRED 2/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda Inc. 14065 Olde Hwy.80 El Cajon, CA 92021	12B. DATE CREMATED 2/24/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41915

Shirley Tipton, 4318 Morning View Cr Ln Mesa

Date: 2-20, 1992

From: Constance Hart, 3599 Quail View, Sp Valley, Ca 92077

Address:

Two Hundred Fifty-Three 10/100 Dollars ($ 253.10)

In _____ Payment of Interment of Floyd Wood (X)

Lot 87 Grave 11 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9954

BALANCE DUE —

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☑

Cash-10¢ Ck-824-$153
Ck-5489-$100

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	253	10

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Consuelo Garcia

in a T.S Vault (Vault/Liner) Funeral, date, time Mon. 2/24 10:00 AM

Church, Chapel, Graveside Church + Grave - Conrad (Bill) Mortuary.

All Funeral cars must 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 926 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (D-607) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 15.50

Total Due 785.50

Paid receipt number 41917 785.50

Balance due 0

PAID
FEB 20 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Josephine Wintemute
Signature
10922 Singletree Ln
Address
Spring Valley Ca 91978
State Zip Code
619-660-0048
Telephone

✓

Work Order # E 9955

Invoice #

Acct. #

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41917

Date: 2-20, 1992

From: Josephine Witkowski Address: 908 Paraiso Ave, Sp Valley

Seven Hundred Eighty-five — 50/100 Dollars ($ 785.50)

In _____ Payment of Internment of Consuelo Garcia

Lot 936 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E. 9955

BALANCE DUE —

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	15	50
TOTAL PAID	$	785	50

AC-212 (Rev. 1-91) 3620

E-9955

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CONSUELO	S.	GARCIA-NICHOLS	8-11-1917	2-20-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOSEPHINE WITKOWSKI - DAUGHTER 10922 SINGLETREE LANE SPRING VALLEY, CA 91978

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶ [signature]	2-21-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 24 1992	▶ Harold L. Cantor, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3851 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 926-10 N/A wood vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ignacio Flores SARMIENTO

in a Liner (Vault, Liner) Funeral, date, time Fri, 2/21 12:30pm

Church, Chapel, Graveside Del Orby Guadalupana (Jose) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 25 Grave 7 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 9956

PY-593 (REV. 8-85)

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 186067

Acct. # 000952

E-9956

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IGNACIO	FLORES	SARMIENTO	7-31-61	5-20-91	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VALLEY CENTER	SAN DIEGO	PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA, 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE, SAN DIEGO, CA, 92102	FD-1425	▶ [signature]	2/21/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 21 1992	▶ Donald L. Romack, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222
SAN DIEGO, CA, 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA, 92102	11B. DATE BURIED 2/21/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Metal—Non SEALER Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

(Handling from San Diego)
Tommy Rush
470-2316

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Davis, Jr.

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon. 2/24 1:00pm

Church, Chapel, Graveside Church - Graveside Calif. Burial (VAN) Mortuary.

All Funeral cars must 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 50 Grave 12 Row ____ Section 3 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number 42257	1380.50
Balance due	0

PAID
MAY 18 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

60 days Note

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Deborah Davis

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Deborah Davis
Signature

612 Byron St.
Address

Fla. 32014
State Zip Code

904 252-5175
Telephone

Daytona Beach
City

Invoice # 191331

Work Order # E 9957

Acct. # 072916

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

W.O. # E-9957

NOTE

$ 1380.50 San Diego, California 2-24- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Thirteen Hundred Eighty 50/100 DOLLARS with interest from APRIL 24, 1992 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 Deborah Y. Davis SIGNATURE Deborah Y Davis

ADDRESS 612 Byron St Daytona Beach Fla

~~CALIFORNIA~~ FLORIDA DRIVER LICENSE NUMBER T656-179-58-798-0 SSN # 262-45-9410

PY-1012 (11-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42257

Date: 5-18, 1992

From: Tommy Rush Address 6930 Simi St. Sd 92139

Thirteen Hundred Eighty 50/100 Dollars ($ 1380.50)

In _____ Payment of INTERMENT of Joseph Davis, Jr

Lot 50 Grave 12 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9957

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 0015514250

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	1380	50

E-9957

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joseph	—	Davis, Jr.	3/29/1940	2/15/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Deborah Davis-Daughter 1049 Brentwood Dr. Apt. 304 Daytona Beach, FL 32114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1557

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶ Ryl A Chan

8B. DATE SIGNED 2/24/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: FEB 24 1992

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P.O. Box 85222 San Diego, CA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 2/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Yaeger
CREMATION	12A. NAME AND ADDRESS OF CREMATORY — 50-12-312 Metal Series - Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sheldon Brown (X)

in a Ash Vault (Vault/Liner) Funeral, date, time WED 3/4 AYD

Church, Chapel, Graveside Del Only, Featherlight AYD Mortuary.

All Funeral cars must arrive 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 44 Row 1 Section 7 Division/~~Block~~ 7

Grave space & Care Fund Pre-Need (E-5450) Ø

Additional spaces and care fund ____

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee ____

Recording and filing fee 45.00

Sales taxes 3.10

Total Due 253.10

PAID
FEB 20 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Paid receipt number 41921 253.10

Balance due Ø

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

1491 CLAYTON WAY
Address

SAN VALLEY CA. 93065
State Zip Code

805. 584. 6559
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 9958

Invoice # ____

Acct. # ____

PY-593 (REV. 6-85)

E-9958

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SHELDON	KLANKE	BROWN	2/20/1912	2/19/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Harvey S. Brown, son P. O. Box 2608 Blue Jay, CA 92317

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	1083

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 21 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☒ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, California	11B. DATE INTERRED 3-4-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 44-1-7-7 Lenoda, Inc., 14065 Olde Highway 80 ElCajon, CA	12B. DATE CREMATED 2/22/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Gary Stevens
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41921

Date: 2-20, 1992

From: Estate of Sheldon Brown Address: 9550 La Mesa Blvd, La Mesa

Two Hundred Fifty Three — 10/100 Dollars ($ 253.10)

In _____ Payment of Interment of Sheldon Brown

Lot _____ Grave 44 Row 1 Section 7 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-9958

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	253	10

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DANIEL JONES PA# 1123580

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

KIM WHITE
PAID - OF P.A. OFFICE

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 9959

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/24/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Myra O'Brian

in a liner (Vault/Liner) Funeral, date, time Wed, 2/26 10:00 AM

Church, Chapel, Graveside Chapel + Graveside Lewis Colonial (Jerry) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 15 Grave 5 Row ____ Section 8 Division/~~Block~~ 3

Grave space & Care Fund Pre-Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.62
Total Due	701.62
Paid receipt number 41926	701.62
Balance due	Ø

PAID
FEB 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Alma J. Henry
Signature

6352 Lake Leven Dr
Address

San Diego Ca 92119
State Zip Code

465-2537
Telephone

Work Order # E 9960

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41926

Alma Henry

Date: Feb 24, 1992

From Lucille O'Brien Address: 4178 Highland Ave. S.D. 92105

Seven hundred-one & 62/100 Dollars ($ 701.62)

In Full Payment of Interment of Lucille O'Brien

Lot 15 Grave 5 Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E 9960

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1252

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	62
TOTAL PAID	$	701	62

E-4960

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MYRA	LUCILLE	O'BRIAN	04-09-1907	02-23-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ALMA J. HENRY - DAUGHTER 6352 LAKE LEVEN DRIVE SAN DIEGO, CA 92119-3028

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	02-25-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 25 1992	▶ Donald L. Remus, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 2/26/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A 15-5-8-3 metal - sealer liner	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

DISINTERMENT

Date 2/24/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HANS Theilemann

in a _____ (Vault/Liner) Funeral, date, time Fri, 2/28 A/D

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 78 Grave — Row — Section 4 Division/~~Block~~ 8

PAID
FEB 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees	Disinterment Fee	210.00
Flower taxes - Marker setting fee	Less Lot refund	-27.50
Recording and filing fee		
Sales taxes		182.50
	Total Due	182.50
	Paid receipt number 41925	182.50
	Balance due	0

Family wants to take Marker to Greenwood to take Marker when Plot Ashes

(OVER) →

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: Chisela Strobel
Address: 6817 Colorado Ave
State: La Mesa Zip Code: 92041
Telephone: 619 465-8670

SILVIA LOMBLOT
GREENWOOD

Work Order # E 9961

Invoice # _____

Acct. # _____

FY-593 (REV. 6-86)

Hans J. Theilemann

582-1783

THE CITY OF

SAN DIEGO

E-9961

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

2 MONTH 92 YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

HANS W. THEILEMANN

from Lot 78 Grave — Section 4 Row — Block — Division 8
and to remove the same to and reinter said remains in Lot ____ Grave ____
Section ____ Row ____ Block ____ Division ____ Cemetery ____

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address
Gisela Strobel	daughter	6817 Colorado Ave La Mesa 91941
Hans J. Theilemann	son	4696 Esther St. San Diego, 92115

I hereby authorize the above disinterment:

Hans J. Theilemann 1-24-92
(Lot owner must sign if not legal custodian) Date

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41925

Date: 2-24, 1992

From: Gisela Strobel Address: 4696 Esther St, SD 92115

One Hundred Eighty-Two — 50/100 Dollars ($ 182.50)

In _____ Payment of Disinterment of Hans Theilemann

Lot 78 Grave — Row — Section 4 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-7761

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	182	50
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	182	50

AC-212 (Rev. 1-91)

E-9961

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Hans	W.	Theilemann	01-07-1896	03-17-1962	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Hans Theilemann:Son 4696 Esther Street San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY:I-805 & IMPERIAL AVENUE, SAN DIEGO, CA	F-843	▶ Hans Theilemann	2-24-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	FEB 24 1992	▶ Donald L. Ramos

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY GREENWOOD MEMORIAL PARK:I-805 & IMPERIAL AVENUE SAN DIEGO, CA	11B. DATE BURIED 2/28/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 24 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DONNA -Joy HARRISON

in a VAULT (Vault/Liner) Funeral, date, time Thurs at 1:00 PM.

Church, Chapel, Graveside CHURCH / G.S. ; Hadera Funeral Home Mortuary.

All Funeral cars must 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. VWA

✓ Lot 31 Grave 9 Row _____ Section 1 Division Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	31.65
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1512.15
Paid receipt number 41929	378.00
Balance due	1134.15

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Vivian M. Adams
Signature
3231 Island Ave
Address
San Diego Ca 92102
State Zip Code
233-8664
Telephone

Work Order # E 9962

Invoice # 186069

Acct. # 07276

PY-693 (REV. 6-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41929

Date: 2-25, 1992

From: Vernon Adams Address: 3231 Broad Ave, SD 92102

Three Hundred Seventy-Eight — 00/100 Dollars ($ 378.00)

In _____ Payment of Interment of Donna Harrison

Lot 31 Grave 9 Row — Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9962

BALANCE DUE $1134.15

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 5346

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waite

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	378	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	378	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9962

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Donna	Joy	Harrison	7/29/55	2/21/92	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Madera	Madera	Vivian Adams - Mother 3229 Island Avenue San Diego, California 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Madera Funeral Home	F-708

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED
		[signature]	2/24/92.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	2/25/92.	▶ C Dean McClure MD by E G

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
14215 Road 28, Madera, CA.	1700 Pacific Highway , San Diego 92101

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery , San Diego, CA.	11B. DATE INTERRED 2/27/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 31-9-1-12 Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/25/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peter Sutka

in a T.S Vault (Vault/Liner) Funeral, date, time SAT. 2/29 9:00AM

Church, Chapel, Graveside Graveside ; Conrad (John) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. OPEN Imp St GATES

✓ Lot 4900 Grave — Row — Section — Division/~~Block~~ 10

PAID
FEB 25 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee Sat. Overtime	480.00
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	2160.50
Paid receipt number 44933	2160.50
Balance due	0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Irene Sutka
Signature
1549 WATWOOD RD
Address
LEMON GROVE CA 91945
State Zip Code
(619) 464-0128
Telephone

✓

Work Order # E 9963

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-9963

11972

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO IRENE SUTKA for the sum of $ 895.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4901; Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9964

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 (1) 2'x1' FLAT MARKER ONLY

Wendy Jo Teague
Cemetery Manager

J. T. Gaylor
Property Director

PY-564 (Rev. 12-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41933

Date: 2-25, 1992

From: Irene Sutka Address: 1549 Watwood Rd, Kenna Grove

Twenty One Hundred Sixty 50/100 Dollars ($ 2160.50)

In _____ Payment of Interment of Peter Sutka

CITY AUDITOR
MAR 02 1992

Lot 4901 Grave — Row — Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-9963

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

009408

ISSUED BY Waits

CREDIT 20% Sales Care	87007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	525	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	2160	50

AC-212 (Rev. 1-91)

E-9963

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PETER	-	SUTKA	6-3-1946	2-25-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	IRENE SUTKA - WIFE 1549 WATWOOD ROAD LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	Thomas Conrad	2-27-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10126 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 27 1992	Donald G. Romans, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVS. VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3851 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2/29/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Metal Sealer 4900-10 Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 2/25/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irene Sutka

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4900 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number	
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Irene Sutka
Signature
1549 WATWOOD RD
Address
LEMON GROVE CA 91945
State Zip Code
(619) 464-0128
Telephone

Work Order # E 9964

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

44725

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3/11, 1994

From: IRENE SUTKA Address: 1549 Watwood Rd, L.G 91945

Thirty-seven and 00/100 Dollars ($ 37.00)

In Part Payment of Pre-need lot

Lot 4900 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 9964

BALANCE DUE $118.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#1300

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 23 1994

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	37	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	37	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43559

Date: 4-7, 1993

From: Pierre Sutka Address: 1549 Watered Rd, Bean Grove

Thirty-Seven 10/10 Dollars ($ 37.00)

In _____ Payment of Pre Need Lot

Lot 49W Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9964

BALANCE DUE $ 192.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1381

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	37	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	37	00

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-9064

Irene Sutka
1349 Watwood Road
Lemon Grove, Ca. 91945
(4901-10)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						10					

Amount due when paid on or before, due date above. $ 37.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 37.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot B-9964

Irene Sucka
1549 Watwood Road
LemonGrove, Ca. 91945

(4901-10)

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. $ 37.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 37.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check if this is new address

NAME IRENE SUTKA ACCT. NO. E-9964

ADDRESS 1549 Watwood Road, Lemon Grove, ~~XXXXX~~ CA 91945 LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
2-25-92	Pre-Need Lot: **PAID IN FULL 6-10-94**				
	Lot 490 ; Division 10	895. 00			895.00
7-10-92	rec# 42504, Coupon #1			37.00	858.00
8-10-92	rec# 42601, Coupon #2			37.00	821.00
9-11-92	Coupon #3 rec # 42715			37.00	784.00
10-7-92	Coupon #4, rec. # 4284			37.00	747.00
11-6-92	Coupon #5, rec # 42542			37.00	710.00
12-9-92	Coupon #6, rec # 43105			37.00	673.00
1-8-93	Coupon #7, rec. # 43211			37.00	636.00
2-5-93	Coupon #8 rec # 43327			37.00	599.00
3-9-93	Coupon #9 rec # 43455			37.00	562.00
4-7-93	Coupon #10, rec # 43559			37.00	525.00
5-[illegible]-93	Coupon #11, rec # 43682			37.00	488.00
6-10-93	Coupon #12 rec # 43804			37.00	451.00
7-9-93	Coupon #13 rec # 43890			37.00	414.00
8-9-93	Coupon #14, rec # 43988			37.00	377.00

AVERY FORM NO. 25-204 Sutka, Irene AVERY Pre-Need lot **PAID IN FULL** PRINTED IN USA

NAME ACCT. NO.

ADDRESS RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					377.
9-9-93	Coupon 15, Rec # 44085			37.00	340.00
10-8-93	Coupon 16 Rec # 44212			37.00	303.00
11/5 93	Coupon 17 REC. #44320			37.00	266.00
12/10 93	Coupon 18 REC #44439			37.00	229.00
1-7-94	Coupon 19 Rec # 44518			37.00	192.00
2-11 94	Coupon 20, Rec # 44623			37.00	155.00
3-11 94	Coupon 21 Rec # 44725			37.00	118.00
4-13 94	COUPON 22 REC 44852			37.00	81.00
5-12-94	Coupon 23 Rec # 44945			37.00	44.00
6-10 94	Coupon 24, Rec # 45115			44.00	0

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PH#1124137 CC 91-2475

in a Liner (Vault/Liner) Funeral, date, time Thurs, 2/27 10:30 AM

Church, Chapel, Graveside Del Only ; Neptune (Jan) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 25 Grave 77 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 186070

Work Order # E 9965

Acct. # 000952

PY-593 (REV. 8-86)

E-9965

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	—	Doe 91-2475	Unk	12-1-91	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Ysidro	San Diego	Public Administrator 5201-A Ruffin Rd San Diego, Ca 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
NEPTUNE SOCIETY 14065 Hwy 8 Bus El Cajon, CA 92021	F-1352

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
		[signature]	2-26-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	FEB 26 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St San Diego, CA	11B. DATE BURIED 2/27/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a 25-7-Ty-1-12 Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/27/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wyvonne Conner

in a Liner (Vault/Liner) Funeral, date, time Thur 3/5, 2:00pm

Church, Chapel, Graveside Church + Grave-side ; Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 96 Grave 5 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.62
Total Due	1296.62
Paid receipt number 42118	1296.62
Balance due	0

Pd Infull 4-13-92

30 Day Note

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Hazel L Conner
Signature

3654 - 43rd St #1
Address

San Diego 92105
State Zip Code

2818757
Telephone

Invoice #

Acct. #

Work Order # E 9966

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42118

Date: 4/3, 19 92

From: Calif Burial Address: 5602 El Cajon Blvd SD 92115

Twelve Hundred Ninety-six 62/100 Dollars ($ 1296.62)

In Payment of Interment of Wyvonne Carter

Lot 96 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-07966

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4305

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	62
TOTAL PAID	$	1296	62

MT. HOPE CEMETERY

W.O. # E-9966

NOTE

$ 1296.62 San Diego, California 2-27 19 9[illegible]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Ninety-six & 62/100 DOLLARS with interest from April 5, 1992 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 HAZEL C CONNER SIGNATURE Hazel C Conner

ADDRESS 3654-43rd St apt 1

CALIFORNIA DRIVER LICENSE NUMBER N4060534 SSN # 426 64 8951

PY-1012 (11-89)

E-9966

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Wyvonne	Anthony	Conner	12/19/1942	2/24/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Hazel L. Conner-Wife 3654 43rd Street Apt.1 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ R L A Clone	2/28/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 28 1992	▶ Ronald L. Powell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 3-5-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY —— metal sealed 36-5-3-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ——	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ——	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ——	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/27/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DANIEL JONES PA# 1123580/CC#92-0157

in a LINER (Vault/Liner) Funeral, date, time Fri, 2/28 11:00 AM

Church, Chapel, Graveside DEL. Only ; Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 9 Grave 8B Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	121.00
Opening/Closing & Setup	
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Kim White

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 09967

Invoice # 186071

Acct. # 000552

PY-583 (REV. 8-88)

E-9967

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-09967

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Daniel	—	Jones	7/6/1953	1/22/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201 A Ruffin Road San Diego, CA 92115

7A. NAME AND ADDRESS OF MORTUARY—CREMATORY—CEMETERY AUTHORIZED TO ACT IN ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	2/26/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	FEB 27 1992	▶ Donald L. Russell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 2-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/28/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OBIE BROWN

in a LINER (Vault/Liner) Funeral, date, time Wed, 3/4 1:00pm

Church, Chapel, Graveside Church + Grave-side ; Ragsdale (MARK) Mortuary.

All Funeral cars must 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 127 Grave 10 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-6706 10/87) Ø

Additional spaces and care fund ____

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee ____

Recording and filing fee 45.00

Sales taxes 11.63

Total Due 701.63

Paid receipt number 41942 701.63.

Balance due Ø

PAID
MAR 2 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Bernie Brown
Signature

3606 T. St.
Address

SAN DIEGO
State

CA 92113
Zip Code

Telephone

✓

Work Order # E 09968

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41942

Date: 3-2, 1992

From: Bessie Brown Address: 3606 T St 92113

Seven Hundred two 63/100 Dollars ($ 701.63)

In Payment of Interment of Mrs Brown

Lot 127 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-D49688

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	701	63

E-9968

E 049968

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Obie	--	Brown	10-8-18	2-27-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Bernie Brown - Son 3606 "T" St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Emerson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	3-3-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 0 4 1992	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 3-4-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 127-10-1-12 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need

Date 2/28/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie Powell

in a Liner (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; Ragsdale (Debbie) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 164 Grave 7 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	37
Recording and filing fee	45.
Sales taxes	11.63
Total Due	1297.00
Paid receipt number 41944	1297.00
Balance due	0

PAID
MAR 2 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 09969

Invoice # ____

Acct. # ____

PY-683 (REV. 8-85)

E-9969

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11844

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Minnie Powell for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 164; Grave 7; Section 1; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9969

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:

Flat marker only 12" x 24"

Wendy Jo League
Cemetery Manager

Property Director

PY-584

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41944

Date: 3/2, 19 92

From: Co. of St. Public Guardian Address 5201-A Ruffin Rd, SD

Twelve Hundred Ninety-Seven 71/100 Dollars ($ 1297.71)

In Payment of Pre-Need Trust for Minnie Powell

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-9969

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 07220

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	37
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	1297	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/2/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VERNON COWAN

in a LINER (Vault/Liner) Funeral, date, time Fri, 3/6 10:30AM

Church, Chapel, Graveside Graveside ; Humphrey (RAY) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 40 Grave 11 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-1053)	Ø
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need (E-1053)	Ø
Burial Container Pre-Need (E-1053)	Ø
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number [illegible]	45.00
Balance due	Ø

PAID
MAR 2 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mr. Cowan Requests if Canopy be set up if possible, Even if it is sunny. Requests 15 Chairs if possible

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Daniel F. Cowan
Signature

1115 SAVOY ST
Address

SDIEGO CA 92107
State Zip Code

619 222-1060
Telephone

Invoice # ____

Acct. # ____

Work Order # E 09970

PY-593 (REV. 8-85)

E-9969

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VERNON	ATLAS	COWAN	08-03-1906	02-29-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Daniel R. Cowan - Son 1115 Savoy Street San Diego CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 655 Broadway Chula Vista, CA 91911	F-964		3-3-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 3 1992	Donald L. Bowers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 3/6/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Sea Dia cloth 40-11-2-12 liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

NO 41941

Date: 3/2, 1992

From: Lance Cowan Address: 1115 Savoy St. 92107

Forty five and no/100 Dollars ($ 45.00)

In Payment of Interment of Vernon Cowan

Lot 40 Grave 11 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-9970

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78360	
TOTAL PAID	$	45 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

D.I.P. 1st Burial

Date 3/2/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Buenis McFadden in a Oversize Liner #1 (Vault/Liner) Funeral, date, time Wed, 3/4 10:00 Church, Chapel, Graveside Church + Grave-side; Rosedale (Mark) Mortuary. All Funeral cars must 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 516 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (E-1614)	ø
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need (E-1614)	ø
Burial Container Oversize Liner (#5 Under Pre-Need)	50.00
Handling Fees Pre-Need (E-1614)	ø
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.87
Total Due	98.87
Paid receipt number	
Balance due	

CASKET SIZE

88L x 35W x 23.5 H

Castella McFadden 264-6957

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 09971

Invoice # 191354

Acct. # 072927

PY-593 (REV. 8-88)

E-9971

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Burnis	Elle	McFadden	10-30-21	2-28-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sanional City	San Diego	Casteila McFadden - Wife 630 Cotton St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER (IF APPLICABLE)
Anderson-Ragsdale Mortuary; 5050 Federal blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	3-3-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 0 4 1992	Donald G. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA		11B. DATE INTERRED 3-4-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 566-10 N/A		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41947

Date: 3.2.92, 19 92

From: Castella McFadden Address: 630 Cotton St SD 92102

Ninty Eight Dollars 87/00 Dollars ($ 98.87)

In ____ Payment of Interment Service for Burnis McFadden

Lot 556 Grave ____ Row ____ Section ____ Division 10 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-09971

BALANCE DUE ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Carter

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	ø	
Burial Containers	100 77182	50	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	69033 9022		
Sales Tax	60101 78390	3	87
TOTAL PAID	$	98	87

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Sayles

in a TS Vault (Vault/Liner) Funeral, date, time Thur, 3/5 1:00pm

Church, Chapel, Graveside Church & Grave-side ; Pasadale (Mark) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No ☐

✓ Lot 150 Grave 4 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee Temp. Marker	23.83
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1504.33
Paid receipt number 41948	376.00
Balance due	1128.33

Paid Full IN Full to according to Treasurers 10/25/94

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Deana L. Edwards
Signature

4012 Hamilton St. #6
Address

San Diego, CA 92106
State Zip Code

688-9458
Telephone

Invoice # 191355

Acct. # 072919

Work Order # E 09972

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-9942

NOTE

$ 1128.33 San Diego, California 3-3 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Twenty Eight 33/100 DOLLARS with interest from April 5, 1992 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 DEANA L. EDWARDS SIGNATURE Deana L Edwards

ADDRESS 4012 Hamilton St. #6 San Diego, CA 92106

CALIFORNIA DRIVER LICENSE NUMBER C1142556 SSN # 585-94-1612

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41948

Date: 3-3 , 19 92

From: Elizabeth Edwards Address: 4346-45th St #E SD 92115

Three Hundred Seventy-Six 70/100 Dollars ($ 376.40)

In Payment of Interment of Frances Sayle

Lot 150 Grave 4 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-9972

BALANCE DUE $1157.33

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

278

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Vait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	376.40
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	376.40

E-9972

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Frances	Elizabeth	Sayles	1-29-43	2-27-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Deena Edwards - Daughter 4012 Hamilton St. San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 3030 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	3-3-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 05 1992	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St.; San Diego, CA	11B. DATE INTERRED 3-5-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal sealed 150-4-2-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Judah Ming

in a _____ Vault/Liner Funeral, date, time Tues, 3/10 1:00pm

Church, Chapel, Graveside Graveside Only Calif Burial (VAN) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No Casket Size: L-22½" W-11 1/4"

✓ Lot 3522 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	220.00
Paid receipt number 41952	220.00
Balance due	-0-

PAID
MAR 4 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

2655 G St. #5
Address
San Diego, Ca 92102
State Zip Code
236-9088
Telephone

Work Order # E 09973

Invoice # _____

Acct. # _____

PY-593 (REV. 8-88)

E-9973

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Judah	—	Ming	2/26/1992	2/26/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sonji Ming-Mother 2655 G Street #5 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED
		[signature]	3/5/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 0 5 1992	[signature] MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3522-1-9 3751 Market St. San Diego, CA	11B. DATE INTERRED 3/10/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41952

Date: 3-4, 1992

From: Sonji Ming Address: 2655 G St #5, Sd 92102

Two Hundred Twenty 00/100 Dollars ($ 220.-)

In _____ Payment of Interment of Judah Ming

Lot 3522 Grave _____ Row _____ Section 1 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. E-~~[illegible]~~ 9973

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. White

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	75	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	220	00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DORA JORDAN

in a LINER (Vault/Liner) Funeral, date, time thur, 3/5 10:00AM

Church, Chapel, Graveside Chapel & graveside Pagdale Mortuary.

All Funeral cars must 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 88 Grave 9 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1296.63
Paid receipt number #41954	324.00
Balance due	972.63

#42048 – $972.63

I hereby certify I am the Sister of the above named ~~decedent~~ and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Beatrice Brown
Signature

8027 Sharondale
Address

Houston
State

Texas 77033
Zip Code

Telephone

Invoice # 713-734-5422

Acct. #

Work Order # E 09974

PY-593 (REV. 8-85)

E-9974

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Dora	Dell	Jordan	3-20-20	2-27-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Beatrice Brown - Sister 8027 Sharondale St. Houston, TX 77033

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mort.; San Diego, CA	F-1529

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williamson	3-4-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 05 1992	Ronald L. Pomrat, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Vital Records; P.O. Box 85222 San Diego, CA 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3791 Market St. San Diego, CA 88-9-312	11B. DATE INTERRED 3/5/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Cloth Covered	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41954

Date: 3/4, 1992

From: Beatrice Brown Address: 1027 Sharmdale, Houston, Texas

Three Hundred Twenty-four 00/100 Dollars ($ 324.00)

In _____ Payment of Service for Dora Jordan

Lot 88 Grave 19 Row — Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9974

BALANCE DUE $972.63

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	324	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	324	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42048

Date: 3 — 25 —, 1992

From: Beatrice Brown Address: P.O. Box 2551 Houston, Tx 77252

Nine Hundred Seventy Two and 63/100 Dollars ($ 972.63)

In Full Payment of Services for Dora Jordan

Lot 88 Grave 9 Row Section 3 Division Block 11-12

Invoice No.

Acct. No.

W.O. E-09974

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

824741

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	152	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	972	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARBARA ANN JONES-WARREN

in a DOUBLE CRYPT (Vault/Liner) Funeral, date, time MON. 3/9 1 PM

Church, Chapel, Graveside CHAPEL, G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

✓ Lot 3058 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	25.58
Total Due	1865.58
Paid receipt number 41955	1865.58
Balance due	-0-

PAID
MAR 4 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[signature]
Signature

11956 Bernardo Mesa Dr #531
Address

CA 92128
State Zip Code

694-4221
Telephone

Invoice #

Acct. #

Work Order # E 09975

PY-593 (REV. 8-86)

E-9975

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Barbara	Ann	Warren	9-14-38	3-3-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lillie Jones - Mother 3086 Logan Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	5-5-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 0 6 1992	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, Ca	11B. DATE INTERRED 3-9-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A medal w/sealed 305B-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41955

Date: 3-4- , 1992

From: NAPOLEON JONES JR. Address: 11956 Bernardo Plaza Dr. No531, S.D. 92128

Eighteen hundred sixty-five and 58/100 Dollars ($ 1865.58)

In Full Payment of Interment Services and gravespace for Barbara Ann Jones-Warren

Lot 3058 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E09975

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184	159	—
80% Sales of Lots	100 77184	636	—
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	330	—
Handling Fee	100 77185	320	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	25	58
TOTAL PAID	$	1865	58

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emmett Thomas

in a Liner Vault/Liner Funeral, date, time Fri, 3/6 1:00 pm

Church, Chapel, Graveside Church-Grave-side; Calif Burial (VAN) Mortuary.

All Funeral cars must 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 123 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1296.63
Paid receipt number 41968	96.63
Balance due	1200.00
	808.72
	391.28

Daughter 4/7 42138

I hereby certify I am the N. Thomas of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

N. Thomas
Signature
4078 47th St
Address
San Diego
State Calif Zip Code 92105
Telephone 284-7225

Work Order # E 09976

Invoice # ~~284-7225~~ 19356

Acct. # 072920

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

W.O. # E-9976

NOTE

$ 1200.00 San Diego, California 3-5 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred 00/100 DOLLARS with interest from April 6, 1992 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 Felicia Thomas SIGNATURE Felicia Thomas

ADDRESS 4078 47th St San Diego Calif 92105

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 553-08-7411

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41968

Date: 3/5, 19 92

From: Felicia Flores Address: 4078 47th St, SD, 92105

Sixty Six 63/100 Dollars ($ 96.63)

In Payment of Interment of Ernesto Flores

Lot 123 Grave 3 Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-5526

BALANCE DUE 96.63

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	96	63
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	96	63

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42138

Date: 4-17, 1992

From: Cala Burial Address: 5102 El Cajon Blvd, SD

Eight Hundred Eight 72/100 Dollars ($ 708.72)

In Payment of For Interment of Elliott Mortuary Service
3/6/92

Lot 123 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-9376

BALANCE DUE $391.28

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 4323

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waitl

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	380	00
Opening/ Closing	100 77189	309	72
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	808	72

E-9976

APRIL 15, 1992 MT HOPE CEMETERY (EMMETT LEE THOMAS #E9976 MAR.6,1992)

$808.72 REMAINING AMOUNT FROM LIFE INSURANCE POLICY #UL3802013 FAMILY STATED FOR THIS BALANCE OF OVER, TO BE FORWARDED TO MT. HOPE CEMETERY.

E-9976

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Emmett	Lee	Thomas	2/14/1929	2/29/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Patricia A. Thomas-Daughter 4078 47th Street San Diego, CA 92105

7A. NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd, San Diego, CA 92116	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	3/5/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 0 5 1992	Harold L. Ramras, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 3/6/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teach	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Liner metal w/sealed 123-3-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MARCH 6, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAFAEL PALLARES P.A.#1124625

in a LINER (Vault/Liner) Funeral, date, time MON 3-9 1:30 PM.

Church, Chapel, Graveside DELIVERY ONLY ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 71 Grave 3B Row _____ Section 1 Division/Block B

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

P.A. #1124625 Katherine Howard

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 09977

Invoice # 191358

Acct. # 000952

PY-583 (REV. 8-88)

E-9977

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Rafael	——	Pallares	08-27-1920	02-07-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH--OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE
San Diego	San Diego	Pat Williams: Deputy P.A. 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Sharon L Rawlins	3-6-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAR 09 1992	Donald E. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE INTERRED 3-9-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Terazzo
CREMATION	12A. NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date MARCH 6, 1997

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Hosley PA# 112409

in a Liner (Vault/Liner) Funeral, date, time Mon. 3-9 2:00 P.M.

Church, Chapel, Graveside Delivery only ; Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no .

✓ Lot 71 Grave 3T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Rebecca Bert

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 09978

Invoice # 191357

Acct. # 000952

PY-593 (REV. 8-85)

E-9978

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH-DAY-YEAR	3. DATE OF DEATH MONTH-DAY-YEAR	4. SEX
Charles	Henry	Mosley	12/26/34	2/18/92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201 A Ruffin Road San Diego, CA 92123

7A. NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	3/6/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 0 6 1992	▶ Ronald L. Lamirand, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	P.O. Box 85222 San Diego, CA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 3-9-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dolores Miller

in a Liner (Vault/Liner) Funeral, date, time Thurs, 3/12 11:00 AM

Church, Chapel, Graveside Chapel + Grave-side Mortuary. Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot ____ Grave 55 Row 2 Section 8 Division/Block 7

Grave space & Care Fund ..Pre-Need (C-8852)....	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	701.63
Paid receipt number 42017	701.63
Balance due	0

PAID
MAR 12 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary brings Check.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 09979

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-9979

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DOLORIS	E.	MILLER	JUN 12, 1907	MAR 7, 1992	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SELF PRE-NEED RECORDS @ MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ C. Leach	MAR 11, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 11 1992	▶ Donald L. Russell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED: 3-12-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: Wood 55-12-8-7 Mor	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42017

Date: March 12, 19 92

From: Merkley-Mitchell Address: 3655 Fifth Ave. San Diego 02103

Seven Hundred-One and 63/100 Dollars ($ 701.63)

In Full Payment of Interment of Doloris Miller

Lot _____ Grave 55 Row 2 Section 8 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-09979

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 11943

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. L. Wagdall

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	701	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-9-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Noyes in a Liner (Vault/Liner) Funeral, date, time Thurs 3/12 1:30pm Church, Chapel, Graveside Chapel + Graveside Merkley-Mitchell (Scott) Mortuary.

All Funeral cars must 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 311 Grave — Row — Section 1 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need (C-5521)	Ø
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need (E-7411) (88)	Ø
Burial Container Pre-Need (E-7411) (88)	Ø
Handling Fees Pre-Need (E-7411) (88)	Ø
Flower vases - Marker setting fee	
Recording and filing fee Pre-Need (E-7411) (88)	Ø
Sales taxes Pre-Need (E-7411) (88)	Ø
Total Due	Ø
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 09980

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-9980

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DOROTHY	LILLA	NOYES	NOV 27, 1894	MAR 8, 1992	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOREEN FANTONI, DAUGHTER 1537 MONITOR ROAD SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ Ed Leach	MAR 11, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 1 1 1992	▶ Donald L. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 3-12-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metan w/sealed 311-1-8	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/9/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Wafer

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri, 3/13 11:00AM

Church, Chapel, Graveside Church + Grave-side ; Pagodale (Mark) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 63 Grave 4 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number 41999	345.00
Balance due	1035.50
	1035.50

PAID
APR 15 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

42124

I hereby certify I am the ~~Dana~~ Dau of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Shirley G. Haynes
Signature

3246 Menlo ave
Address

San Diego, ca 92105
State Zip Code

(619) 281-2554
Telephone

Invoice # _____

Acct. # _____

Work Order # E 09981

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-9981

NOTE

$ 1035.50 San Diego, California 3-9 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Hundred Thirty-five 50/100 DOLLARS with interest from April 13, 1992. 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 Shirley LEE HAYNES SIGNATURE Shirley L. Haynes

ADDRESS 3246 Menlo ave San Diego, ca 92105

CALIFORNIA DRIVER LICENSE NUMBER N5491377 SSN # 553 08 3433

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42124

Date: 4-14, 19 22

From: SHIRLEY HAYNES Address: ~~3946~~ 5303 Oak Hi Point Dr. S.D. 92105

ONE THOUSAND THIRTY-FIVE 50/100 Dollars ($ 1035.50)

In FULL Payment of THELMA WAFER

Lot 63 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-09981

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K L Hadsell

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	131	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	1035	50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41999

Date: 3/9, 1992

From: Shirley Hayes Address: 3246 Monte Ave SE 92105

Three Hundred Forty-five 70/100 Dollars ($ 345.00)

In _____ Payment of Interment of Thelma Wafer

Lot 63 Grave 4 Row — Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-9981

BALANCE DUE $1035.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	345	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	345	00

AC-212 (Rev. 1-91)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9981

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Thelma	—	Wafer	8-29-32	3-8-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Dollie Flournoy - Daughter 164 S. Pierce St. El Cajon CA 92000

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or *Person Acting as Such*	8B. DATE SIGNED
		▶ Debbie Williams	3-10-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 12 1992	▶ Ronald L. Connor, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3951 Market St. San Diego, CA	11B. DATE INTERRED 3-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 63-4-2-11 metal-seeker (work)	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/11/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clyde Wynn

in a Liner (Vault/Liner) Funeral, date, time Fri, 3/13 11:30am

Church, Chapel, Graveside Chapel - graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 4 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-5599)(85)	Ø
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need (E-5600)(12/85)	Ø
Burial Container Pre-Need (E-5600)(12/85)	Ø
Handling Fees Pre-Need (E-5600)(12/85)	Ø
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 4/27 42174	45.00
Balance due	Ø

Mortuary brings check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 09982

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-9982

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Clyde	Allen	Wynn	3-27-14	3-7-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Willie B. Tillis - Sister 36115 166th E. St. Llano, CA 93544

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or *Person Acting as Such*	8B. DATE SIGNED
		▶ Debbie Williams	3-10-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 12 1992	▶ Ronald L. Powers, MD Dr

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 3-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A medal n/sealed 4-5- 3-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42174

Date: 4-27, 19 92

From: Ragsdale Address: 5050 Federal Blvd, SD 92102

Forty five 7½/10 Dollars ($ 45)

In Payment of Interment of Clyde Wynn

Lot 4 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-9582

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91) 9323

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/12/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GEORGEANNA DAWSON

in a LINER Vault/Liner Funeral, date, time MON, 3/16 1:00pm

Church, Chapel, Graveside Chapel ; Graveside ; CLAIREMONT Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO E.M.A.

✓ Lot 134 Grave 1 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1296.63
Paid receipt number	42056 1296.63
Balance due	0

30 day Note

I hereby certify I am the DAUGHTER Edna McFate of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Edna McFate
Signature

2749 MISSION VILLAGE DRIVE
Address

SAN DIEGO, CA 92123
State Zip Code

(619) 573-1959
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

✓

Work Order # E 09983

Invoice # _____

Acct. # _____

PY-593 (REV 8-85)

MT. HOPE CEMETERY

W.O. # E-9983

NOTE

$ 1296.63 San Diego, California 3-12 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Ninety-six 63/100 DOLLARS with interest from April 16, 1992 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 EDNA M. FRITZ SIGNATURE Edna M. Fritz

ADDRESS 2749 MISSION VILLAGE DRIVE

CALIFORNIA DRIVER LICENSE NUMBER N3440097 SSN # 553-80-9524

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42056

Date: 3-26, 19 92

From: Edna Fritz Address: 7749 Fission Village Dr 16

Twelve Hundred Ninety-Six 63/100 Dollars ($ 1296 63)

In Payment of Interment of Georgeanna Lawson

Lot 134 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-7583

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 2319

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	1296	63

9983

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGEANNA	---	DAWSON	04-14-1922	03-12-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	EDNA M. FRITZ, DAUGHTER 2749 MISSION VILLAGE DRIVE SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT. ABERNATHY AVENUE SAN DIEGO, CA 92117	FD-1126	Patricia Michaels	3-16-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 16 1992	Donald L. Ramos, M.D. RS

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3850 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-16-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy To League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 134-1-3-12 (wood — liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/13/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Santiago E Chevereia PA# 112522

in a Liner (Vault/Liner) Funeral, date, time Fri, 3/13 3:30

Church, Chapel, Graveside delivery Only Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

✓ Lot 9 Grave E-T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Kathryn Howard

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 191359

Work Order # E 09984

Acct. # 000952

PY-593 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-9984

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SANTIAGO	UNK	[redacted]VERRIA	APR 20, 1923	MAR 4, 1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ Ed Leach	MAR 13, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 13 1992	Arnold L. Pascal, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 3/13/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teagen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNESTINE EDDINGTON

in a LINER (Vault/Liner) Funeral, date, time Mon. 3/16 1 PM

Church, Chapel, Graveside CHURCH/G.S. ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 102 Grave 1 Row — Section 1 Division ~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container Liner	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1296.63
Paid receipt number #2021	300.—
Balance due	996.63

30 day note

4/7 #42074 400.00 596.63

I hereby certify I am the SON-IN-LAW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

James Jackson
Signature

10228 CLAMAGORO CT.
Address

SAN DIEGO, CA. 92124
State Zip Code

(619) 560-6915
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 09985 ✓
PY-593 (REV. 8-85)

Invoice # 191360

Acct. # 072921

4/15--

Per Mrs Jackson
Wendy told her they could have another 30 Days — Ext. given to her for 30 days, until May 16th.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42094

Date: 4-7, 1992

From: James Jackson Address: 10228 Clamagora Circle, SD 92124

Four Hundred 00/100 Dollars ($ 400.00)

In _____ Payment of Interment of Ernestine Eddington

Lot 102 Grave 1 Row — Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9565

BALANCE DUE $596.65

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Wait

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	176	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42021

Date: 3-13-, 1992

From: JAMES JACKSON Address: 10228 CHAMAGORO CT, S.D. 92124

Three hundred and xx/100 Dollars ($ 300.00)

In Part Payment of interment plot and services for ERNESTINE EDDINGTON

Lot 102 Grave 1 Row 1 Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E09955

BALANCE DUE 996.63

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Tangen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	300	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	—

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

W.O. # EO9985

NOTE

$ 996.63 San Diego, California 3-16- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred ninety-six and 63/100 DOLLARS with interest from 4-16-92 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 JAMES JACKSON SIGNATURE James Jackson

ADDRESS 10228 Clamagore Cr. SAN DIEGO, CA. 92124

CALIFORNIA DRIVER LICENSE NUMBER N6848799 SSN # 253-84-3454

PY-1012 (11-89)

E-09985

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ernestine	——	Eddington	2/9/1928	3/11/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Anita Jackson-Daughter 10228 Clamagoro Cir. San Diego, CA 92124

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶	8B. DATE SIGNED 3/16/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 16 1992	▶ Donald L. Romack, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 9	11B. DATE INTERRED 3-16-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY —— liner 102-1-1-12 metal nonseeber	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ——	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ——	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION ——	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/16/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Robertson

in a Double Depth Crypt (Vault/Liner) Funeral, date, time Thurs, 3/19 2:00p

Church, Chapel, Graveside Chapel + Grave Side - Pasadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 93 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-Slat	0
Additional spaces and care fund	
Opening/Closing & Setup (1.9%)	350.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	1045.00
Paid receipt number 42030	1045.00
Balance due	0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Charles Robertson
Signature

4257 Clairemont Mesa Blvd
Address

San Diego, Ca. 92117
State Zip Code

(619) 571-2806
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 09986

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E-9986

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Robert	Al	Robertson	9-24-1900	3-14-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Daisie D. Robertson - Wife 6677 Manning St. San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such*: Debbie Williams

8B. DATE SIGNED: 3-17-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 18 1992	Donald L. Remus, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: Vital Records; P.O. Box 85222 San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY: Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED: 3-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT: Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: N/A clsd 93-10-2-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION: N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42030

Date: 3-17, 1992

From: Lasie Robertson Address: 6677 Manning St. SD 92111

One Thousand Forty-five 74/100 Dollars ($ 1045.00)

In _____ Payment of Interment of Robert Robertson

Lot 93 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9986

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1045	00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIA CARMEN CAMPOS

in a Liner (Vault/Liner) Funeral, date, time Wed, 3/18 2:00PM

Church, Chapel, Graveside Church & Grave-Side, GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No JP.

✓ Lot 123 Grave 12 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1396.63
Paid receipt number 4228	1396.63
Balance due	0

PAID
MAR 17 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

2825 JARVIS ST.
Address

San Diego CA 92106
State Zip Code

222-3143
Telephone

Work Order # E 09987

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-9987

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	CARMEN	CAMPOS	1-16-53	3-14-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANA JULIA PENADO-DAUGHTER 2825 JARVIS ST SAN DIEGO, CA, 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE, SAN DIEGO, CA, 92102	FD-1425	▶ Ana Penado	3/17/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 17 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA, 92102.	11B. DATE BURIED 3-18-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth w/sealed 23-12-2-11	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42028

Date: 3-17, 19 92

From: Frank Medina Address: 1609 Scott St. SD 92106

Twelve Hundred Ninety-Six 63/100 Dollars ($ 1296.63)

In _____ Payment of Interment of Nina Campos

Lot 123 Grave 12 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-9517

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Witt

CREDIT	67007		
20% Sales Care	77184	139	00
80% Sales of Lots	100 77184	556	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	1346	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juan Ramirez Gabriel

in a Vault (Vault/Liner) Funeral, date, time Friday 3/20 10:00 AM

Church, Chapel, Graveside Church + Grave-side Funeral Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No JR LB

Lot 101 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number 42025	350.50
Balance due	1030.00
	850.00
	180.00

Pd-In full 6-17-92

PAID
JUN 17 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day Note

5/1 Auxiliary 5/23

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Alexandro 6/17/92 630.00

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Javier Ramirez
Signature

7461 ARMSTRONG PLACE #
Address

APT. E19 SAN DIEGO CAL
State

92111
Zip Code

560-6188
Telephone

Work Order # E 09988

Invoice # 191364

Acct. # 072922

PY-593 (REV. 8-85)

MT. HOPE CEMETERY W.O. # E-9988

NOTE

$ 1,030.00 San Diego, California 3-17 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Thirty 00/100 DOLLARS with interest from April 20, 1992 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 JAVIER RAMIREZ SIGNATURE Javier Ramirez

ADDRESS 7461 ARMSTRONG PLACE #F19 SAN DIEGO CA 92111

CALIFORNIA DRIVER LICENSE NUMBER A7877079 SSN # 569-85-2409

PY-1012 (11-89)

E 9988

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072922

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 6/17/92 H.D.

PAID BY (CIRCLE ONE): (CA) CK NF

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID $30.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Javier Ramirez

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) _____

CUSTOMER (PAYOR) ADDRESS 7461 Armstrong Place Apt. E19

SD 92111

REMARKS Jan - MS # 72

CASHIER _____

INV. NO. 191364

TR-1561 (2-82)

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E-9988

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072922

PAYMENT DATA

ENT P.M. RECEIVED DATE 5-7-98 HD
#205

Y (CIRCLE ONE): (CA) (CK) NF

NT REFERENCE NUMBER #205

IT PAID $220.00

TREASURER VALIDATION

CUSTOMER DATA

MER ACCOUNT NAME Javier Ramirez

NAME same
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

IER (PAYOR) ADDRESS 3532 F ST.

San Diego CA 92113

560-6188

KS KCV

INV. NO. 19/364

(2-82)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61346

E-9988

Date: 12-15, 2008

From: FRANCISCO RAMIREZ Address: _____

ONE HUNDRED SEVENTY EIGHT & NO/100 ——— Dollars ($ 178.00)

in Full Payment of MANOR INTL JUAN GABRIEL RAMIREZ

Div 12 Sec 3 Blk/Row _____ Lot 101 Grave 11

Invoice No. 181026

Acct. No. E009988

W.O. 6660

BALANCE DUE 0

☐ Money Order
☒ Charge AP0103/2
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 15 2008

MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	178 —
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	
	78390	
TOTAL PAID	$	178 —

AC-212A (11-05)
This information is available in alternative formats upon request.

E-9998

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42029

Date: 3-17, 1992

From: Javier Ramirez Address: 7461 Cemetery Pl, Apt 719 Sd

Three Hundred Fifty 50/100 Dollars ($ 350.50)

In _____ Payment of Interest of Juan Ramirez Gabriel

Lot 101 Grave 11 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9988

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☑ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	350	50
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	50

AC-212 (Rev. 1-91)

E-9988

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072922

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-23-92 HD

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID $180.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Javier Ramirez

PAYOR NAME
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS J Ann Waits #42

CASHIER

INV. NO. 191364

TR-1561 (2-82)

E-9988

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JUAN	———	RAMIREZ GABRIEL	6-24-43	3-17-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANDDIEGO	SAN DIEGO	ANATHAM RAMIREZ-WIFE 7461 ARMSTRONG PLACE APT#F-19 SAN DIEGO,CA,92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE,SAN DIEGO,CA,92102	FD-1425	▶	

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 19 1992	Donald G. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITALRRECORDS,P.O. BOX 85222 SD,CA,92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNTHOPE CEMETERY,3751 MARKET STREET SAN DIEGO,CA,92102. 101-11-312	11B. DATE BURIED 3/20/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cloth Covered	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Wilde Vidmar

in a Vault (Vault/Liner) Funeral, date, time Fri 3/20 1:00 pm

Church, Chapel, Graveside Del + Witness ; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No Will Need Pallbearer

Lot 156 Grave — Row — Section 1 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need (A-9221)(1955)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	785.50
Paid receipt number #42049	785.50
Balance due	Ø

30 Day Note

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Henry J. Vidmar
Signature

4580 GLACIER #15
Address

SAN DIEGO CA
State Zip Code

282.4898
Telephone

Invoice #

Acct. #

Work Order # E 09989

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-9989

NOTE

$ 485.50 San Diego, California 3-18 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Four Hundred Eighty-five 50/100 DOLLARS with interest from April 20, 1992 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 HENRY VIDMAR SIGNATURE Henry J. Vidmar

ADDRESS 4590 GLACIER AVE #15 SAN DIEGO Cal. 92120-2544

CALIFORNIA DRIVER LICENSE NUMBER Z0640643 SSN # 554-01-1948

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42049

Date: 3 - 25 - 1992

From: Henry J Vidmar Address: 4580 Glacier ave. apt. 15 San Diego, Ca 92120

Seven Hundred Eighty five and 50/100 Dollars ($ 785.50)

In Full Payment of Services of Ruth W. Vidmar

Lot 156 Grave — Row — Section 1 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-69989

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Robert Jones

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	350.00
Burial Containers	100 77182	200.00
Handling Fee	100 77185	175.00
Recording & Misc. Fees	100 77183	45.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	15.50
TOTAL PAID	$	785.50

#1567

E-9989

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUTH	ELIZABETH	VIDMAR	02-13-1907	03-18-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HENRY J. VIDMAR - HUSBAND 4580 GLACIER AVENUE #15 SAN DIEGO, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ Dan Lewis	03-19-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 19 1992	▶ Donald L. Remal, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	---

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 156-H 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 3-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy To Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/18/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Mayes

in a Liner (Vault/Liner) Funeral, date, time Fri. 3/20 2:00pm

Church, Chapel, Graveside Graveside Linthicum Mitchell (Levin) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 153 Grave 2 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes 7.25%	11.63
Total Due	1296.63
Paid receipt number 42055	1296.63
Balance due	0

Kevin to check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 09990

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-9990

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RICHARD	TINSKIP	HAYES	JAN 12, 1930	MAR 15, 1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
IMPERIAL BEACH	SAN DIEGO	DAVID HAYES (SON) 4711 ROCKLAND PLACE LA CANADA, CA 91011

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
PINKHAM-MITCHELL MORTUARY, 808 13TH STREET, IMPERIAL BEACH, CA 91932	F-1178

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge on applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Victor A. Mitchell	MAR 20, 1992

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 20 1992	Donald G. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)	11B. DATE INTERRED 3-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY cloth 153-2-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42055

Date: 3-26, 1992

From: Pinkham-Mitchell Address: 808 13th St. Imp Beach

Twelve Hundred & Ninety-Six 63/100 Dollars ($ 1296.63)

In _____ Payment of Interment of Richard Mayes

Lot 153 Grave 2 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9990

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

8459

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	11	63
TOTAL PAID	$	1296	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/19/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur GARCIA

in a T.S. Vault (Vault/Crypt) Funeral, date, time 3/23 Mon. 10:00 AM

Church, Chapel, Graveside Chapel + Grave - Lakeside Santee Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran YES. WWII

Lot 80 Grave 4 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	4.50
Sales taxes	15.50
Total Due	1370.50
Paid receipt number 42054	1380.50
Balance due	0

Mort. will check Brian Monday

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Joseph M. Garcia
Signature

13168 So. Mountain Dr.
Address

Lakeside CA 92040
State Zip Code

619-443-1259
Telephone

Invoice # _____

Work Order # E 09991

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42054

Date: 3-26, 1992

From: Dahlia Garcia Address: 13168 S. Mountain Dr, Lakeside, Ca

Thirteen Hundred Eighty P/M Dollars ($ 1380.50)

In Payment of Interment of Curtis Garcia

Lot 70 Grave 4 Row Section 5 Division/Block 12

Invoice No.

Acct. No.

W.O. E-9991

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 445

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Watt

CREDIT 20% Sales Care	97007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	50101 78390	15	50
TOTAL PAID	$	1380	50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9991

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARTHUR	P.	GARCIA	OCT. 12, 1927	MAR. 18, 1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	DARLIA GARCIA (WIFE) 13168 SO. MOUNTAIN DR. LAKESIDE, CA. 92040

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LAKESIDE-SANTEE F.C. 9840 MAINE AVE. LAKESIDE, CA.	FD-995

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: ▶ Ronald O Kelly

8B. DATE SIGNED: 3/20/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 20 1992	▶ Donald G. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92138	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA.	11B. DATE INTERRED 3/23/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ J Ronald Watt	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY metal n/sealed N/A 80-4-3-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Fowler, Jr

in a T.S. Vault (Vault/Liner) Funeral, date, time MONDAY, 3/23 2PM

Church, Chapel, Graveside Del Only ; Lasdale (Miller) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 101 Grave 1 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number 40236	345.00
Balance due	1035.50

Pd. In full 4-28-92

30 day note

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Charles A. Fowler Sr.
Signature

4236 KEELER AV.
Address

SAN DIEGO CA 92113
State Zip Code

264-3613
Telephone

Work Order # E 09992

PY-693 (REV. 6-86)

Invoice # 191367

Acct. # 042923

MT. HOPE CEMETERY

W.O. # E-9952

NOTE

$ 1035.50 San Diego, California 3-20 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Thirty-five 50/100 DOLLARS with interest from April 23, 1992 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 CHARLES B. FOWLER SR SIGNATURE Charles B. Fowler

ADDRESS 4236 KEELER AVE. SAN DIEGO CA. 92113

CALIFORNIA DRIVER LICENSE NUMBER F0768168 SSN # 462-20-7996

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42036

Date: 3-20, 1992

From: Charles Fowler, Jr. Address: 4236 Keeler Ave. SD 92113

Three Hundred Forty-five 00/100 Dollars ($ 345.00)

In _____ Payment of Interment of Charles Fowler Jr.

Lot 101 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9992

BALANCE DUE $1035.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

010274

CITY AUDITOR
MAR 23 1992

ISSUED BY J. Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	345 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	345 00

AC-212 (Rev. 1-91)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9992

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Charles	Benjamin	Fowler, Jr.	8-21-52	3-16-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Charles B. Fowler, Sr. - Father 4236 Keeler Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mort.; San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: Debbie Williams

8B. DATE SIGNED: 3-20-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 23 1992	Ronald L. Romero, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records; P.O. Box 85222
San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 101-1-1-12	11B. DATE INTERRED 3/23/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

Transfer of Ownership

Date 3/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Grant

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1676 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee — Transfer fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 42037	45.00
Balance due	-0-

PAID
MAR 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify that I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Richard G. Grant
Signature
3766 Vista Avenue
Address
La Mesa, Calif. 91941
State Zip Code
466-8964
Telephone

Work Order # E 09993

Invoice # _____

Acct. # _____

PY-593 (REV. 6-85)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-9993

No 299[redacted]

DATE 12/22 19 81

FROM CHARLES RICHMOND ADDRESS 4986 RANDLETT DR. (L.M. 92041

THREE HUNDRED FIFTY FIVE DOLLARS & NO/100 DOLLARS ($ 355.00)

IN FULL PAYMENT OF Pre-Need Grave

LOT 1676 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. CHECK

W.O. E-2781

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 8-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.

PAID
DEC 21 1981
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Sutton

CREDIT	67007	
35% SALES CARE	77184	71 00
80% SALES OF LOTS	100 77184	284 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		355 00

Mount Hope Cemetery, Property Department
3751 Market Street
San Diego, CA 92102

E-9993

Re Lot 1676, Division 10, Receipt # 29961, dated 22 December, 1981

Since I no longer reside in San Diego County, I wish to convey ownership of this grave site to

Mr. Richard Grout
3766 Vista Avenue
La Mesa, California 91941

Please advise me what I must do to effect this transfer.

I am leaving requests to my sons, at my death, to have my body cremated and the ashes placed in Grave #1875, Lot 10, with my late husbands body.

Thank you for your help in this matter.

Yours sincerely,
Harriet T. Richmond
(Mrs. Charles Richmond)

COPY

P. O. Box 126
Challis, Idaho 83226
15 February, 1992

THE CITY OF

SAN DIEGO

E-9993

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 _____

_____

_____

I/We Harriet T. Richmond

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Lot 1676, Div. 10
Richard H. Grout + Mary Grout

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 1676 Grave _____ Row _____ Section _____ Division/Block 10

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this Sixth day of March 19 92

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

Harriet T. Richmond

Diana L. Elder

Witnesses

March 6, 1992
Commission Expires 12/27/95
Residing at Custer County Idaho

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Kallemeyn

in a Liner (Vault/Liner) Funeral, date, time Mon 3/23 1:00pm

Church, Chapel, Graveside Church graveside El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. D.I.P. - 1975

Lot 2456 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (1975)	Ø
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need (D-8616)(77)	Ø
Burial Container Pre-Need (D-8616)(1977)	Ø
Handling Fees	
Flower vases - Marker setting fee Pre-Need (D-8616)(1977)	Ø
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 42042	45.00
Balance due	Ø

PAID
MAR 20 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Beverly D Thompson
Signature

4572 34th St APT 6
Address

San Diego Ca 92116
State Zip Code

2810608
Telephone

Invoice # _____

Acct. # _____

Work Order # E 09994

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42042

Date: 3-20, 1992

From: Beverly Thompson Address: 4572 34th St, Apt #6, SD 92116

Forty-five Dollars ($ 45.00)

In _____ Payment of Internment of John Kallemyn

Lot 2436 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9994

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 471

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAR 30 1992

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77[illegible]	010565	
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

E-9994

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
John	Henry	Kallemeyn	8/8/1906	3/20/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Beverly Thompson- Daughter 4572 34th Street #6 San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
El Cajon Mortuary 684 S Mollison Ave- El Cajon, CA 92020	FD-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Laura Taylor	3.24.92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 23 1992	▶ Donald L. Powers, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P O Box 85222 San Diego, CA 92185-5222	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street-San Diego,CA 92102	11B. DATE INTERRED 3/23/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Cloth 2455-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth C. Baker

in a Liner (Vault/Liner) Funeral, date, time Tuesday 3/24 1:30 PM

Church, Chapel, Graveside Delivery Only ; Merkley/Mitchell Mortuary. Mr. Mitchell

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 66 Grave 3B Row ____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	108.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	400.00
Paid receipt number 42046	400.00
Balance due	0

PAID
MAR 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary to bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 09995

Invoice # _____

Acct. # _____

PY-593 (REV. 6-85)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42046

Date: 3-24, 19 92

From: Merkley-Mitchell Mortuary Address: 365 F St Ave. S.D. CA 92103

Four hundred and 00/100 Dollars ($ 400.00)

In Full Payment of Kenneth Baker service

Lot 66 Grave 33 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E 09905

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 11991

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K. L. Hughes

CREDIT 20% Sales Care	67007 77184	120	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	121	00
Burial Containers	100 77182	108	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/23/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mattie Rean Wilson

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri, 3/27 2:00pm

Church, Chapel, Graveside Church + grave Pasadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 78 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number + Late Fee	150.00
	1530.50
Balance due	

30 Days 7 Late

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Jane Bailey
Signature

0805 CERVANTES AVE
Address

SAN DIEGO CA. 92114
State Zip Code

262-9608
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 191372

Work Order # E 09996

Acct. # 072925

PY-593 (REV. 6-85)

MT. HOPE CEMETERY

W.O. # E- 9996

NOTE

$ 380.50 San Diego, California 3-23 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Three Hundred Eighty — 50/100 DOLLARS with interest from April 27, 1992 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 JAMES BAILEY SIGNATURE James Bailey

ADDRESS 5805 CERVANTES AVE SAN DIEGO CA. 92114

CALIFORNIA DRIVER LICENSE NUMBER A0108357 SSN # 547-84-4922

PY-1012 (11-89)

Joann! E-9496

Wilson service came through gates at 4:05 pm

VLADIMIR BALOTSKY

V. Balotsky

CREG MARSHALL

Greg Marshall

Sean Craig

Sean Craig

3-27-92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9996

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mattie	Rean	Wilson	12-10-26	3-20-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	James Bailey - Son 916 Woodrow San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE	ACKNOWLEDGMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA	F-1329	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	Debbie Williams	3-25-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 26 1992	Ronald L. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 78-11-1-12 Metal Casket	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-9995

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KENNETH	C.	BAKER	SEP 18, 1910	FEB 24, 1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
KERKLEY-MITCHELL, 3655 FIFTH AVE., SAN DEIGO, CA 92103	F-119

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ John C. Mitchell	MAR 24, 1992

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 24 1992	▶ Donald L. Remick, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY NT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA (SAN DIEGO COUNTY) G-3B-1-12	11B. DATE INTERRED 3/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ J. Dan Watts
CREMATION	12A. NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 3/23/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bradie Taylor

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 128 Grave 3 Row — Section 1 Division [redacted] 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number _____	
Balance due	

PAID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 09997

Acct. # _____

PY-593 (REV. 8-85)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11967

E-9997

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Bradie Taylor for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 128; Grave 3; Sec. 1; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9997

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:

Marker Regulation Size is 12" X 24", Flat Marker Only

Wendy Jo Teague
Cemetery Manager

J. T. Gerlach
Property Director

PY-584 (Rev. 12-92)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11975

E-9997

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO BRADIE TAYLOR for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION (LOT #128 ; GR. #3; SEC. #1; DIVISION #12)

AS DESCRIBED ON PURCHASE ORDER NUMBER E-09997

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 2' x 1' FLAT MARKER ONLY

Wendy Jo Teague
Cemetery Manager

J. T. Gerdes
Property Director

PY-584 (Rev. 12-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43549

Date: 4-5, 1993

From: Bradie Taylor Address: 3336 Alabama St. Apt 321 S.D. 92116

Twenty-five Dollars ($ 25.00)

In part Payment of Pre Need Lot

Lot 128 Grave 3 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E-7777

BALANCE DUE $350.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
355

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Norman Ferguson

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45098

Date: 6-7, 1974

From: BEADIE TAYLOR Address: 3911 PARK BLVD #707 S.D. 92101

TWENTY-FIVE Dollars ($ 25.00)

In FULL Payment of PRE-NEED LOT

Lot 128 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7997

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 346

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007	25	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

44648

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 2/23, 19 94

From: Brad's Taylor Address: 3951 Park Blvd S.D. 92101

Forty five and 00/100 Dollars ($ 45.00)

In Part Payment of Pre-need lot

Lot 128 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-9997

BALANCE DUE 75.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Sandell

CREDIT 20% Sales Care	67007 77184	25	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 ~~77183~~ 77100	20	00 return check fee
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 1-91) Money order 21-996131440

OFFICIAL RECEIPT

44696

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-4-, 1994

From: [illegible] Address: 3836 Alabama St. [illegible]

[illegible] Dollars ($ 25.-)

In _____ Payment of Pre-Need Lot

Lot 138 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. I-9990

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	25 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

AC-212 (Rev. 1-91) 325

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42519

Date: 7-13, 1992

From: Bradie Taylor Address: 3911 Park Blvd, #707, SD
Twenty five 77/10 Dollars ($ 25.-)

In _____ Payment of Pre-Need Lot

Lot 12 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9997

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 1-91)

295

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42404

Date: 6-23-, 1992

From: Bradie Taylor Address: 3911 Park Blvd. #707, S.D. 92101

Twenty-five and xx/100 Dollars ($ 25.00)

In park Payment of Credit Lot Coupon #2

Lot 128 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E9997

BALANCE DUE 550.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 —

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #276

ISSUED BY W.J. Teague

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42613

Date: 9-12, 1992

From: Bradie Taylor Address: 3911 Park Blvd

Twenty-five & 00/100 Dollars ($ 25.—)

In _____ Payment of Pre-Need Lot

Lot 128 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9997

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

AC-212 (Rev. 1-91) 302

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42314

Date 6-4-, 1992

From Bradie Taylor Address: 3336 Alabama St. Apt. 321

Twenty-five and ⁰⁰/₁₀₀ Dollars ($ 25.00)

In part Payment of Burial Lot

Lot 125 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E9997

BALANCE DUE 575

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42926

Date: 11-4, 1952

From: Brodie Taylor Address: 3836 Alabama St. Sd

Twenty-Five 710 W Dollars ($ 25.)

In _____ Payment of Pre-Need Lot

Lot 128 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9997

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	W

AC-212 (Rev. 1-91) 412

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43106

Date: 12/9, 1952

From: Pradie Taylor Address: 3732 Alabama St. #1321

Twenty five 110/100 Dollars ($ 25.—)

In _____ Payment of Pre Need Lot

Lot 129 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9997

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Watt

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 1-91) 421

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43218

Date: 1-11- , 19 93

From: Bradie Taylor Address: 3911 Park Blvd # 707

Twenty five and 4/100 Dollars ($ 25.-)

In part Payment of Cedar Lot Coupon ID

Lot 128 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E9997

BALANCE DUE 425.-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

432

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Traylor

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	-
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	65033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	25	-

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43325

Date: 2-5, 1973

From: Brodie Taylor Address: 3836 Alabama St. Apt 321 S.D. 92116

Twenty-five Dollars ($ 25.00)

In part Payment of Pre Need Lot

Lot 128 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-9797

BALANCE DUE $400.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

439

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY A. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43453

Date: 3-8, 1993

From: Bradie Taylor Address: 3836 Alabama St. Apt #321, SD

Twenty five No/100 Dollars ($ 25.00)

In _____ Payment of Pre Need Lot

Lot 128 Grave 3 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9997

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

447

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wah

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

43653

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-3, 1977

From: Bradley Taylor Address: 3836 Alabama St apt 321 S.D. 92116

Twenty five Dollars ($ 25.00)

In part Payment of Pre Need Lot

Lot 122 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-7777

BALANCE DUE 300.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

345

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

43771

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-4, 1993

From: Deadie Taylor Address: 3211 Rock Blvd, #707, SD 92101

Twenty five Dollars ($ 25.00)

In _____ Payment of Pre Need Lot

Lot 127 Grave 3 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-7997

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 1-91) 3 20

OFFICIAL RECEIPT

43896

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-6, 19 73

From: Phyllis Taylor Address: 3911 Park Blvd, #104, SD

Twenty five 10/10 Dollars ($ 25)

In Payment of Pre Need Bet

Lot 121 Grave 3 Row Section 1 Division Block 15

Invoice No.

Acct. No.

W.O. E-9997

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 314

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	W

OFFICIAL RECEIPT

43971

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 8-3, 1993

From: Sindic Tuefer Address: 3836 Alabama St. Apt #321, SD

Twenty five 7N/1W Dollars ($ 25)

In _____ Payment of Pre Need Lot

Lot 128 Grave 3 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-9997

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

397

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	W

OFFICIAL RECEIPT

44199

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 10-6, 1993

From: Bradie Taylor Address: 3911 Park Blvd, #707 SD

Fifty 70/100 Dollars ($ 50.00)

In _____ Payment of Pre Need Lot

Lot 128 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9337

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

MO# 82820061736

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

44325

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 11/5, 19 93

From: Brad e Taylor Address: 3836 Alabama St #321 S.D. 92116

Twenty-five and 00/100 Dollars ($ 25.00)

In Part Payment of Pre need lot

Lot 128 Grave 3 Row Section 1 Division Block B

Invoice No.

Acct. No.

W.O. E-9997

BALANCE DUE $125.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 469

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. Sandell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

44128

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Sept 17, 1993

From: Bradie Taylor Address: 3911 Park Blvd, Ld #707

Twenty-five Mos Dollars ($ 25.00)

In _____ Payment of Pre Need Lot

Lot 12 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9997

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

459

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

44441

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 12-3, 1993

From: Brad C Taylor Address: 3911 Park Blvd S.D 92101

Forty-five and 00/100 Dollars ($ 45.00)

In Part Payment of Pre-need lot

Lot 128 Grave 3 Row Section 1 Division 12 Block 20

Invoice No.

Acct. No.

W.O. E-9997

BALANCE DUE 45.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

	100/77100	
CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#478
#479

ISSUED BY K L Sudell

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44510

Date: 1/5, 19 94

From: Brock Taylor Address: 3896 Alabama St # 221 SD. 92116

Twenty-Five Dollars ($ 25.00)

In Part Payment of Pre-need Lot

Lot 128 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-9991

BALANCE DUE $100.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#458

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	19 00
80% Sales of Lots	100 77184	6 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

44600

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 2/8, 19 94

From: Bruce Taylor Address: 3836 Alabama St. S.D. 92116

Twenty-five and 00/100 Dollars ($ 25.00)

In lot Payment of Pre-need lot

Lot 128 Grave 3 Row Section 1 Division Block 17

Invoice No.

Acct. No.

W.O. E-9997

BALANCE DUE $100

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#495

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Stridel

CREDIT 20% Sales Care	67007 77184	19	00
80% Sales of Lots	100 77184	6	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

44803

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-4 , 19 94

From: Bradie Taylor Address: 3911 Park Blvd, # 207, SD

Twenty-five 00/100 Dollars ($ 25.00)

In _____ Payment of Pre-Need Lot

Lot 128 Grave 3 Row _____ Section 1 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-9927

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY (Wait)

CREDIT 20% Sales Care	67007 77184	25 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44952

Date: 5-12, 19 94

From: Bradie Taylor Address: 3836 Alabama St #331, SD

Twenty-five 24/00 Dollars ($ 25.00)

In Payment of Pre Need Ret

Lot 128 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-9497

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

339

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Wait

CREDIT	67007	25	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. DUPLICATE BOOK - E-9997

Bradie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME Bradie Taylor

ADDRESS 3911 Park Blv #707

CITY San Diego STATE Ca ZIP 92115

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. DUPLICATE BOOK -E-9997

Bradie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-9997

Bradie Taylor
3911 Park Blvd, #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME Bradie Taylor

ADDRESS 3911 Park Blvd

CITY SD STATE CA ZIP 92103

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. DUPLICATE BOOK - E-9997

Bradie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
			10								

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-9997

Bradie Taylor
[redacted]1 Park Blvd., #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		XII	10								

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above ▶ $ 25.00

$ _____

Amount Received $ _____

NAME Bradie Taylor #707

ADDRESS 391 Park Blvd

CITY San Diego STATE Ca. ZIP 92103

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

DUPLICATE BOOK -E-9997

ACCOUNT No.

Bradie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring the coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-9997

Bradie Taylor
3911 Park Blvd, #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ 25.00

Amount Received $ # 707

NAME Bradie Taylor

ADDRESS 3911 Park Blvd

CITY San Diego STATE Ca. ZIP 92103

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-9997

Bradie Taylor
3911 Park Blvd., #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		XII	10								

Amount due when paid on, or before due date above. $ 25.00

Amount due if paid more than _____ days after due date above: $ 25.02

$ _____

Amount Received $ _____

NAME Bradie Taylor

ADDRESS 3911 Park Blvd #707

CITY SD STATE CA ZIP 92103

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. DUPLICATE BOOK – E-9997

Bradie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
			10								

Amount due when paid on or before due date above. ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. DUPLICATE BOOK - 8-9997

Bradie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

DUPLICATE BOOK -F-9997

ACCOUNT No.

Bradie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
			10								

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Loc E-9997

Bradie Taylor
3911 Park Blvd, #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10	10								

Amount due when paid on or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME Bradie Taylor

ADDRESS 3911 Park - #707

CITY San Diego STATE Cal ZIP 92103

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: Credit Lot E-9997

Bradée Taylor
3911 Park Blvd., #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		XE	10								

Amount due when paid on, or before due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: DUPLICATE BOOK - E-9997

Braidie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Loc E-9997

Bradie Taylor
3911 Park Blvd, #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10	10								

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25-

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. DUPLICATE BOOK - 8-9997

Freddie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
			10								

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send ... one coupon with each remittance — COUPON 11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-9997

Bradke Taylor
3911 Park Blvd., #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10	10								

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-9997

Bradie Taylor
3911 Park Blvd, #707
San Diego, Calif. 92101

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
		25	10								

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

DUPLICATE BOOK -E-9997

ACCOUNT No.

Brandie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
			10								

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. DUPLICATE BOOK - 6-9997

Brodie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on, or before due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received: $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. DUPLICATE BOOK -E-9997

Bradie Taylor Pre-Need Lot

3911 Park Blvd., #707

San Diego, Ca. 92101

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/23/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Rogers

in a T.S. Vault (Vault/Liner) Funeral, date, time Thurs 3/26 12:30pm

Church, Chapel, Graveside Chapel + Graveside Glen Abbey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 3440 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre-Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need (1-9-92 E-9994)	Ø
Burial Container Pre-Need (E-9994)	Ø
Handling Fees Pre-Need (E-9994)	Ø
Flower vases - Marker setting fee	
Recording and filing fee Pre-Need (E-9994)	Ø
Sales taxes Pre-Need (E-9994)	Ø
Total Due	Ø
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 09998

Acct. # _____

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9998

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUTH	SOLIS	ROMERO	06-06-1898	03-21-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ADOLFO ROMERO: SON 4427 POCAHONTAS SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GLEN ABBEY MORTUARY 3838 BONITA ROAD, BONITA, CA 91902	F-1371	▶ Victoria Mayo	03-24-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 24 1992	▶ Donald L. Bowers M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92112	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal / sealed J440-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-9998

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41747

Date: 1-9-, 1992

From: ADOLFO ROMERO Address: 4427 POCAHONTAS AVE. SAN DIEGO CA 92117

SEVEN HUNDRED EIGHTY SIX AND 50/100 Dollars ($ 786.50)

In Full Payment of PRE-NEED SALES OPENING/CLOSING TRUST

Lot 3441 Grave — Row — Section — Division Block 10

Invoice No. —

Acct. No. —

W.O. E-9884

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

#720

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	350 00
Burial Containers	100 77182	200 00
Handling Fee	100 77185	175 00
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	16 50
TOTAL PAID	$	786 50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/23/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of T. L. Shine

in a Liner (Vault/Liner) Funeral, date, time Fri 3/27 1:00 P.M.

Church, Chapel, Graveside Church/G.S. Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 25 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1.296.63
Paid receipt number 42044	400.00
Balance due 4/23 #45165	896.63 896.63

30 Day Note

I hereby certify I am the [illegible] to be above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[illegible]
Signature
140 N 29th St
Address
San Diego CA 92102
State Zip Code
2334321
Telephone

Work Order # E 00999

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

NO 42044

Date: 3-24, 19 92

From: Boston Wells Address: 708 Madrone Ave S.D. 92114

Four hundred & 00/100 Dollars ($ 400.00)

In Part Payment of Service for T. L. Shane

Lot 25 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-09999

BALANCE DUE 896.63

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 585

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY T. L. Shane

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	400 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42165

Date: 4-23, 1992

From: Vera Mitchell Address: 4370 Fremont St Apt C, 92102

Eight Hundred Ninety-Six 63/100 Dollars ($ 896.63)

In _____ Payment of Interment & T.L. Shine

Lot 25 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9999

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	76	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	896	63

AC-212 (Rev. 1-91) 3547

MT. HOPE CEMETERY

W.O. # E-9999

NOTE

$ 896.63 San Diego, California 3-24 1992

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 Eight hundred ninety-six and 63/100 DOLLARS with interest from April 27, 1992 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 Vera Mitchell SIGNATURE Vera Mitchell

ADDRESS 4028 Boston Ave # B San Diego Ca 92113

CALIFORNIA DRIVER LICENSE NUMBER A0278136 SSN # 522-72-0554

F-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-9999

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
T. L.	—	Shine	12-17-16	3-22-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Vera Mitchell - Daughter 140 N. 29th St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	3-25-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 2 6 1992	▶ Donald G. Ramros, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 25-3-2-11 clean	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 1-10-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beverly Bingham

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 167 Grave 5 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	395.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	395.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10000

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

43641

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-30, 1993

From: Beverly Bingham Address: 3775 Florence St. Sd
Sweetwater Mo/Wo Dollars ($ 17.00)

In _____ Payment of Pre-Need Lot

Lot 167 Grave 5 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10000

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.

011559

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	17	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	17	00

AC-212 (Rev. 1-91)

4458

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jackson Poindexter

in a — Vault/Liner Funeral, date, time Thurs. 3/26 1:00 P.M.

Church, Chapel, Graveside Graveside ; Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no .

✓ Lot 3705 Grave ____ Row ____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	220.00
Paid receipt number 42045	45.00
Balance due	175.00

Paid Infull 4-27-92

Casket size 20½" X 14½

30 day note

4/27 Aux. Fund 175.00

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

P.J. Frye
Signature of recorded holder of deed

P.J. Frye
Signature

4515 - 35th Street #9
Address

San Diego CA 92116
State Zip Code

(619) 528 - 8752
Telephone

Invoice # 191368

Acct. # 072924

Work Order # E 10001

PY-583 (REV. 8-88)

MT. HOPE CEMETERY

W.O. # E-10001

NOTE

$ 175.00 San Diego, California March 24 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One hundred seventy-five & 00/100 DOLLARS with interest from April 27, 1992 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 Paulette Jackson Frye SIGNATURE P.J. Frye

ADDRESS 4515-35th Street #9, San Diego, CA 92116

CALIFORNIA DRIVER LICENSE NUMBER N0096686 SSN # 444 50 9865

PY-1012 (11-89)

E 1000

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072924

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 4-27-92 H.D.

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER #4357

AMOUNT PAID $175.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Paulette Frye

PAYOR NAME Calif Cremation & Burial Chapel
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5602 El Cajon Blvd
SD 92115

REMARKS J Ann - MS #72

CASHIER

INV. NO. 191368

TR-1561 (2-82)

E 10001

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jackson	Davon	Poindexter	2/10/1992	3/21/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Africa Smith-Mother 249 San Jacinto Drive San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357	▶ [signature]	3/24/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 25 1992	▶ Donald L. Reeves, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 3/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — 3705 F 9	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42045

Date: 3-24, 19 87

From: Paulette Frye Address: 4515 35th ST. #9 S.D. CA 92116

Forty-five and 00/100 Dollars ($ 45.00)

In Port Payment of Interment of Jackson Property

Lot 3705 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-10001

BALANCE DUE $175.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K. L. Stendell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	45	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-24-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred B. Esparza

in a Liner (Vault/Liner) Funeral, date, time Fri. 3/27 1:00 PM

Church, Chapel, Graveside Chapel/G.S. ; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no .

✓ Lot 2783 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-need E-8503	ø
Additional spaces and care fund	
Opening/Closing & Setup ..... Pre-need E-8503	ø
Burial Container ..... Pre-need E-8503	ø
Handling Fees ..... Pre-need E-8503	ø
Flower vases - Marker setting fee	
Recording and filing fee ..... Pre-need E-8503	ø
Sales taxes .... balance due on pre need E-8503	$ 2.00
Total Due	$ 2.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 191373

Work Order # E 10002

Acct. # 072926

PY-583 (REV. 8-86)

E 10002

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALFRED	B.	ESPARZA	4-14-1927	3-24-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mary Esparza sister 2020 Island Ave., #6 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GOODBODY MORTUARY 5027 El Cajon Blvd., San Diego, CA 92115	FD 790

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Peggy L. Gilmore	3/25/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAR 25 1992	▶ Donald L. Bonnar, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY cloth 2783-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 3/25/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Vidmar

in a T.S. Vault. (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 87 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need (1965) (C-2547) Ø

Additional spaces and care fund .....

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 15.50

Total Due 785.50

Paid receipt number 42051 785.50

Balance due Ø

PAID
MAR 25 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Henry J. Vidmar
Signature

4580 G Laiser Ave #15
Address

San Diego CA 92120 2544
State Zip Code

282-4898
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10003

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42051

Date: 3/25, 19 73

From: Henry Kidmar Address: 4580 Glacier Ave, #15, SD 72120

Seven Hundred Eighty Five — 50/100 Dollars ($ 785.50)

In full Payment of Pre-Need Trust

Lot 87 Grave — Row — Section 1 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-10003

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1571

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	785.50
Sales Tax	60101 76390	
TOTAL PAID	$	785.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 3/25/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie + Richard Barbour

in a _____ Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 106 Grave 10 Row _____ Section 3 Division ~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jessie M Barbour
Signature
8-150 BAMBURGH CIR.
Address
SCARBOROUGH Ontario
State
M1W 3V7
Zip Code
(416) 497-1870
Telephone

Invoice # _____

Work Order # E 10004

Acct. # _____

PY-593 (REV. 8-85)

E 10004

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11951

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Jessie & Richard Barbour for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 106; Grave 10; Section 3; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10004

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo Teague
Cemetery Manager

J. T. Gerlach
Property Director

PY-584 (Rev. 12-92)

OFFICIAL RECEIPT

44872

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-19, 1994

From: Jessie Barbour Address: 8-150 Bankhurst Circle, Scarborough, Twenty Seven 7N/1W Dollars ($ 27.00) Cents

In full Payment of Pre Need Lot

Lot 106 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10004

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007	27.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	27.00

AC-212 (Rev. 1-91)

44806

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-4, 1994

From: Jessie Barbour Address: 2-150 Bankwright Circle, Scarborough

Fifty Seven 70/10 Dollars ($ 57 00 Cotton Network)

In _____ Payment of Pre-Need Lot

Lot 106 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10004

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watts

CREDIT 20% Sales Care	67007 77184	57 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	57 00

AC-212 (Rev. 1-91)

014

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44001

Date: 8-12, 19 93

From: Jessie M. Barbour Address: 8-150 Bamburgh Circle, Scarborough, Ontario. CAN M1W3V7

fifty seven and 00/100 Dollars ($ 57.00)

In _____ Payment of pre-need lot

Lot 106 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10004

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

010

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Bakotsky

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	57	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

43723

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-21, 1993

From: Jesse Barbour Address: 8-150 Bamburg Circle Jarborough Ontario

Fifty-seven Dollars ($ 57.00)

In part Payment of Pre Need Lot

Lot 106 Grave 10 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E10004

BALANCE DUE 198.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	57	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43305

Date: 2-3, 1993

From: Jesse Barbour Address: 7-150 Bombardier Circle, Ontario Canada

Ninety-five No/100 Dollars ($ 95.00)

In _____ Payment of Pre Need Lot

Lot 106 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10004

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	95	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	95	00

AC-212 (Rev 1-91) 12-13-01-02
14

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43318

Date: 2/4 1953

From: Jessie Barbour Address: 7-150 Bankburgh Circle, Canada Ontario

Thirty-Eight 7 m/w Dollars ($ 38.—)

In _____ Payment of Pre-Need Lot

Lot 106 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10004

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 003+004

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Wack

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	38	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	38	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42406

Date: 6-23, 1992

From: Jessie + Richard Barbour Address: 9-150 Banburgh Circle, Scarborough, Ontario Canada

On Hundred Fifty 710/100 Dollars ($ 150.-)

In _____ Payment of Pre-Need Lot

Lot 106 Grave 10 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10004

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 008

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	150	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42516

Date: 7-13, 1992

From: Jessie & Richard Barbour Address: 8-150 Bamburgh Circle, Scarborough, Ontario Canada

Nineteen 70/100 Dollars ($ 19.00)

In _____ Payment of Pre-Need Lot

Lot 106 Grave 10 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10004

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 11

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	19 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	19 00

44538

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-12, 1994

From: Jessie Barbour Address: 8-150 Bamburgh Circle, Scarborough, Ont. M1W 3V-

Fifty-seven and 00/100 Dollars ($ 57.00)

In Part Payment of Pre-need lot

Lot 106 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10004

BALANCE DUE 84.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	35	00
80% Sales of Lots	100 77184	22	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 1-91) 013

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43495

Date: 3-18 , 1973

From: Jessie Barbour Address: 7-150 Bramburgh Circle Scarborough Canada

Thirty-eight Dollars ($ 38.00)

In full Payment of Pre Need Lot

Lot 106 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-10004

BALANCE DUE $255.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 005

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	38	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	38	00

[redacted] coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

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 date above. $ 19.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
						✓					

Amount due when paid on, or before, due date above. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Barbour
8-150 Bamburgh-Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						✓					

Amount due when paid on, or before, due date above. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
						✓					

Amount due when paid on, or before, due date above. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Barbour
8-150 Sambrugh Circle
Scarborough, Ontario
Canada M1W 3V7

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 due date above. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance. **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

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 ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Berbour
6-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						✓					

Amount due when paid on, or before, due date above ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send [redacted] coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
						✓					

Amount due when paid on, or before, due date above. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Barbour
6-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						✓					

Amount due when paid on or before due date above ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1B 3V7

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
						✓					

Amount due when paid on, or before, due date above ▶ $ 19.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

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 ▶ $ 19.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Loc E-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

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, due date above. ▶ $ 19.00

Amount due if paid more than ____ days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Barbour
8-150 Hamburgh Circle
Scarborough, Ontario
Canada M1W 5V7

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 date above ▶ $ 19.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Loc - E-10004

Jessie and Richard Barbour
6-150 Bubbergh Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP

Amount due when paid on, or before due date above. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot #-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						✓					

Amount due when paid on or before due date above. $ 19.60

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Use coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-13804

Jessie and Richard Barbour
8-150 Edinburgh Circle
Scarborough, Ontario
Canada M1B 5W7

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
						✓					

Amount due when paid on or before due date above. ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Benbow
8-150 Bamburgh Circle
Scarborough, Ontario
Canada, M1W 3W7

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						✓					

Amount due when paid on or before due date above ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Loc E-10004

Jessie and Richard Barbour
6-150 Danbrough Circle
Scarborough, Ontario
Canada M1W 3Y7

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
						✓					

Amount due when paid on or before due date above. $ 19.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot #-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN

Amount due when paid on, or before due date above. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need LLC E-10004

Jessie and Richard Barbour
6-150 Bamburgh Circle
Scarborough, Ontario
Canada M1B 3V7

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 ▶ $ 19.00

Amount due if paid more than ____ days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pte-Reed Lot 9-10004

Jessie and Richard Dunbar
5-150 Eastburgh Circle
Scarborough, Ontario
Canada M1B 3V7

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, due date above ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10004

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

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 due date above ▶ $ ~~[illegible]~~ 8.00

Amount due if paid more than ____ days after due date above ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] Lot [illegible]

Jessie and Richard Barbour
8-150 Bamburgh Circle
Scarborough, Ontario
Canada M1W 3V7

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 ▶ $ 19.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Loc. E-10004

Jessie and Richard Barbour
8-152 Hamburgh Circle
Scarborough, Ontario
Canada M1H 3J7

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL

Amount due when paid on, or before, due date above. $ 19.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need + Pre-Need

Date 3/27/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elmer Britt

in a Double Depth Crypt (Vault/Liner) Funeral, date, time Wed 4/1 1:00pm

Church, Chapel, Graveside Church & graveside ; Rasgdale Mortuary.

All Funeral cars must 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 LB

✓ Lot 108 Grave 9 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup 2 @ 350.00	700.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee 2 @ 45.00	90.00
Sales taxes	25.58
Total Due	2060.58
Paid receipt number 42058	2060.58
Balance due	0

PAID
MAR 27 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify that the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Leotha Britt
Signature
337 Las Flores Ter
Address
San Diego, Ca 92114
State Zip Code
262-1943
Telephone

Invoice # ____

Acct. # ____

Work Order # E 10005

PY-593 (REV. 8-85)

E 10005

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elmer	—	Britt	5-23-33	3-27-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Leotha Britt - Wife 337 Las Flores Terrace San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director *or Person Acting as Such*: Debbie Williams

8B. DATE SIGNED: 3-31-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 1 1992	Donald L. Russell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: Vital Records; P.O. Box 85222, San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY: Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED: 4-1-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT: Windy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: N/A 20GA metal / sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION: N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42058

Date: 3/27, 1992

From: Leitha Britt Address: 337 Las Flores Ter, SD 92114

Two Thousand Sixty 58/100 Dollars ($ 2060.58)

In _____ Payment of Interest of Elmer Britt + Pre-Need for Leitha Britt (Double Depth)

Lot 108 Grave 9 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10005

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 303

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR 010839

APR 0 ~~7~~ 6 1992

010839

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	700	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	25	58
TOTAL PAID	$	2060	58

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/30/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emmalene Johnson in a T.S Vault (Vault, Urn) Funeral, date, time Thurs, 4/2 2:00 pm Church, Chapel, Graveside Church + graveside, Rosedale (MARK) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 117 Grave 1 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number 42063	345.00
Balance due	1035.50

PAID
MAY 6 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day Note

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Mary A. Allen
Signature
4983 Millwood Rd.
Address
San Diego, Ca. 92117
State Zip Code
581-2105
Telephone

Work Order # E 10006

Invoice # 191474

Acct. # 072973

PY-593 (REV. 8-88)

E 10076

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Emmalene	—	Johnson	10-4-21	3-29-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mary Allen - Daughter 4983 Millwood Rd. San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Family Hampton	4-2-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 0 2 1992	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

*COMPLETE ALL APPLICABLE ITEMS

		11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92186	4-2-92	▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 117-1-3-12 N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42063

Date: 3/30, 1992

From: Mary Allen Address: 4983 Millwood Rd, SD

Three Hundred Forty-five 70/100 Dollars ($ 345.-)

In _____ Payment of Interment of Edmund Jackson

Lot 117 Grave 1 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10006

BALANCE DUE $1035.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 4770

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	345	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	345	00

E 10006

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072973

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-6-92

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER 4803

AMOUNT PAID 1035.50

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Mary Allen

PAYOR NAME Same
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 4983 Millwood Rd.
San Diego CA 92117
581-2105

PAID
MAY 6 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

REMARKS K. L. Hazdell

CASHIER

INV. NO. 191474

TR-1561 (2-62)

Will may check put in trust.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley M. Jaggers

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 2131 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund ..prepaid C-4612	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee + Disinterment of Ashes	255.00
Sales taxes	11.63
Total Due	911.63
Paid receipt number 5/5 42300	911.63
Balance due	~~0~~

Called in by Ralph W. Jaggers (husband)

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

3714 Balboa DR.
Address

Oceanside 92056
State Zip Code

757-4386
Telephone

Work Order # E 10007

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

F 10007

4/3/92

Ms. Wendy Teague, Mgr.
Mt. Hope Cemetery

Lot 2131, Section 3, Division 8,
P. O. C-4612

This confirms our phone discussion of 3/31/92 regarding the facts that:

1. The ashes of my father (Walter Jaggers) are now inurned in Lot 2131.

2. On the death of my wife (Shirley Jaggers) it is desired that she be buried in the same lot. (Funeral arrangements will be handled by Humphrey Mortuary--Plan 2A--under contract with San Diego Memorial Society.)

3. You indicated that the double-use of the lot could be accomplished by cemetery personnel first excavating the urn, then placing it atop (or adjacent to) the burial container; charges by the cemetery to be $911.63.

I am enclosing check for the $911.63 now in order to get all these details over and done with now, when I can best cope with them. You also indicated that payment now would freeze the charges against later inflationary adjustments.

P lease send me a receipted invoice for the ~~$911.6~~ $911.63. And thank you very, very much for your help on the above.

Ralph Jaggers

Ralph W. Jaggers
3714 Balboa Drive
Oceanside, Ca 92056
Tel. 757-4386

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42200

Date: 5-5, 1992

From: Ralph Jaggers Address: 3714 Balboa Dr, Oceanside, 92056

Nine Hundred Eleven 63/100 Dollars ($ 911.63)

In Payment of The Ded Trust for Shirley Jaggers

Lot 2131 Grave Row Section 3 Division Block E

Invoice No.

Acct. No.

W.O. F- 10007

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 302

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	911	63
Sales Tax	60101 78390		
TOTAL PAID	$	911	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/31/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Huntington

in a Liner (Vault/Liner) Funeral, date, time Wed, 4/1 1:00pm

Church, Chapel, Graveside Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 3031 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (E-3877)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	701.63
Paid receipt number 42064	701.63
Balance due	-0-

PAID
MAR 31 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded owner of deed

Signature

Address 1551 4th Ave #700

State SAN DIEGO CA Zip Code

Telephone 233-9500

Invoice # _____

Acct. # _____

Work Order # E 10008

Y-593 (REV. 8-85)

E 10008

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JULIA	ELAINE	HUNTINGTON	2/6/1898	3/27/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Edward B. Huntington, son 1551 4th Ave. #700 San Diego, CA 92101

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	1083

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ [signature]	3 30 92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAR 30 1992	Donald E. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY METAL NON SEALER Mt. Hope Cemetery San Diego, CA LINER 3031-10	11B. DATE INTERRED 4/1/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy To Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42064

Date: 3/31, 1992

From: Edward Huntington Address: 1551 4th Ave, St. #10, SD 92101

Seven Hundred One 63/100 Dollars ($ 701.63)

In _____ Payment of Interment of Julia Huntington

Lot 3031 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10008

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	701	63

AC-212 (Rev. 1-91) 730

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vinnie Thomas

in a DBI-CRYPT (Vault/Liner) Funeral, date, time 4/2 11:00 AM

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. First Burial 1986

Lot 69 Grave 3 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	Ø
Handling Fees	Ø
Flower vases - Marker setting fee	
Recording and filing fee	45
Sales taxes	Ø
Total Due	395.00
Paid receipt number # 42065	395.00
Balance due	Ø

PAID
MAR 31 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Daughter of Edna A. Stearns of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Edna A. Stearns
Signature

925 Manchester Ave
Address

National City Ca. 91950
State Zip Code

479-0218
Telephone

Invoice #

Acct. #

Work Order # E 10009

PY-693 (REV. 8-85)

E 10009

E 10009

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Vinnie	—	Thomas	6-4-12	3-28-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Edna M. Stearns - Daughter 536 Elizabeth St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	3-31-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	APR 0 2 1992	Donald L. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-2-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal n/sealed 60-3-5-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No. 42065

Date: 3-31-1992

From: EDNA A STEARNS Address: 925 MANCHESTER AVE NATIONAL 91950 ~~536 ELIZABETH ST SAN DIEGO CA 92113~~

Three Hundred Ninety Five and 00/100 Dollars ($ 395.00)

In Full Payment of Services for Vinnie Thomas

Lot 69 Grave 3 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-10009

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

0223

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	350.00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	395.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need LOT

Date 3/31/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carolyn Johnson &

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4 Grave 1 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number 42066	100.00
Balance due	495.00
4134-42170	3.00
	498.00

PAID
MAY 22 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and ~~represent~~ that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Carolyn Johnson
Signature
3430A 39th St. SD
Address
Calif 92105
State Zip Code
563-9248
Telephone

Work Order # E 10010

Invoice # _____

Acct. # _____

PY-593 (REV. 6-85)

Bal $445.-

5/22/52

Rec't 42277 445.-

0

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42170

Date: 4 , 19 92

From: Carolyn Olsen Address: 3430A 39th St

Fifty 50/100 Dollars ($ 50.00)

In Payment of Pre-Need Lot

Lot 4 Grave 1 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-10010

BALANCE DUE $445.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wade

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42066

Date: 3/31, 19 92

From: Carolyn Johnson Address: 3430 A 34th St SD 92105

One Hundred 4/14/92 Dollars ($ 100.00)

In Payment of Pre-Need Lot

Lot 4 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10010

BALANCE DUE $495.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-1-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leone MacKay

in a Top of Double Depth Crypt (Vault/Liner) Funeral, date, time Mon. 4/6 2:00pm

Church, Chapel, Graveside Del. Witness (510) 581-9133 ; Jesse Spencer (Herb) Mortuary.

All Funeral cars must 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 . Double Depth - 1986

Lot 3573 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (1986)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	Ø
Handling Fees	Ø
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	Ø
Total Due	395.00
Paid receipt number 42091	395.00
Balance due	Ø

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Victoria L. Cu[illegible]g
Signature

6943 51st St
Address

San Diego CA 92120
State Zip Code

(619) 287-7683
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10011

PY-593 (REV. 8-85)

E 10011

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Leone	Frances	Mackay	Mar 27, 1918	Mar 31, 1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hayward	Alameda	Sharon Levinson Daughter 1117 Mimitz Lane Foster City, CA 94404

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Jess C. Spencer Mortuary, Inc.	F 1168	▶ [signature]	4/2/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	4/2/92	▶ 88811

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
499 5th Street, Oakland, CA 94607	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 4-6-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42091

Date: 4-6, 19 92

From Victoria Cumming Address 6943 51st St SD 92120-1211

Three Hundred Ninety-five 00/100 Dollars ($ 395)

In Payment of Interment of Ben MacKay

Lot 3573 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-10011

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1361

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	350 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	45 00
Sales Tax	60101 78390	
TOTAL PAID	$	395 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/2/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MaliKah Holliday

in a _____ (Vault/Liner) Funeral, date, time Mon, 4/6 11:30 AM

Church, Chapel, Graveside Graveside ; Conrad (DONNA) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No CASKET - L-21" W-10½"

Lot 2906 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	20.00
Additional spaces and care fund	80.00
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	220.00
Paid receipt number 42075	55.00
Balance due	165.00

30 Day Note

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Mo Dena Evans
Signature
1624 Canyon Rd. #47
Address
S.V. 91977
State Zip Code
697-2738
Telephone

Work Order # E 10012

Invoice # 191475

Acct. # 072974

PY-593 (REV. 8-86)

MT. HOPE CEMETERY

W.O. # E-10012

NOTE

$ 165.00 San Diego, California 4-2 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Hundred Sixty-five 00/100 DOLLARS with interest from May 6, 1992 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 Ms. Denise EVANS SIGNATURE Ms. Denise Evans

ADDRESS 1624 Canyon Rd. #47 S.V. 91977

CALIFORNIA DRIVER LICENSE NUMBER I.D. N6500474 SSN # 569-02-0787

PY-1012 (11-89)

E 10012

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MALIKAH	CELESTINE MARY	HOLLIDAY	3-28-1992	3-29-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DENISE C. JACKSON - MOTHER 1624 CANYON ROAD/#47 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY—LEMON GROVE, CA 91945-1533	FD-941

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or *Person Acting as Such* ▶ [signature]

8B. DATE SIGNED: 4-3-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 0 3 1992 ▶	Donald L. Conrad, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—OR SUB-DISTRICT IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
COUNTY OF SAN DIEGO DEPT. OF HEALTH SERVS.
VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE INTERRED 4-6-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Windy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42075

Date: 4-2, 1992

From: Denise Evans Address: 1624 Carey Rd, #47, Sp. Valley 91977

Fifty-five 10/100 Dollars ($ 55.00)

In _____ Payment of Interment of Malikah Holliday

Lot 2906 Grave — Row — Section -1 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. E-10012

BALANCE DUE $165.-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	55.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	55.00

AC-212 (Rev. 1-91)

OPEN Inf. St Gates

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/2/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LAVAL THOMPSON

in a LINER Vault/Liner Funeral, date, time MON, 4/6 11:00 AM

Church, Chapel, Graveside Church + Grave-side Calif Burial (GARY) Mortuary.

All Funeral cars must 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 Q S.

Lot 42 Grave 12 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund Pre Need (E-5413)	Ø
Additional spaces and care fund	
Opening/Closing & Setup Pre Need (E-5413)	Ø
Burial Container Pre Need (E-5413)	Ø
Handling Fees Pre Need (E-5413)	Ø
Flower vases - Marker setting fee	
Recording and filing fee Pre Need (E-5413)	Ø
Sales taxes Pre Need (E-5413)	Ø
Total Due	Ø
Paid receipt number	
Balance due	

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Jessie M. Starkes
Signature
7128 Jacman Ave
Address
San Diego 92114
State Zip Code
CA 264-5568
Telephone

Work Order # E 10013

Invoice # ____

Acct. # ____

PY-593 (REV. 6-85)

E 10013

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Leval	W.	Thompson	5/6/1910	4/2/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Nell Lee-Sister 3269 Gillette Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person making permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F 1357	▶ [signature]	4/3/92

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 06 1992	▶ Ronald L. Conrad, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 4-6-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ----	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ----	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ----	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ----	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/3/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GLENN PROWELL PA#112458

in a Liner (Vault/Liner) Funeral, date, time Mon 4/6 2:00 P.M.

Church, Chapel, Graveside Del Oaky ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 66 Grave 3T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	~~1.00~~
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 191476

Work Order # E 10014

Acct. # 000952

PY-593 (REV. 8-86)

E 100-14

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Glenn	G.	Prowell	03/28/0033	03/31/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing record	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424	▶ [signature]	04/03/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 0 6 1992	▶ Donald L. Parnell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 4-6-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARNEST Childs

in a T.S Vault (Vault/Liner) Funeral, date, time Fri, 4/10 11AM

Church, Chapel, Graveside Chapel + Graveside, Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No K. C.

Lot 134 Grave 5 Row _____ Section 3 Division Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number 42144	1000.00
Balance due	380.50

30 Day Note

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Katie Childs
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

2431 Cleveland Ave
Address

San Diego, Ca. 92116
State Zip Code

619-542-1250
Telephone

Work Order # E 10015

Invoice # 191479

Acct. # 072976

PY-593 (REV. 6-85)

MT. HOPE CEMETERY W.O. # E-10015

NOTE

$ 1380.50 San Diego, California 4-6 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Thirteen Hundred Eighty 50/100 DOLLARS with interest from May 10, 1992 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 Katie Childs SIGNATURE Katie Childs

ADDRESS 4431 Cleveland Ave. S.D. Ca. 92116

CALIFORNIA DRIVER LICENSE NUMBER N5142913 SSN # 344-22-4725

PY-1012 (11-89)

E 10015

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. D72976

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 6-8-92 H.D.

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER 1120

AMOUNT PAID $380.50

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Katie Childs

PAYOR NAME _____
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 4431 Cleveland
SD, 92116

REMARKS _____

CASHIER _____

INV. NO. 191479

TR-1561 (2-82)

E 10015

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Earnest	—	Childs	12-23-18	4-6-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Katie Childs - Wife 8431 Cleveland Ave. #5 San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mort.; San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	4-7-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	APR 07 1992	Donald L. Powers, M.D.

CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4/10/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal → Seglor	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42146

Date: 4-17, 19 92

From: Kayden Mortuary Address: 4431 Cleveland Ave, SD

One Thousand 10/100 Dollars ($ 1000.00)

In Payment of Earth Child Interments

Lot 134 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10015

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☐

7333

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Lot

Date 4/7/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gale Cook

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 45 Grave 6 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number	
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

Gale D. Cook
Signature

Address 923 51ST STREET

State (619) 263-6039 Zip Code 92114

Telephone

Work Order # E 10016

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42220

Date: 5-6, 1992

From: Gale Cook Address: 923 51st St. SD 92114

Twenty-five 70/100 Dollars ($ 25.70)

In Payment of Pre Need Lot

Lot 45 Grave 6 Row — Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-10016

BALANCE DUE $570.-

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 70
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 70

E-10016

NAME Gale Cook ACCT. NO.

ADDRESS 923 51st street, s.d. 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
4-7-92	Opened pre-need lot	595.00			595.00
	Lot 45; gr 6; sec 2; div 11				
5-6-92	Receipt # 42220			25.00	570.00

If No response by 3-10-95, this will be available for general public to purchase.
JW 2/22/95

Lot forfeited due to lack of payment 4-4-95

No folder 5-20-98

25-204 Cook, Gale AVERY PRE-Need LOT PRINTED IN USA

4-3-95

Michele — Please note on Lot Owner Card that this lot was forefeited for lack of payment. Leave card in file.

1. Please erase info off legal description card.

2. Please white out the "S" on the map.

3. Please file this behind "E" work order.

4. Thank

E-10016



NAME Gale Cook

ACCT. NO.

ADDRESS 923 51st street, s.d. 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
4-7-92	Opened pre-need lot	595.00			595.00
	Lot 45; gr 6; sec 2; div 11				
5-6-92	Receipt # 42220			25.00	570.00

If No response by 3-10-95, this will be available for general public to purchase.

JP 2/22/95

AVERY FORM NO. 25-204 Cook, Gale

AVERY PRE-Need LOT

PRINTED IN USA

E10016

MT. HOPE GEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Lot

Date 4-7-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Barnes

in a _____ Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 28 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

FILE

Work Order # E 10017

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 10017

11942

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO MARY BARNES for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 128; Grave 10; Section 1; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10017

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation marker - 12" x 24" flat marker only

Wendy To Teague
Cemetery Manager

J. T. Gaulle
Property Director

PY-584 (Rev. 12-92)

OFFICIAL RECEIPT

43756

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6/2, 1955

From: Mary Barnes Address: 4991 Dale St, SD

Fifty 70/100 Dollars ($ 50.00)

In _____ Payment of Pre Need Lot

Lot 128 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10017

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 1-91) 1654

OFFICIAL RECEIPT

44005

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 8 12 , 19 93

From: Mary P. Barnes Address: 818 1/2 46st. San Diego CA. 92113

fifty and 00/100 Dollars ($ 50 00)

In Payment of pre-need lot

Lot 128 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10017

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1700

AC-212 (Rev 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Bolotky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

44255

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 10-27, 1993

From Mary Barnes Address: 3457 Ocean View Blvd, Sa

Fifty m/w Dollars ($ 50)

In _____ Payment of Pre Need Lot

Lot 128 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10017

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 1-91) 248

OFFICIAL RECEIPT

44362

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Nov 16, 1993

From: Mary Borres Address: 4991 Dale St. San Diego 92102

Twenty-five and 00/100 Dollars ($ 25.00)

In Part Payment of Pre-need lot

Lot 128 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10017

BALANCE DUE 125.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

137

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. L. Shufelt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

44454

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 12-17, 1993

From: Mary Barnes Address: 4991 Dale St San Diego 02102

Twenty-five and 00/100 Dollars ($ 25.00)

In Part Payment of Pre-need lot

Lot 128 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10017

BALANCE DUE $95.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#166

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	24	00
80% Sales of Lots	100 77184	1	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44601

Date: 2/5, 19 94

From: Mary Barnes Address: 4991 Date St. S.D 92102

Twenty-five and 00/100 Dollars ($ 25.00)

In Part Payment of Pre-need lot

Lot 128 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E- 10017

BALANCE DUE 45.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	25	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 1-91) 212

OFFICIAL RECEIPT

44533

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-14, 19 94

From: Mary Barnes Address: 4091 Jutland St. S.D. 92107

Twenty-five Dollars ($ 25.00)

In Cash Payment of Pre-need lot

Lot 128 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10017

BALANCE DUE 10.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. Stidell

CREDIT 20% Sales Care	67007 77184	25	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44708

Date: 3-8, 1994

From: Mary Barnes Address: 4971 Dale St. Sd

Forty Five 74/100 Dollars ($ 45.00)

In _____ Payment of Pre Need Lot

Lot 128 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10017

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	45	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 1-91) 241

43600

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-15, 1993

From: Beverly Peterson Address: 3457 Ocean View Bl S.D. 92113

Twenty-five Dollars ($ 25.00)

In Part Payment of Pre Need Lot

Lot 128 Grave 10 Row ____ Section 1 Division 12 Block

Invoice No. ____

Acct. No. 1

W.O. E-10017

BALANCE DUE 225.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 203

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42313

Date: 6-4, 19 92

From: Mary Ramirez Address: 515½ S. 46th St.

Fifty and 00/100 Dollars ($ 50.00)

In full Payment of Reserved Trust Coupon 172

Lot: Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E 10017

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1496

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	50 —
Sales Tax	60101 78390	
TOTAL PAID	$	50 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42479

Date: 7-6, 1992

From: Mary Barnes Address: 818 1/2 So. 46th St, SD, Ca 92113

Twenty five - No/100 Dollars ($ 25.—)

In _____ Payment of Pre-Need Lot, Coupon #3

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10017

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1522

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	W

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42805

Date: 10-6, 1992

From: Mary Barnes Address: 818 1/2 So. 46th St.

Fifty and xx/100 Dollars ($ 50.-)

In part Payment of Preneed Lot

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E 10017

BALANCE DUE ____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

539
156 2

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Tarzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	50 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42836

Date: 10-8- , 1992

From: Mary Barnes Address: 315 1/2 So. 46th, S.D. CA 92113

Twenty-five and xx/100 Dollars ($ 25.00)

In part Payment of preneed lot - Coupon #6

Lot _____ Grave _____ Row 1 Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. Z 10017

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1575

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42950

Date: 11-6- , 1992

From Mary Barnes Address 818½ So. 46th St, S.D.

Twenty-five and xx/100 Dollars ($ 25.00)

In part Payment of Preneed lot - Coupon 7

Lot 128 Grave 10 Row Section 1 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O E 10017

BALANCE DUE 420.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Wendy J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	25	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43109

Date: 12-9, 1992

From: Mary Barnes Address: 919 ½ S. 46th St SE

Twenty-five 74/10 Dollars ($ 25.—)

In _____ Payment of Pre Need Lot

Lot 128 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10017

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43230

Date: 1-13, 19 93

From: Mary Barnes Address: 4185 S. 46th St SD

Twenty five 70/100 Dollars ($ 25.00)

In Payment of Pre-Need Lot

Lot 128 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10017

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43359

Date: 2-11, 1973

From: Bessie M. Peterson Address: 3457 Ocean View S.D. Ca. 92113

Twenty-five Dollars ($ 25.00)

In part Payment of Pre Need Lot

Lot 128 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10017

BALANCE DUE $ 345.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

175

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43462

Date: 3-7, 1993

From: Mary Barnes Address: 8182 5 4th St. S.D.

Twenty-five Dollars ($ 25.00)

In part Payment of One Plot Lot

Lot 127 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10017

BALANCE DUE $ 320.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1629

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnees

[redacted] E-10017

8 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above ▶ $

$

Amount Received $ 25.00

NAME MARY P. BARNES.

ADDRESS 818 ½ S. - 46th St.

CITY SAN Diego STATE CA. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes

[redacted] & So. 46th St.

San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 25.00

NAME MARY E. BARNES.

ADDRESS 818½ So. 46th St.

CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address

d one coupon with each remittance **COUPON** **3**

DT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes E-10017

818 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

MAR.	APR.	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME MARY P. BARNES.

ADDRESS 818½ So. 46th St.

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes

818 ½ So. 46th St.

San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $

$

Amount Received $ 25.00

NAME MARY P. BARNES.

ADDRESS 818½ So. 46th St.

CITY SAN Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes

818 ½ So. 46th St.

San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above $ 25.00

Amount due if paid more than _____ days after due date above. $

$

Amount Received $ 25.00

NAME MARY E. BARNES.

ADDRESS 818½ S. - 46TH ST.

CITY SAN DIEGO STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes

818 ½ So. 46th St.

San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ 25.00

NAME Mary P. Barnes

ADDRESS 818 ½ So. 46th St.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes
818 ½ So. 46th St.
San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above ▶ $ ____

$ ____

Amount Received $ 25.00

NAME Mary L. Barnes.

ADDRESS 818½ So - 46th St.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

1952

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes

873 ½ So. 40th St.

San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 25.00

NAME MARY P BARNES

ADDRESS 873½ So. 40th St.

CITY SAN DIEGO, STATE CALIF ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: Pre-Need Lot

Mary Burness

818 ½ So. 46th St.

San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ 25.00

NAME Mary L. Burness.

ADDRESS 818½ So. 46th St.

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes E-10017

818 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME Mary P. Barnes.

ADDRESS 818½ So. 46th St.

CITY San Diego STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need List

Mary Barnes E-10017
818 ½ So. 46th St.
San Diego, Calif. 92113

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $

$

Amount Received $ 25.00

NAME MARY P. BARNES.

ADDRESS 818½ So. - 46th Street.

CITY SAN DIEGO, STATE CA, ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Loc

Harry Barnes E-10017

518 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME Harry P. Barnes.

ADDRESS 518½ So. 46th St.

CITY San Diego, STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes E-10617

618 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 25.00

NAME MARY BARNES.

ADDRESS 4991-DATE STREET

CITY SAN DIEGO STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need Lot

Mary Barnes E-10017

818 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME MARY BARNES.

ADDRESS 4991 - DATE STREET

CITY SAN DIEGO, STATE CA. ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes E-10017

814 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME MARY P. BARNES

ADDRESS 4991 - DATE STREET

CITY SAN DIEGO STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes E-10017

814 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ 25.00

NAME MARY E. BARNES.

ADDRESS 4991-DATE STREET

CITY SAN Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes
818 ½ So. 46th St.
San Diego, Calif. 92115

E-10017

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME Mary P. Barnes

ADDRESS 4991 - Date Street

CITY San Diego STATE Ca ZIP 92103

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot

Mary Barnes E-10017

418 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before due date above ▶ $ £5.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ 25.00

NAME Mary E. Barnes

ADDRESS 4991 - Date St.

CITY San Diego STATE Ca. ZIP 92102

☐ check (✓) if this is new address

ACCOUNT No.

Mary Barnes
818 1 So. 46th St.
San Diego, Calif. 92113

E-10017

See last receipt

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before due date above ▶ $ 15.00

Amount due if paid more than _____ days after due date above ▶ $ _____

NOV-10 - $ 25.00

Amount Received $ _____

NAME MARY D, BARNES.

ADDRESS 4991 DATE. ST

CITY SAN DIEGO STATE CA. ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes E-10017

814 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME MARY P. BARNES.

ADDRESS #994 - DATE STREET.

CITY SAN DIEGO STATE CA ZIP 92101

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes
818 & So. 46th St.
San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 25.00

NAME MARY P. BARNES.

ADDRESS 4991 - DATE STREET.

CITY SAN DIEGO, STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. COUPON 22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes ~ E-10017

818 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME MARY L BARNES.

ADDRESS 4991 - DATE STREET

CITY San Diego STATE CA. ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Loc

Mary Barnes
818 J So. 46th St.
San Diego, Calif. 92113

E-10017

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 25.00

NAME MARY P BARNES.

ADDRESS 4991-DATE STREET

CITY SAN DIEGO STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Mary Barnes E-10017

818 ½ So. 46th St.

San Diego, Calif. 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				16							

Amount due when paid on or before due date above ▶ $ [redacted].00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ 20.00

NAME MARY BARNES.

ADDRESS 4991-DATE STREET.

CITY SAN DIEGO STATE CA ZIP 92102

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/7/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALMA WINTERS

in a Liner (Vault/Liner) Funeral, date, time Fri, 4/10 2:00pm

Church, Chapel, Graveside Chapel & Graveside ; Rappdale (Mark) Mortuary.

All Funeral cars must 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 CW

Lot 97 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	701.63
Paid receipt number 42092	350.00
42130 Balance due	351.63
	351.63

30 Day note

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Clifford Winters
Signature
4030 Park Haven Ct. #D
Address
San Diego CA 92113
State Zip Code
263-5760
Telephone

X Work Order # E 10018

Invoice # 191478

Acct. # 072975

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-10018

NOTE

$ 351.63 San Diego, California 4-7 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Three Hundred Fifty-One 63/100 DOLLARS with interest from May 10, 1992 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 Clifford Winters SIGNATURE Clifford Winters

ADDRESS 4030 Park Haven Ct. #D

CALIFORNIA DRIVER LICENSE NUMBER R0550956 SSN # 570-52-4102

PY-1012 (11-88)

E 160018

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Alma	Regina	Winters	7-1-23	4-5-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Clifford Winters - Son 4030 Parkhaven #D San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	4-7-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	APR 07 1992	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4/10/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT [signature]
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A cloth covered	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42092

Date: 4-7 19 92

From Clifford Winters Address: 4032 Park Haven Ct, #D, SD 92113

Three Hundred Fifty 70/100 Dollars ($ 350.00)

In _____ Payment of Interment of Alma Winters

Lot 97 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10014

BALANCE DUE $ 357.63

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42130

Date: 4-16- , 1992

From: Dorothy Wilson Address: 372 Meadow Brook Dr. Apt. D S.D. 92114

Three Hundred fifty-one and 63/100 Dollars ($ 351.63)

In Full Payment of Interment Services for Alma Winters

Lot 97 Grave — Row — Section — Division 10 Block

Invoice No.

Acct. No.

W.O. E10018

BALANCE DUE 0.

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wendy Jo Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	351	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLYDE KING

in a I.S. Vault (Vault/Liner) Funeral, date, time FRI. 4/10 1 PM

Church, Chapel, Graveside Chapel, GS ; Lakeside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes . WW II

Lot 4542 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund ... preneed	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	785.50
Paid receipt number 42112	785.50
Balance due	~~0~~

PAID
APR 9 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the daughter-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Annette M Dawson
Address: 4075 Payson Rd
State: Ca Zip Code: 91941
Telephone: 464-0522

Work Order # E 10019

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E 10019

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLYDE	R.	KING	SEP. 16, 1921	APR. 7, 1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAKESIDE	SAN DIEGO	ANNETTE DOIRON (DAUGHTER IN-LAW) 4075 PAYSON RD. LA MESA, CA. 91941

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
9340 MAINE AVENUE LAKESIDE-SANTEE FUNERAL CHAPEL, LAKESIDE, CA.	FD-997

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶ Mabel A. Haviland	8B. DATE SIGNED 4/9/92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 9 1992	▶ Donald L. Russell M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92138	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA.	11B. DATE INTERRED: 4/10/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT: ▶ J. Ann Waite	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY: N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT: ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION: N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42112

Date: 4-9-, 1992

From Annette M. Dorion Address: 8528 Gardena Rd, Lakeside CA 92040

Seven hundred eighty-five and 50/100 Dollars ($ 785.50)

in Full Payment of Interment Services for Clyde King

Lot 4542 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 10019

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2178

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	200	—
Handling Fee	100 77185	175	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	785	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/8/92

Robinson

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES ROBERTSON PA# 11 96407

in a LINER Vault/Liner Funeral, date, time 4/9 10:00 AM

Church, Chapel, Graveside DEL-ONLY : MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 61 Grave 2-B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	186.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10020

Invoice # 191477

Acct. # 000952

PY-593 (REV. 6-85)

E 10020

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
James	—	Robinson	04/10/1945	03/31/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego,	San Diego	Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424	▶ [signature]	04/08/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein 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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

A CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 08 1992	▶ Donald L. Record, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. *AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS*

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 4470 Market St. San Diego, CA	11B. DATE BURIED 4-9-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-9-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frederick Herdel (X)

in a Ash Vault (Vault/Liner) Funeral, date, time A.Y.D. Thur 8-20

Church, Chapel, Graveside No Service Featherngill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 37 Grave 6 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.10
Total Due	253.10
Paid receipt number 4246	253.10
Balance due	-0-

PAID
AUG 17 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Pam Brant
229-3105
(daughter)

I hereby certify I am the Daughte of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Marian Knapp
Signature
2807 Ralston Rd
Address
Mobile Alabama 36606
State Zip Code
(205) 476-1090
Telephone

Work Order # E 10021

Invoice # _____

Acct. # _____

PY-583 (REV. 9-88)

E 10021

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ALFRED'S	--	HERDEL	12/16/1927	2/6/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Mexico	Mexico	Beda Johnson, wife 8590 Renown Dr. San Diego, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY, 6322 El Cajon Blvd. San Diego, CA 92115	1083	▶ Edward Gill	8-17-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	AUG 17 1992	▶ Ronald G. Romas, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT. SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery San Diego, CA	8-20-92	▶ Wendy Jo League
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	Leneda, Inc., 14065 Olde Highway 80 El Cajon, CA		▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	n/a		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	n/a		▶
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	**15B. DATE OF DISPOSITION**	**15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION**	**15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE**
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	n/a		▶	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42646

Date: 9-17, 1992

From: Sally Herdal Address: 251 Salmon Rd, Ramona

Two Hundred Fifty Three 10/100 Dollars ($ 253.10)

In _____ Payment of Interment of Frederick Herdal

Lot 37 Grave 6 Row _____ Section 4 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. E-10021

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	253	10

AC-212 (Rev. 1-91)

E 10022

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-9-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anita D. Dalfoss P.A.#1088262

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 48T Grave _____ Row 8 Section 6 Division/~~Block~~ 5

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee — Disinterment	800.00
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

Pd-9-392

Yvonne Williams
Medical Examiner
694-2895

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10022

PT-693 (REV. 8-85)

Invoice # 199403

Acct. # 073730

Attention: Yvonne Williams
Medical Examiner
5555 Overland Ave
Building 14
San Diego, CA
92123

Interment

Send Disinterment Authorization for family to sign.

Need Disinterment Permit

E10022

THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

APRIL 10 (MONTH) 92 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Anita D. Dalfoss

from Lot 48 Grave _____ Section 6 Row 8 Block _____ Division 5
and to remove the same to and reinter said remains in Lot _____ Grave _____
Section _____ Row _____ Block _____ Division _____ Cemetery _____

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) _____ Date

E10022

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

Property Department
264-3151

Business hours 8 a.m. to 1 p.m.
Monday thru Friday • Gates open daily

RECEIVED
MAY 4 - '92
County of San Diego
Medical Examiner

AUTHORITY TO DISINTER, REMOVE OR REINTER

APRIL 10 92
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Anita D. Dalfoss

from Lot 48 Grave ____ Section 6 Row 8 Block ____ Division 5
and to remove the same to and reinter said remains in Lot ____ Grave ____
Section ____ Row ____ Block ____ Division ____ Cemetery ____

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

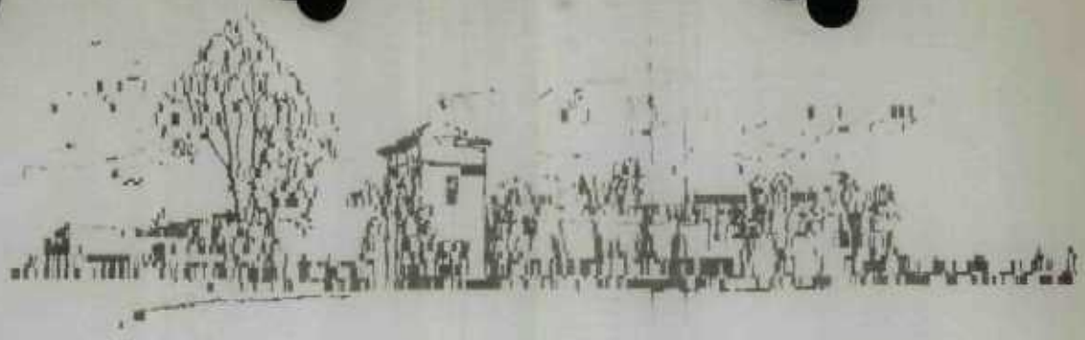
Signature	Relation to deceased	Address
[illegible]	daughter	2100 W. Morse Ave Apt 106 Chicago Ill 60645
[illegible] Kolpat	daughter	3112 Keeney Skokie, Il 60076

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date

RECEIVED
MAY 4 - '92
County of San Diego
Medical Examiner

E 10022



NUMBER OF PAGES BEING SENT: 1

TO: [illegible]

FROM: [illegible]

RE:

[illegible] PAGES YOU DID NOT RECEIVE, OR ARE UNABLE TO READ, PLEASE CALL THE MORTUARY RECORDS OFFICE AT (619) 265-6157.

OUR FAX MACHINE TELEPHONE NUMBER IS: 264-8[illegible]

TIME:

FAX # 527-3403

GREENWOOD MEMORIAL PARK AND MORTUARY

[illegible] · POST OFFICE BOX [illegible], SAN DIEGO, CA 92112 · TELEPHONE 264-[illegible]

E 10022

Disinterment

Tues

July 6, 1PM

Dalfoss

E 10022

TO

DATE TIME

WHILE YOU WERE OUT

M Jean Morris

OF

PHONE 264-3131 EXT.

TELEPHONED		PLEASE CALL	
RETURNED YOUR CALL		WILL CALL AGAIN	
WAS IN TO SEE YOU		WILL COME IN AGAIN	

MESSAGE

Day for Disinterment
Look at Monday.

Tues/Wed next
week

FORM BD-70 (Rev. 8-86) RECEIVED BY

Printed on recycled paper

E 10077

MESSAGE CONFIRMATION
TRANSMISSION

JUN-22-'92 MON 13:56

TERM ID: MT HOPE CEMETERY P-9999
TEL NO. :

NO.	DATE	ST. TIME	TOTAL TIME	ABBR/SBD	ID	DEPT CODE	#PGS	
118	06-22	13:55	00'00"57		9192640224		OK- 1	NG- 0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10022

USE BLACK INK ONLY—MAKE NO ERASURES WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT (FIRST)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Anita	Deanna	Dalfors	10-28-1938	06-[illegible]-1989	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CA, ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santa Ysabel	San Diego	Christina Taylor: Daughter 2000 W. Morse Avenue, #406 Chicago, IL 60645

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH — 7B. CALIF. LICENSE NO. AND TYPE

GREENWOOD MORTUARY I-805 & IMPERIAL AVE. SAN DIEGO, CA. — F 62

8A. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT — 8B. DATE SIGNED

Sharon Lewis II — 6-22-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

9A. CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW NEW DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND GIVES AUTHORITY FOR THE DISPOSITION SPECIFIED IN ITEM 9 BELOW. THIS PERMIT DOES NOT GIVE THE RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: 7.00

9B. DATE PERMIT ISSUED: JUN 23 1992

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Harold L. Rowe, M.D. MD

9D. NAME OF REGISTRAR OF DISTRICT OF DEATH—OR OF DISTRICT TO WHICH REMAINS ARE TO BE DELIVERED IN CALIFORNIA

P.O. BOX 85222 SAN DIEGO, CA. 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

9F. AUTHORIZED DISPOSITION (MUST CHECK APPLICABLE ITEMS)

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [X] H. TRANSIT TO OUTAGE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING. REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	10A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	10B. DATE BURIED	10C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL			
CREMATION	11A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVE. SAN DIEGO, CA.	11B. DATE CREMATED	11C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	12A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	12B. DATE RECEIVED	12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	13A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Ridgewood Cemetery: 9000 Milwaukee Ave. Nor Plaines, IL 60016	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

15D. LICENSE NUMBER OF CREMATIVE OR MARINE DISPOSER - IF APPLICABLE

COPY 3 OF THIS PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF STATE REGISTRAR — VS-9 (REV. 6-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 4-10-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles W. & Alberta JONES

FOR in a DBL Depth Crypt (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; Conrad's (Donna) (Pre-Need) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 668 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number 42114	795.00
Balance due	0

PAID
APR 10 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Charles W. Jones
Signature
6460-182 Conway Court
Address
San Diego Ca 92117-2316
State Zip Code
(619) 492-9259
Telephone

Work Order # E 10023

Invoice # _____

Acct. # _____

PY-583 (REV. 8-86)

E10023

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11832

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Charles & Alberta Jones for the sum of $ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 668, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10023

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 is Flat Marker Only, 12" X 24" in size.

Wendy Jo Teague
Cemetery Manager

Chea Kullman
Property Director

PV-[illegible]

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42114

Date: 4-10, 19 92

From Charles W. & Marla Jones Address 6460 Conoy Ct. Sp. 152, 92117

Seven Hundred Ninety Five 2/10/100 Dollars ($ 795.00)

In Payment of Pre-Need Lot

Lot 662 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-10023

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

182

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waite

CREDIT	67007	
20% Sales Care	77184	159 00
80% Sales of Lots	100 77184	636 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	795 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rubie V. Rimmer (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Mon 4/13 11:00 A.M.

Church, Chapel, Graveside Church, G.S. ; Markley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 98 Grave 64 Row ____ Section 4 Division/~~Block~~ 7

Grave space & Care Fund ..... preneed A-6537	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.10
Total Due	253.10
Paid receipt number 42115	253.10
Balance due	~~0~~

PAID
APR 10 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Patricia M. Peterson
Signature

P.O. Box 3214
Address

Mammoth Lakes Ca 93546
State Zip Code

(619) 934-5180
Telephone

Work Order # E 10024

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

E 10024

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RUBIE	VIOLET	RINNER	6/7/92	4/8/92	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PATRICIA PETERSON (DAUGHTER) P.O. BOX 3214 MAMMOTH LAKES, CA 93546

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103	F-119	▶	4/9/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 10 1992	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)	11B. DATE BURIED 4-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY, I-805 & IMPERIAL AVE., SAN DIEGO, CA	12B. DATE CREMATED 4/10/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42115

Date: 4-10-, 1992

From: Patricia Peterson Address: P.O. Box 3214 Mammoth Lakes CA 93546

Two hundred fifty-three and 10/100 Dollars ($ 253.10)

In Full Payment of Interment Services for Robie Rimmer

Lot 75 Grave 64 Row Section 4 Division Block 7

Invoice No.

Acct. No.

W.O. E10024

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 20 1992
011328

ISSUED BY W. J. Yeager

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77185	60	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	253	10

AC-212 (Rev. 1-91)

3133

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Choi-Lin Lam Lee

in a T.S. Vault (Vault/Liner) Funeral, date, time Friday 4/17 9:30am

Church, Chapel, Graveside Chapel & Grave-side Claremont (Dorothy) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. Burial to be done before Noon.

Lot 2469 Grave — Row — Section — Division ~~Block~~ 10

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	220.00
Handling Fees	175.10
Flower vases - Marker setting fee	
Recording and filing fee	45.10
Sales taxes	15.50
Total Due	1580.50
Paid receipt number 42117	395.00
4/23 #4267 Balance due	1185.50
	1185.50

30 Days Note

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 10025

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

MT. HOPE CEMETERY W.O. # E-10025

NOTE

$ 1185.50 San Diego, California 4/13 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Eighty Five 50/100 DOLLARS with interest from May 17, 1992 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 SUNG-NIN LEE SIGNATURE Sung-Nin Lee

ADDRESS 5050 COLEST S D. CA. 92117

CALIFORNIA DRIVER LICENSE NUMBER A0209497 SSN # 570-84-2711

PY-1012 (11-89)

E 10025

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHOI-LIN	LAN	LEE	02-24-1947	04-12-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	SUNG MIN LEE, HUSBAND 5050 COLE STREET SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT. ABERNATHY AVENUE SAN DIEGO, CA 92117	FD-1126	▶ Patricia Nichols	4-14-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 15 1992	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3850 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Jaegee
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42117

Date: 4-13, 19 92

From Ayo-Nin Lee Address: 5050 Cole Street, SD 92117

Three Hundred Ninety-five 70/100 Dollars ($ 395)

In Payment of Chei-Lih Lee Interment

Lot 2469 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-10025

BALANCE DUE $1125.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 976

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	395 W
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	395 W

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42167

Date: 4-23, 1990

From: Sung-Nin Lee Address: 5050 Cole St. SD 92117

Eleven Hundred Eighty-five (50/100 Dollars ($ 1195.50)

In _____ Payment of Interment of Choi-Lin Lan Lee

Lot 2469 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10025

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

Cashier's Check 0017156711

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	241	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	1185	50

MT. HOPE CEMETERY

INTERMENT-ORDER

City of San Diego

Date APRIL 13, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES Z. IWASHITA

in a DBL CRYPT (Vault/Liner) Funeral, date, time SAT. 4/18 10:00 AM.

Church, Chapel, Graveside CHURCH/G.S. ; LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO . KLW

Lot 5174 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... C-1279 PRE-NEED	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee OT (SAT) $480.00	480.00
Recording and filing fee	45.00
Sales taxes	25.58
Total Due	1550.58
Paid receipt number 42127	1550.58
Balance due	Ø

PAID
APR 13 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Tomiko Iwashita
Signature

744 Grove Coronado
Address

Calif 92118
State Zip Code

435-5920
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10026

PY-593 (REV. 8-86)

E 10026

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAMES	ZEMBEI	IWASHITA	04-01-1903	04-11-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	TANIKO IWASHITA - WIFE 744 G AVENUE CORONADO, CA 92118

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS-COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	04-14-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 14 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 4-18-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A 517440	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE*	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42127

Date: 4/13, 19 92

From: Tamiko Iwasuito Address: 744 G Ave Coronado 92118

Fifteen hundred fifty and 58/100 Dollars ($ 1550.58)

In Full Payment of James Iwashita Service

Lot 5174 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10026

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Fred Hopkell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	525	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	25	58
TOTAL PAID	$	1550	58

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/13/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Barnett PA#1126512

in a Liner (Vault/Liner) Funeral, date, time Thurs, 4/16 11:00 AM

Church, Chapel, Graveside Del. Only / Merlley Mitchell (Scott) Mortuary.

All Funeral cars must 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 3B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	0.50
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Katherine Howard / PA Office

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 191480

Acct. # 000552

Work Order # E 10027

PY-593 (REV. 8-88)

E10027

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	—	BARNETT	10/24/1905	4/3/1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR [redacted]A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ Ed Leach	4/16/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT SHOWING FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	APR 16 1992	▶ Donald L. Powers, M.D. MQ

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY [redacted] HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 4-16-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 66-3T-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Preneed lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-15-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Rogers

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 146 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	595.00
Paid receipt number 42129	100.00
42135 Balance due	495.00
	495.00

PAID
APR 16 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Neice-Niece of the above name~~d decedent~~ and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Put Deed in this name

Signature: Lya E. V. Woodson
Address: 2035 Franklin Ave
State: San Diego Ca. 92113 Zip Code
Telephone: (619) 234-2470

Invoice # _____

Work Order # E 10028

Acct. # _____

PY-533 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42135

Date: 4-16- , 1992

From: Abram Samuels Address: 3028 39th Street S.D. Ca 92105

Four hundred ninety-five and 00/100 Dollars ($ 495.00)

In Full Payment of Pioneer lot for Sarah Rogers

Lot 146 Grave 2 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E10028

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1322

AC-212 (Rev 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. League

CREDIT	67007	119	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	376	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	495	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42129

Date: 4-15- , 19 32

From Eva V. Woodson Address: 2035 Franklin Ave, S.D. 92113

One hundred dollars and ⁰⁰/₁₀₀ Dollars ($ 100.00)

In part Payment of planned lot for Sarah Rogers

Lot 146 Grave 2 Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E10028

BALANCE DUE 195.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. League

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	100 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	100 —

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Gingery (X)

in a Ash Vault (Vault/Liner) Funeral, date, time AYD 4/23 Thurs.

Church, Chapel, Graveside Delivery Only ; telephase Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 67 Grave 1 Row ____ Section 4 Division/~~Block~~ 7

Grave space & Care Fund ..... prineed A 3567 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee .....

Recording and filing fee 15.00

Sales taxes 3.10

PAID
APR 16 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 253.10

Paid receipt number 42131 253.10

Balance due ~~0~~

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Benjamin K. Gingery
Signature

1616 Law St
Address

SD. Ca
State Zip Code

273 8923
Telephone

Work Order # E 10029

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E 10029
39451

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAURA	- - - -	GINGERY	02-07-1911	04-15-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Betty O'Neill (Executor) 5421 Castle Hills Drive San Diego, CA 92109

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
1545 Hotel Circle South, #190, San Diego, CA. The Telophase Society	F-1272

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Kevin Minh	04-16-1992

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED *IN THIS PERMIT*.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 16 1992	▶ Donald L. Powell, M.D. MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222, San Diego, CA. 92186-5222	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92113	11B. DATE INTERRED 4-23-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cremar Crematory 2299 Manchester Blvd., Anaheim, CA.	12B. DATE CREMATED 4-20-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42131

Date: 4-16- , 19 92

From Allen Gingery Address: 1666 Linn St. San Diego, CA 92107

Two hundred Fifty-three and 10/100 Dollars ($ 253.10)

In Full Payment of Interment of Laura Gingerly

Lot 67 Grave 1 Row Section 4 Division Block 7

Invoice No.

Acct. No.

W.O. E10029

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

225

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

42131

ISSUED BY Wendy Jo League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77185	60	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	253	10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jack J. Kimbrough in a DBL CRYPT (Vault/Liner) Funeral, date, time Sat 4/18 11Am Church, Chapel, Graveside Church, G.S. : Ragsdale Mortuary. Arrive about 1:00 P.M.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 91 Grave 1 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.—
Burial Container DBL CRYPT	330.—
Handling Fees	320.—
Flower vases - Marker setting fee	580.—
Recording and filing fee	45.—
Sales taxes	25.58
Total Due	2345.58
Paid receipt number 42132	2345.58
Balance due	0

PAID
APR 16 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.
By Charge

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

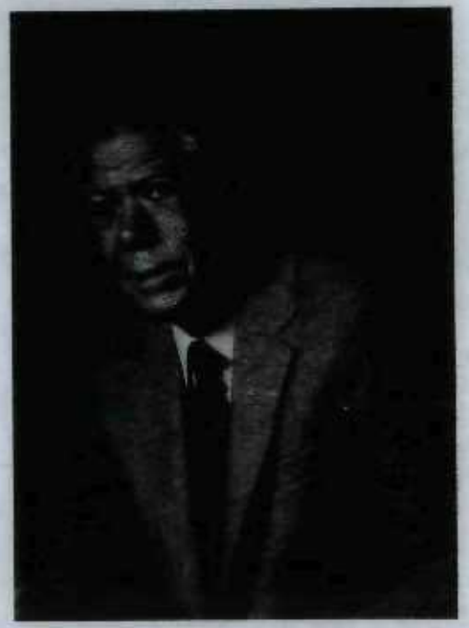
Quincella Kimbrough
Signature
1610 South 40th St.
Address
Calif. San Diego 92113
State Zip Code
262 5305
Telephone

Work Order # E 10030

Invoice # 42132

Acct. # _____

PY-583 (REV. 8-85)



Life for me ain't been no crystal stair
It's had tacks in it,
And splinters,
And boards torn up,
And places with no carpet on the floor - bare.

But all the time
I'se been a climbin' on,
And reachin' landins'
And turnin' corners,
And sometimes goin' in the dark
Where there ain't been no light.
I'se still climbin',
And life for me ain't been no crystal stair.

by Langston Hughes

I've Know Rivers:
I've known rivers ancient as the world and older than the flow of human blood in human veins.

My soul has grown deep like the rivers.

I bathed in the Euphrates when the dawns were young I built my hut near the Congo and it lulled me to sleep. I looked upon the Nile and raised the pyramids above it I heard the singing of the Mississippi when Abe Lincoln went down to New Orleans, and I've seen it's muddy bosom turn all golden in the sunset.

I've Known Rivers:
Ancient, dusty rivers

My soul has grown deep like rivers

by Langston Hughes

Final Arrangements Entrusted To:



Anderson-Ragsdale Mortuary.

"Third Generation In The Mortuary Profession"

5050 FEDERAL BLVD SAN DIEGO, CALIF. 92102

PHONE (619) 263-3141

A Celebration
For

Dr. Jack Johnson

Saturday, April 18, 19

Calvary Baptist
719 Crosb
San Diego, Cali

Dr. S. M. Lockridg

Rev. James H. Hargeti
Pastor of
Christian Fellowship Congr

Obituary

ugh, one of San Diego's first Black
1908 in Lexington, Mississippi. He
d Martha Kimbrough.
cated in Alameda, California, and
n Chemistry from the University of
ued his doctor of dental surgery degree
nia, San Francisco and completed his
ır, Dr. Kimbrough successfully passed
minations, receiving the third highest

career, the certified dentist borrowed
nd hitchhiked to Los Angeles. Upon
t could be leased at a more reasonable
ugh ventured further south.
ugh realized a more pressing need, the

great demand for dental services in the Black community was overwhelm. and he was virtually the only dentist a. able to fill that void. Teaming with the late Dr. Antonio DaCosta, a Black physician, the two combined their services and opened a practice located at Imperial Avenue and 29th Streets.

Dr. Kimbrough not only devoted himself to dentistry, but was also a family man. In 1936, he married Quincella Nickerson, the daughter of Bertha and William Nickerson, Jr., founder of the Golden State Mutual Life Insurance Company in Los Angeles. The couple was blessed with four children.

The health needs of the minority community flourished. To support their growing practice, Doctors Kimbrough and DaCosta decided in 1940 to build a medical office at 25th and K Streets, the first Black dental and medical facility in San Diego.

During the Second World War, Dr. Kimbrough believed that he could best serve his country by volunteering for military service. Military authorities denied his participation because of the greater need for his dental services in the Black community. They believed that he could better serve his country by providing dental services to defense workers so that they would not lose much time away from their jobs.

Dr. Kimbrough's desire to volunteer civically and professionally in the San Diego community was influenced by his drive for Black progress politically and economically. In 1948, he organized sit-ins to desegregate hotels such as the U.S. Grant Hotel and restaurants throughout the city. Further involvement including organizing the first chapters of the San Diego Urban League and the N.A.A.C.P., and served as president of both.

Dr. Kimbrough became the first Black dentist in San Diego to break ground in many aspects of his profession. He was the first Black dentist to become a member of the San Diego County Dental Society and the Southern California Dental Association. He helped organize the San Diego Clinical Hypnosis Society, which was an organization to promote the use of hypnosis in dentistry. He also organized the San Diego Dental Seminar, offering postgraduate basic science teachings to dental professionals.

Other honors included serving as the first Black editor for the San Diego County Dental Society Bulletin for practicing dentists, first Black president of the San Diego County Dental Society, and recipient o, . honorary fellowship in 1962 from American College of Dentists. Finally, he was appointed to the California State Board of Dental Examiners, later becoming their president in 1968 for a two year term.

Dr. Kimbrough served on the Children's Home Society Board of Directors. He perceived a real need for the adoption of Black and Latino Children. As a result, his wife Quincella became the founder and first president of Las Munecas, an auxiliary to the Children's Home Society (an organization promoting the family adoption of Black and Latino children).

His concern for the health care of all people influenced his participation in the Flying Samaritans, providing free medical services to remote villages in Baja California. The area was so remote that it was accessible only by airplanes. His participation in this project spanned fifteen years.

Dr. Kimbrough held many other interests, and traveling influenced his interest in African Art and culture. He ventured extensively and was a student of African and African-American culture and history. His extensive collection of art and Black literature is renowned throughout the United States and many of the autographed first editions are used by San Diego students as an educational source and for research.

Dr. Kimbrough dedicated his life to community service and was one of the most influential senior statesmen in San Diego. He relished any opportunity to provide lectures and seminars on a myriad of subjects from dentistry to art and literature.

Survivors include his wife of fifty-six years, Quincella Kimbrough; two sons, Alden Kimbrough of Los Angeles, California and John Kimbrough of Sacramento, California; two daughters, Jacqueline Ryan and Mary Kimbrough both of Los Angeles, California; five grandchildren, Alden and Ali Ryan, Taifa Kimbrough, and Payton and Joshua Kimbrough; two sisters, Sylvia Scott Parker of Berkeley, California and Mary Alice Bomar of Oakland, California; and one brother, Samuel Kimbrough of El Cerrito, California.

Jack Kimbrough's contributions to so many areas of the San Diego community and his ability to reach people from all walks of life will be missed.

E 10030

Order Of Service

Prelude

Viewing

Procession ..... *Keepers of the Faith*
Mastor Afro American Drummers

Sentences

Musical Selection ..... *"Precious Lord"*
Recording of Mahalia Jackson

Greetings ..... *Dr. Alice Cooper Smith*

Prayer

Holy God, whose ways are not our ways and whose thoughts are not our thoughts, grant that your Holy Spirit may intercede for us with sighs too deep for human words. Heal our wounded hearts made heavy by our sorrow. Through the veil of our tears and the silence of our emptiness, assure us again that ear has not heard, nor eye seen, nor human imagination envisioned, what you have prepared for those who love you; through Jesus Christ, the firstborn from the dead. Amen.

Hebrew Scripture ..... *Psalm 104 27:31*

Christian Scripture ..... *Revelations 21 1:6*

Duet ..... *"Soona Will Be Done"*
Charles Ray Warren and Sherron Morgan

Words of Remembrance ..... *Rev. George Walker Smith,*
Pastor of Christ United Presbyterian Church

Earl Saunders,
African Arts Committee San Diego Museum of Art

Leon D. Brooks,
President, Alpha Phi Alpha Fraternity, Inc.

Diane Ritchey Andrews,
Las Munecas Auxiliary to the Children's Home Society

Dr. Gene Moore,
Dental Society

Video Presentation ..... *(Six Minutes)*

Musical Selection ..... *"Kum Ba Yah"*
Charles Ray Warren and Sherron Morgan

Eulogy ..... *Rev. James H. Hargett*

Prayers of Thanksgiving and Intercession

Musical Selection ..... *"What Shall I Do"*
Recording by Tramaine Hawkins

Benediction ..... *San Diego City Councilman, George Stevens, Associate Pastor of Calvary Baptist Church*

Recessional ..... *Kepers of the Faith*
Bernard Thomas and the Teye Sa Thiosunne Ensemble

† † †

Interment

Mount Hope Cemetery
San Diego, California

† † †

Pallbearers

Jesse Coffey
Dr. Robert Matthews
Vernon Sukumu
Willie Morrow
Dr. David Wynn
Dr. Roy Slack
Honorable Joe Littlejohn

Honorary Pallbearers

Squire Clemons
Joe Blake
Charles Rucker
Honorable Earl B. Gilliam
Earl Saunders
Honorable Alpha Montgomery
Dr. Charles Hammond
Dr. Albert Richardson
Dr. Thomas Corsello
Dr. Alfred Graham
Bishop George D. McKinney
Rev. Grandison M. Phelps
Harold Hamilton

† † †

Acknowledgement

We, the family, wish to acknowledge with gratefulness each act of kindness and every expression of sympathy shown during our time of bereavement.

E 10030

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jack	Johnson	Kimbrough	7-26-08	4-13-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Quincella N. Kimbrough - Wife 1610 S. 40th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	4-16-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	APR 16 1992	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 91-1-242 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42132

Date: 4-16-, 1992

From: Quincella P. Kimbrough Address: 1610 S. 40th St., S.D. CA 92113

Two Thousand forty five and 58/100 Dollars ($ 2345.58)

In Full Payment of Interment Services for Jack J. Kimbrough

Lot 91 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E10030

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1106

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Wendy Jo Jaeger

CREDIT	67007	139	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	556	—
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	330	—
Handling Fee	100 77185	320	—
Recording & Misc. Fees	100 77183	625	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	25	58
TOTAL PAID		$ 2345	58

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ora B. Taylor

in a Liner (Vault/Liner) Funeral, date, time Mon 4/20 11 am

Church, Chapel, Graveside Church, G.S. Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 42 Grave 8 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	preneed D5906
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	701.63
Paid receipt number 43928	701.63
Balance due	-0-

Fax 231-5871 Will mail a check

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ State Zip Code

X _____ Telephone

Work Order # E 10031 ✓

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E10031

MESSAGE CONFIRMATION
TRANSMISSION

APR-16-'92 THU 10:49

TERM ID: MT HOPE CEMETERY P-9999
TEL NO.:

NO.	DATE	ST. TIME	TOTAL TIME	ABBR/SEC	ID	DEPT CODE	#PGS
071	04-16	10:48.	00'00'44		92315871		OK- 1/NG- 0

E 10031

APR 16 '92 THU 10:48 TO:MT HOPE CEMETERY TEL NO: ... #071 P01

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ora B. Taylor

in a ____ (Vault/Case) Funeral, date, time Mon 4/20 11 AM

Church, Chapel, Graves'de Church, G.S. Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 42 Grave 8 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	preneed D5906	
Additional spaces and care fund		
Opening/Closing & Setup	Most Select	350.00
Burial Container	Burial	
Handling Fees	Container	
Flower vases - Marker setting fee	Liner	
Recording and filing fee		[illegible]
Sales taxes		
	Total Due	
	Paid receipt number	
	Balance due	

/Fax 231-5871

I hereby certify I am the X Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Elizabeth Selal Pozo
Signature

X 7700 C Street #1201
Address

X San Diego CA 92101
Name Zip Code

X (619) 231 6663
Telephone

Signature of recorded holder of deed

Invoice #

Acct. #

Work Order # E 10031

FORM PR-5 REV.

TAYLOR SYSTEM OF CEMETERY REC

E10031

SAN DIEGO LEGAL ASSISTANTS

FACSIMILE TRANSMISSION SHEET

DATE: 4/17/92 NUMBER OF PAGES: 2

TO: Mt. Hope Cemetery

FROM: Tonia, SAN DIEGO LEGAL ASSISTANTS

RE: Re: Ora B. Taylor

****

WHEN CHEKED, PLEASE RESPOND AS FOLLOWS:

___ CALL _____ UPON RECEIPT OF TRANSMISSION

___ FOR YOUR FILE. CALL _____ IF YOU HAVE ANY QUESTIONS.

110 West "C" Street • Suite 1201 • San Diego, CA 92101 • (619) 231-6663 • Fax (619) 231-5871

E 10031

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ora	Beatrice	Taylor	4-28-09	4-13-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Elizabeth DelPozo - Conservator 110 W. "C" St. #1201 San Diego, CA 92101

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	4-17-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	APR 17 1992	Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Windy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 42-8-1-11 N/A metal non-scale	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

43928

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-20, 1993

From: [illegible] Assistant Address: 110 W C St. Ste #101 [illegible]

Seven Hundred One 63/100 Dollars ($ 701.63)

In _____ Payment of Interment of Oven Tarpe

Lot 42 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. F-10031

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	701	63

AC-212 (Rev. 1-91)

138.76

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tom Frank Michael P.A. #1126857

in a Liner (Vault/Liner) Funeral, date, time Tue 4-21 11:30

Church, Chapel, Graveside Delivery Only ; Eternal Hills Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 57 Grave 3B Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.—
Additional spaces and care fund	
Opening/Closing & Setup	121.—
Burial Container	50.—
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales tax	
Total Due	297.—
Paid receipt number	
Balance due	

Kim White

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10032 ✓

Invoice # 19181

Acct. # 000952

PY-593 (REV. 6-85)

E 10032

P.A.# 1127857

Dbl check # with P.A. office

Eternal Hills has this one.

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO. CA 92102

E 10032

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Tom	Frank	Michael	7-12-1912	4-12-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Vista	San Diego	Kim White, Dep. Public Administrator 5201 Ruffin Road, #A San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person acting as agent	8B. DATE SIGNED
Eternal Hills Mortuary 1999 El Camino Real, Oceanside, CA 92054	FD-234	Norman Hall	4-20-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 21 1992	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222, San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE BURIED 4-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 57-38-1-12 liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Preneed Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georgia R. Norris in a T.S. Vault (Vault/Liner) Funeral, date, time _____ Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 1916 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... preneed	-0-
Additional spaces and care fund	
Opening/Closing & Setup	350.-
Burial Container	200.-
Handling Fees	175.-
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	785.50
Paid receipt number 42137	785.50
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10033

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42137

Date: 4-17-, 1922

From: Georgia R. Norris Address: 446 9 1/4 Ave, Hanford CA 93230

Seven hundred eighty-five and 50/100 Dollars ($ 785.50)

in Full Payment of Preneed trust for Georgia R. Norris

Lot 1916 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E 10033

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Fergus

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	~~[illegible]~~	
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	785	50
Sales Tax	60101 78390		
TOTAL PAID	$	785	50

AC-212 (Rev. 1-91)

1522

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/17/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus + Norah De la Cruz

in a ~~T S Vault~~ Double Depth Funeral, date, time Orig

Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 5088 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need (E-8780) ..... Ø

Additional spaces and care fund 6-1-92 - Upgraded to Double Depth burial

Opening/Closing & Setup 2 @ 350 ..... 700 - ~~350.00~~

Burial Container ..... 330 - ~~390.50~~

Handling Fees ..... 320 -

Flower vases - Marker setting fee .....

Recording and filing fee 2 @ 45 ..... 90 ~~45.00~~

Sales taxes 25.58

Total Due ..... 1465.58 ~~485.50~~

FILE

Paid in full 2/28/94 Jesus E-20566 1/2008

Paid receipt number _____

Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

NORA 4/2009 E-21206

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10034

Invoice # _____

Acct. # _____

PY-553 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42452

Date: July 1, 19 92

From: Jesus De La Cruz Address: 7014 San Miguel Ave. Lemon Grove 91945

Dollars ($)

In PART Payment of Pre-need Trust

Lot 5088 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 10034

BALANCE DUE $ 719.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 1-91) 5144

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Balatsky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	1	
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9032	33	00
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42569

Date: 8-3, 19 92

From: Jesus De La Cruz Address: 7014 San Miguel Ave, Lemon Grove

Thirty-Three 710/ns Dollars ($ 33.00)

In Payment of Pre-Need Trust, Coupon 5

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-10034

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watts

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	33	00
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42781

Date: 10-1, 1992

From: Jesus De la Cruz Address: 7014 San Miguel, Lemon Grove

Thirty-three and xx/100 Dollars ($ 33.00)

In part Payment of preneed trust

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E10034

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

5349

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	33	—
Sales Tax	60101 78390		
TOTAL PAID	$	33	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42904

Date: 11-2, 19 92

From: Norah & Jesus De La Cruz Address: 7014 San Miguel, Lemon Grove
Thirty-Three 710/100 Dollars ($ 33.00)

In _____ Payment of Pre Need Trust

Lot 5010 Grave — Row — Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. #E-10034

BALANCE DUE $539.58

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

5288

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	33	00
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43100

Date: 12-2, 1992

From: Irma De La Cruz Address: 7014 San Miguel Ave Lemon Grove

Thirty-Three 70/100 Dollars ($ 33.70)

In Payment of Pre Need Trust

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. F-10034 5

BALANCE DUE $506.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

5297

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	33 70
Sales Tax	60101 78390	
TOTAL PAID	$	33 70

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43168

Date: 12-29, 19 92

From: Sarah/Jesus DeLa Cruz Address: 7014 San Miguel L.G. 91945

Thirty-three and 00/100 Dollars ($ 33.00)

In part Payment of Trust

Lot 5010 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. # 10024

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 536

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	33	00
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

43531

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-1, 1923

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 35.-)

In [illegible] Payment of [illegible]

Lot 5010 Grave [illegible] Row [illegible] Section [illegible] Division Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-10034

BALANCE DUE [illegible]

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 5446

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	33	00
Sales Tax	80101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43344

Date: 2-7, 1993

From: Jesus De La Cruz Address: 7014 San Miguel Ave Lemon Gr. 91945

Thirty-three Dollars ($ 33.00)

In part Payment of Pre Need Trust

Lot 3010 Grave Row Section Division/Block 10

Invoice No.

Acct. No.

W.O. E-10034

BALANCE DUE $ 440.58

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 5370

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY A. Enriquez

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	33	00
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43411

Date: 3-2, 1973

From: Jesus De La Cruz Address: 7014 San Miguel

Thirty-three Dollars ($ 33.00)

In part Payment of Pre Need Trust

Lot 5088 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-60034

BALANCE DUE $ 407.58

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
5431

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M. Leguen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	33	00
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

43648

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: May 3, 1993

From: Jesus DeLa Cruz Address: 7014 San Miguel Lemon Grove, Ca 91945

Dollars ($ 66.00)

In Part Payment of Pre-Need Trust

Lot 5010 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10034

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 1-91) #5508

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Ulyss J Orth II

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	66	00
Sales Tax	60101 78390		
TOTAL PAID	$	66	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43863

Date: 7-1, 1993

From: Norah & Jesus DeLaCruz Address: 704 San Miguel Lemon Grove 91945

Sixty-six and 00/100 Dollars ($ 66.00)

In part Payment of pre-need trust

Lot 5010 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10034

BALANCE DUE $ 242.58

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

5581

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	66	00
Sales Tax	60101 78390		
TOTAL PAID	$	66	00

OFFICIAL RECEIPT

44105

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Sept. 14, 1993

From: [illegible] De La Cruz Address: 7014 San Miguel, [illegible]
Sixty-Six [illegible] 11/00 Dollars ($ 66)

In _____ Payment of Pre-Need Trust

Lot 5010 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10034

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66 00
Sales Tax	60101 78390	
TOTAL PAID	$	66 00

AC-212 (Rev. 1-91)

44291

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: Nov 7, 19 03

From: Jesus De La Cruz Address: 7014 San Miguel Ave Lemon Grove 91945

Sixty-six and 00/100 Dollars ($ 66.00)

In Part Payment of Pre-need trust

Lot 5010 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10034

BALANCE DUE $110.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	66	00
Sales Tax	60101 78390		
TOTAL PAID	$	66	00

AC-212 (Rev. 1-91) 5671

OFFICIAL RECEIPT

44524

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-7, 19 94

From: Jesus De La Cruz Address: 7014 San Miguel Ave Lemon Grove CA 91945

thirty three Dollars ($ 33.00)

In part Payment of pre-need trust

Lot 5010 Grave ____ Row ____ Section ____ Division D Block ____

Invoice No. ____

Acct. No. ____

W.O. E-10034

BALANCE DUE 77

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5756

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balobin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	33	00
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44571

Date: 1-31, 1994

From: Jesus De La Cruz Address: 7014 San Miguel Lemon Grove 91045

Sixty-six and 00/100 Dollars ($ 66.00)

In Part Payment of Pre-need Trust

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10034

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

#5770

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. L. Wardell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	66	00
Sales Tax	60101 78390		
TOTAL PAID	$	66	00

OFFICIAL RECEIPT

44664

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 2-28- , 19 94

From: Jesus De La Cruz Address: 7014 San Miguel Ave. L Gran. 91945

eleven Dollars ($ 11 00)

In fuel Payment of P2P - need trust for Jesus and Noran De La Cruz

Lot 5010 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 10034

BALANCE DUE &

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5807

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Balolsin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	11	00
Sales Tax	60101 78390		
TOTAL PAID	$	11	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42299

Date: 6-1, 1992

From: Jesus & Dorah Dela Cruz Address: 7014 San Miguel, Lemon Grove 91945

Sixty-Six 70/100 Dollars ($ 66.00)

In _____ Payment of Pre-Need Trust

Lot 5010 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE $671.57

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

5129 + 5134

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66.00
Sales Tax	60101 78390	
TOTAL PAID	$	66.00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42230

Date: May 8, 19 92

From: Jesus DeLaCruz Address: 7014 San Miguel Ave. Lemon Grove 91945

Thirty-three and 00/100 Dollars ($ 33.00)

In Part Payment of Pre-need Trust

Lot 5088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10034

BALANCE DUE $752.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

5098

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K K Stanfield

CREDIT	67007	
20% Sales Cons	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	33 00
Sales Tax	60101 78390	
TOTAL PAID	$	33 00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Norah & Jesus De La Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE_NEED TRUST

Norah & Jesus DeLa Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on or before due date above ▶ $33.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Norah & Jesus De La Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

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. $ 33.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE NEED TRUST

Norah & Jesus DeLa Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $33.00

Amount due if paid more than _____ days after due date above. $

$

Amount Received $ 33.00

NAME Jesus De La Cruz

ADDRESS 7014 San Miguel Ave

CITY Lemon Grove STATE CA ZIP 91945

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: PRE-NEED TRUST

Norah & Jesus De La Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on or before due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK . . .

ACCOUNT No. PRE_NEED TRUST

Norain & Jasus\DeLa Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Noran & Jesus De La Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
B-10034

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
	1			10							

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received: $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PNS_NEED TROST
Norah & Jesus Dela Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above.. $33.00

Amount due if paid more than _____ days after due date above.. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Morah & Jesus De La Cruz

7014 San Miguel

Lemon Grove, Ca. 91945

S-1003

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE_NEED TRUST

Norah & Jesus DeLa Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

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 ▶ $ 33.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Norah L. Jesus De La Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-18934

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE_NEED TRUST

Nozak & Jesus Dela Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on or before due date above. ▶ $33.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Noran & Jesus De La Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. $ 32.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE_[illegible]

[illegible] & Jesus [illegible] Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 31.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: PRE-NEED TRUST

Moran & Jesus De La Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

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 ▶ $ 33.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE_NEED TRUST

Norah & Jesus DeLa Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
8-10034

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PBB-NEED TRUST

Norah & Jesus De La Cruz

7014 San Miguel

Lemon Grove, Ca. 91945

6-10034

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

COUPON 18

ACCOUNT No. PRE_NEED TRUST

Noah & Jenna De La Cruz

7014 San Miguel

Lemon Grove, Ca. 91945

E-10034

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				19							

Amount due when paid on, or before due date above. $ [illegible]

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE_NEED TRUST

Norah & Jesus Dole Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034.

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Moran & Jesus De La Cruz

7014 San Miguel

Lesob Grove, Ca. 91945

E-10034

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on or before due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE_NEED TRUST
Norah & Jesus DeLa Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

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. $ 33.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

Moran & Jesus De La Cruz

7014 San Miguel

Lemon Grove, Ca. 91945

8-10034

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE_WEED TRUST

Norah & James Dale Cruz
7014 San Miguel
Lemon Grove, Ca. 91945
E-10034

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before due date above ▶ $ 11.00 Paid

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Olsen (X)

in a _____ Vault/Liner Funeral, date, time A.V.D. Tue 5/21

Church, Chapel, Graveside Delivery ; Paris Frederick Mortuary.

All Funeral cars must 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 443 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	215.-
Additional spaces and care fund	
Opening/Closing & Setup	210.-
Burial Container	
Handling Fees	
Flower vases - Marker setting fee Trim	46.99
Recording and filing fee	90.-
Sales taxes	
Total Due	561.93
Paid receipt number 42140	561.93
Balance due	-0-

PAID
APR 17 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Preneed Trust
for 105 Open/Close
45 Record & File

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Carol E Olsen
Signature

540 Hawthorn
Address

Spring Valley Ca
State Zip Code

619-479-4208
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10035

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 10035

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RICHARD	GENE	OLSEN	5-31-38	1-16-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Carol E. Olsen - Wife 540 Worthington St. Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Paris-Frederick Mortuary-El Cajon, CA 92020	795

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: [signature]

8B. DATE SIGNED: 04-17-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 17 1992	▶ Donald L. Powell M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans St. San Diego, CA 92110	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92106	11B. DATE INTERRED 4-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 443-4-8 -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42140

Date: 4-17- , 1992

From: Carol E. Olsen Address: 540 Worthington St., Spring Valley, Ca 91977

Five hundred sixty-one and 93/100 Dollars ($ 561.93)

In Full Payment of Ash plot and 2 opening & closing, 2 recording & filing fees

Lot 443 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E10035

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

2849

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Wendy Jo Teague

CREDIT	67007		
20% Sales Care	77184	43	—
80% Sales of Lots	100 77184	172	—
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	25	—
Handling Fee	100 77185	20	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 B022	150	—
Sales Tax	60101 78390	1	93
TOTAL PAID	$	561	93

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Danisha Jones

in a _____ (Vault/Liner) Funeral, date, time Thurs. 4/23 11 AM

Church, Chapel, Graveside Chapel, G.S. ; CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 2789 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	220.00
Paid receipt number 42154	220.-
Balance due	-0-

PAID
APR 17 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Casket size
L W H
28" 14" 12"

I hereby certify I am the Linda Jones of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Linda Jones
Signature

1818 Oriole St
Address

San Diego Ca 92114
State Zip Code

266-2012 grandmother
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10036 ✓

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E10036

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Danisha	Danae	Jones	12/15/1991	4/16/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Malisha Todd-Mother 205 Ozark Street, Apt. 22 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person making permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	4/21/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 21 1992	Donald L. Romo, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 4-23-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy To Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ——	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ——	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ——	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ——	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42154

Date: 4-17- , 1992

From: Linda Jones Address:

Two hundred twenty and ^xx/100 Dollars ($ 220.00)

In Full Payment of Interment of Danisha Jones

Lot 2789 Grave — Row — Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E10036

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 3409

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

APR 27 1992

ISSUED BY W.J. League

CREDIT	67[illegible]	
20% Sales Care	77[illegible]	20 —
80% Sales of Lots	100 77184	80 —
Opening/ Closing	100 77181	75 —
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 —
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	220 —

011566

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-__-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bill McCauley P.A.# 1126970

in a Liner (Vault/Liner) Funeral, date, time Tue. 4-21 1PM

Church, Chapel, Graveside Delivery Only Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 57 Grave 3T Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.—
Additional spaces and care fund	____
Opening/Closing & Setup	121.—
Burial Container	50.—
Handling Fees	____
Flower vases - Marker setting fee	____
Recording and filing fee	____
Sales taxes	____
Total Due	297.—
Paid receipt number ____	____
Balance due	____

Kim White

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 10037 ✓

Invoice # 191482

Acct. # 000952

PY-593 (REV. 9-85)

E 10037

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Bill	Cyrus	McCauley	2-17-42	4-15-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking control	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA.	1424	▶	4-20-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by *Section 7117E of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.*

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	APR 20 1992	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA.	11B. DATE BURIED 4-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 57-3T-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	*13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS*	*13B. DATE RECEIVED*	*13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY* ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ilene West

in a Liner (Vault/Liner) Funeral, date, time Wed 1/22 2 p.m.

Church, Chapel, Graveside Church, G.S. ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. F.R. West

Lot 108 Grave 4 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.-
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	$1296.63
Paid receipt number 42155	1296.63
Balance due	0

PAID
APR 20 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Frank West

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Frank R. West
Signature
5514 San Onofre Ter
Address
San Diego Ca. 92114
State Zip Code
262-6441
Telephone

Work Order # E 10038

Invoice # 191483

Acct. # 072979

PY-593 (REV. 8-85)

E 10038

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ilene	—	West	1-27-35	4-17-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Frank L. West - Husband 5519 San Onofre Terrace San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
5050 Federal Blvd. Anderson-Ragsdale Mort.; San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	4-20-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 21 1992	Donald L. Record, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-23-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42155

Date: 4-20-92, 19

From: Frank West Address: 5519 San Onofre Ter. S.D. CA 92114

Twelve hundred ninety-six and 63/100 Dollars ($ 1296.63)

In Full Payment of Ilene West Interment

Lot 108 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10038

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K L Hayden

CREDIT 20% Sales Care	67007 77184	119 00
80% Sales of Lots	100 77184	476 00
Opening/ Closing	100 77181	350 00
Burial Containers	100 77182	150 00
Handling Fee	100 77185	145 00
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	11 63
TOTAL PAID	$	1296 63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest J. Morissette Jr.

in a Liner (Vault/Liner) Funeral, date, time Tue 4/21 2 p.m.

Church, Chapel, Graveside Delivery/Witness; Featherwing Ed Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 3929 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund ..... preneed 3067	—
Additional spaces and care fund	
Opening/Closing & Setup	350.—
Burial Container	150.—
Handling Fees	145.—
Flower vases - Marker setting fee	
Recording and filing fee	15.—
Sales taxes	11.63
Total Due	701.63
Paid receipt number 42159	701.63
Balance due	-0-

MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF. APR 21 1992 PAID

Mortuary to bring check

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 10039 ✓

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

E 10039

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ERNEST	J.	MORISSETTE	10/20/1915	4/18/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Annette Rountree, sister 6004 Caminito De La Taza San Diego, Ca 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, Ca 92115	1083	▶ [signature]	4-21-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein 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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 21 1992	[signature] Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P. O. Box 85222, San Diego
CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [x] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, California	11B. DATE BURIED 4-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 3929-10 Particle Board/Liner n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42159

Date: 4-21-, 1992

From: Featheringall Mortuary Address: 6322 El Cajon Blvd. S.D. CA 92115

Seven hundred one and 63/100 Dollars ($ 701.63)

In Full Payment of Ernest J. Morissette Jr. Services

Lot 3929 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 10039

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2002

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wendy Jo Fearquel

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	150	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	—
Sales Tax	60101 76390	11	63
TOTAL PAID	$	701	63

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Winifred L. Brown

in a Liner (Vault/Liner) Funeral, date, time Wed 4-22 10AM

Church, Chapel, Graveside Delivery/Witness Leave Colonial Mortuary. Jerry

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 1203 Grave ____ Row ____ Section 1 Division/Block 8

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1396.63
Paid receipt number 42156	1396.63
Balance due	-0-

PAID
APR 20 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Robert R. Dalling
Signature

4544 North Ave.
Address

S.D. 92116
State Zip Code

299-2268
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 10040 ✓

Invoice # ____

Acct. # ____

PY-593 (REV. 9-86)

E 10040

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WINIFRED	L.	BROWN	12-22-1891	04-19-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBERT R. DALLING - SON 4544 NORTH AVENUE SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	04-21-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 21 1992	▶ Donald L. Reeves, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 4-22-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A 1203-1-8	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42156

Date: 4-20-, 1992

From: Robert R. Dillon Address: 4594 North Ave, S.D. CA 92116

Dollars ($ 1396.63)

In Full Payment of Grave Space and Interment Fee for Winfred Pierce

Lot 1203 Grave ____ Row ____ Section 1 Division Block 8

Invoice No. ____

Acct. No. ____

W.O. E10040

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1034

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W.J. League

CREDIT	67007	139	—
20% Sales Care	77184		
80% Sales of Lots	100 77184	556	—
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	150	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	1396	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Peterson

in a Liner (Vault/Liner) Funeral, date, time Wed. 4/22 11:00 a.m.

Church, Chapel, Graveside Church/Graveside; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 4671 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

PAID
APR 22 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund ..... Pre-need C-9095	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	11.53
Total Due	656.53
Paid receipt number 42163	656.53
Balance due	Ø

Mortuary to bring check

I hereby certify I am the friend - Power/Atty of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Sister Joseph Grace Silvestri
Signature

2131 W. 3rd St
Address

LA 90057
State Zip Code

213-484-7380
Telephone

Work Order # E 10041

Invoice # _____

Acct. # _____

PY-593 (REV. 8-65)

E 10041

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHN	J.	PETERSON	9-27-1897	4-19-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego,	San Diego	Sr. Joseph Grace Silvetti friend 2131 W. 3rd Street Los Angeles, CA 90057

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY 5027 El Cajon Blvd., San Diego, CA 92115	FD 790	▶ Patricia Lee	4/21/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 21 1992	▶ Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE BURIED 4.22.92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. League
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42163

Date: 4-22- , 19 92

From: Goodbody Mortuary Address: 5027 EL CAJON BLVD.

Six Hundred Fifty-six and 53/100 Dollars ($ 656.53)

In Full Payment of John Peterson Services

Lot 4671 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10041

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 11125

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY W. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182	150	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	53
TOTAL PAID	$	656	53

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEROY CANDLER

in a DBL CRYPT (Vault/Liner) Funeral, date, time THURS 4/23 11:00 AM

Church, Chapel, Graveside CHAPEL/G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

✓ Lot 86 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	25.58
Total Due	1665.58
Paid receipt number 42157	400.00
Balance due	1265.58

30 day note

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Leroy Candler Jr.
Signature
4857 LYON ST. SD.
Address
CALIF. 92102
State Zip Code
264-6470
Telephone

Work Order # E 10042

Invoice # 191484

Acct. # 072977

PY-583 (REV. 8-85)

MT. HOPE CEMETERY W.O. # E10042

NOTE

$ 1265.58 San Diego, California April 20 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve hundred sixty-five and 58/100 DOLLARS with interest from May 23, 1992 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 LEROY CANDLER JR. SIGNATURE Leroy Candler Jr.

ADDRESS 4857 LYON ST. SAN DIEGO CALIF. 92102

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 437-48-8801

PY-1012 (11-89)

E10042

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Leroy	—	Candler, Sr.	3-22-18	4-16-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Leroy Candler, Jr. - Son 4857 Lyon St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragadale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	4-22-92

PERMIT * AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$.00	APR 23 1992	▶ Donald G. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-23-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 86-3-1-12 N/A cloth covered lab/crypt	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42157

Date: 4-20, 19 92

From: LEROY CANDLER Address: 4857 LYON ST. S.D. CA 92.02

FOUR HUNDRED, 00/100 Dollars ($ 400.00)

In PART Payment of LEROY CANDLER (SR.)

Lot 86 Grave 3 Row 1 Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10042

BALANCE DUE $930.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY K L Rudolf

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	400 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEPH E. BADE

in a LINER (Vault/Liner) Funeral, date, time TUES. 4-21 3:00 PM

Church, Chapel, Graveside GRAVESIDE ; CALIF BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 2224 Grave ____ Row ____ Section ____ Division/Block D

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	23.78
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1520.41
Paid receipt number 42158	1520.41
Balance due	0

PAID
APR 20 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the [signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature [signature]

Address 1971 Ebers St #B

State San Diego CA Zip Code 92107

Telephone 224-9399

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 10043

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E 10043

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joseph	Edward	Bade	3/14/1913	4/16/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Becky Pond-Daughter 1971 Ebers Street #B San Diego, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	4/21/92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 21 1992	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 4-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 2224-10 liner / cloth covered	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42158

Date: 4-20, 1992

From: REBECCA BADE Address: 1971 EBERS APT #3 S.D. CA 92107

FIFTEEN HUNDRED TWENTY & 41/100 Dollars ($ 1520.41)

In FULL Payment of JOSEPH BADE INTERMENT

Lot 2224 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10043

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K. L. Wendell

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
		23	92 VASE
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	1520	41

AC-212 (Rev. 1-91) 940

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/21/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAM LY

in a VAULT (Vault/Liner) Funeral, date, time SAT. 4/25 11:00 AM

Church, Chapel, Graveside Graveside. CLAIREMONT (DOROTHY) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 145 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... PRE-NEED E-2744	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee SAT. O.T. 420.00 VASE 2 93.86	513.86
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1359.36
Paid receipt number 4/23/92 421 CH	1359.36
Balance due	Ø

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature

2288 COMSTOCK ST
Address

CA 92111
State Zip Code

(619) 279-1545
Telephone

Invoice # _____

Work Order # E 10044

Acct. # _____

PY-593 (REV. 8-85)

E 10044

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HAN	---	LY	02-16-1939	04-17-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DONG THOI, HUSBAND 2280 CONSTOCK STREET SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
CLAIREMONT MORTUARY, 4266 MT. ABERNATHY AVENUE SAN DIEGO, CA 92117	FD-1126	Victoria Mathes	4-21-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 22 1992	Donald L. Russell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3850 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4/25/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42164

Date: 4-23, 1992

From: Ton Thai Address: 2288 Cornhill St SD 92111

Thirteen Hundred Fifty Nine 36/100 Dollars ($ 1359.36)

In _____ Payment of Interment of Nam Ley

Lot 145 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10044

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	618	86
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	1359	36

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha Jones

in a Liner (Vault/Liner) Funeral, date, time Fri 4/24 1:30 pm

Church, Chapel, Graveside Church + Graveside ; Calif Burial (VAN) Mortuary.

All Funeral cars must 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 8 Grave 9 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1296.63
Paid receipt number 42162	325.00
Balance due	971.63

PAID
MAY 12 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day Note

I hereby certify I am the Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Sadie Shayer
Signature

446 Oliverwood Tr
Address

San Diego Ca 92113
State Zip Code

619 264 7224
Telephone

Invoice # 191485

Acct. # 072978

Work Order # E 10045

PY-583 (REV. 8-86)

MT. HOPE CEMETERY

W.O. # E-10045

NOTE

$ 971.63 San Diego, California 4-22 19 93

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Seventy-one 63/100 DOLLARS with interest from May 24, 1992 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 Gadie Sharpe SIGNATURE Gadie Sharpe

ADDRESS 446 Olivewood Tr San Diego Ca 92

CALIFORNIA DRIVER LICENSE NUMBER D0 4000411 SSN # 414-34-3467

PY-1012 (11-89)

E 10045

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Bertha	D.	James	8/21/1906	4/19/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lillie Thompson-Sister 2647 Camesa Avenue Memphis, TN 38114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	2/22/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 23 1992	▶ Donald L. Ramos, M.D. MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 4/24/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10045

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 072978

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5/12/92 Sadie Sharpe H.D

PAID BY (CIRCLE ONE): (CA) CK NF

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID $97.63

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Sadie Sharpe

PAYOR NAME _____
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 446 Olivewood Terr
SD 92115

REMARKS Jean MS #72

CASHIER _____

INV. NO. 191485

TR-1561 (2-82)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42162

Date: 4-22, 1992

From: Sadie Sharpe Address: 446 Olivewood Terrace, SD 92113

Three Hundred Twenty five 7 m/no Dollars ($ 325.00)

In _____ Payment of Interment of Bertha Jones

Lot 8 Grave 9 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-10045

BALANCE DUE $971.63

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	325.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	325.00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Lot

Date 4-23-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vera Mitchell

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 25 Grave 10 #11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	2 @ $595.- 1190.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1190.00
Paid receipt number 4214	258.00
Balance due	852.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Vera Mitchell
Signature
4028 Boston #B
Address
San Diego CA 92113
State Zip Code
2623090
Telephone

Work Order # E 10046

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42166

Date: 4-23, 1992

From: Vera Mitchell Address: 4370 Tremont St, SE 92102 Apt C

Two Hundred Ninety Eight 7/12 Dollars ($ 298.00)

In _____ Payment of Pre-Need Lot

Lot 25 Grave 10 & 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1046

BALANCE DUE $ 892.—

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 3572

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	298	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	298	W

NAME Vera Mitchell

E-10046
ACCT. NO.



ADDRESS 4028 Boston, #B, S.D. 92113 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
4-23-92	Opened two (2) Credit Lots				
	Lot 25, graves 10 & 11, Sec 2; Div 11	1190.00			1190.00
4-23-92	Receipt #42166			298.00	892. 00

AVERY FORM NO. 25-204 Mitchell, Vera

AVERY Pre Need Lots

PRINTED IN USA

E10046

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Vera Mitchell

Address 4628 Boston #B S.D. CA 92113

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 25, Grave 10411, Row —, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on April 23, 1992, by and between Mt. Hope Cemetery and Vera Mitchell that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michele L. Clark
Clerical Asst. II

GWS:baa(2)62
2-14-86

E 10046

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Lot

Date 4-23-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vera Mitchell

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 25 Grave 10 & 11 Row _____ Section 2 Division/~~Block~~ II

Grave space & Care Fund ... 2 @ $595.-	1190.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1190.00
Paid receipt number 4316	298.00
Balance due	892.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Vera Mitchell
Signature
4028 Boston # B
Address
San Diego CA 92113
State Zip Code
2623090
Telephone

Work Order # E 10046

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E K0046

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 23 day of April, 1992, between Vera Mitchell, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 25, Grave 10&11, Row —, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1190.—, payable as follows: $298.— cash herewith, the receipt of which is hereby acknowledged; $37.— on the 10 day of June, 1992; and the balance in installments of $37.— or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

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

E 00461

WITNESS our hands this day and year above written.

Deed to be issued to:

Vera Mitchell
Name

4028 Boston Ave. #B
Address

San Diego CA 92113

837 /
23 @ $41 /
1 @

PURCHASER

Vera Mitchell
Print Name

Vera Mitchell
Signature

4028 Boston Ave #B
Street Address (Mail)

San Diego CA 92113
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: [signature]

SLW:st(62-1)
1-23-90

E10046

LEGAL DESCRIPTION

SAN DIEGO, CALIFORI

25 SECTION 2 DIVISION 11

DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REMARKS
ETCHER, William	FLETCHER, Mary M.	7/11/1978	200.00	7/12/1978	D-9410	
ITE, Clifton Jr.	WHITE, Naomi R.	1/28/1980	230.00	1/31/1980	E-1069	
	WHITE, Naomi R.	1/28/1980	230.00		E-1069	
ne, T.L.	Vera Mitchell	3-23-92	595.	3-27-92	E-9999	Liner
12570 [illegible]	SHINE, CHARLES	11-03-1995	$795.		E-12570	(Over) Liner
10046 [illegible]	Vera Mitchell	In early Nov. 1995. Per D.A. Waits she paid Vera Mitchell was told that she has forfeited the money				

TAYLOR SYSTEM OF CEMETERY RECORDING

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESTELLE TRIPPLETT

in a LINER (Vault/Liner) Funeral, date, time Mon. 4-27 10:00 AM

Church, Chapel, Graveside CHAPEL/G.S. ; CALIF. BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 1293 Grave _____ Row _____ Section _____ Division/Block D

Grave space & Care Fund PREPAID D-1425	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	701.63
Paid receipt number 42168	701.63
Balance due	Ø

PAID
APR 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

D.I.P 1972 family advised about incomplete grave. RH

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Louie L. Gray
Signature
9345 Monona Dr
Address
Ca, San Diego 91942
State Zip Code
(619) 463-4995
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 10047

Invoice # _____

Acct. # _____

PY-593 (REV. 8-86)

E 10047

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Estelle	----	Triplett	7/2/1905	4/21/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	Los Angeles	Vera Robeson-Niece 5225 37th Avenue Seattle, WA 98118

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person acting as permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶	4/23/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 24 1992 ▶	Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Los Angeles County 90012 313 N. Figueroa St. Los Angeles, CA	San Diego County P.O. Box 85222 San Diego, CA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 4/27/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ----	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ----	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ----	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ----	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42168

Date: 4-24, 19 92

From: Rosie Gray Address: 9345 Marvin Dr. S.D. Ca 92042

Seven hundred one and 63/100 Dollars ($ 701.63)

In full Payment of Interment of Estelle Tripple

011704

Lot 1293 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10047

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	750	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	701	63

CITY AUDITOR
APR 30 1992

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Haynes PAH 1127225

in a Liner (Vault/Liner) Funeral, date, time MON, 4/27 1:40 PM

Church, Chapel, Graveside Del. Only J. Mayer (JIM) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 53 Grave 3B Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.-
Additional spaces and care fund	____
Opening/Closing & Setup	121.-
Burial Container	50.-
Handling Fees	____
Flower vases - Marker setting fee	____
Recording and filing fee	____
Sales taxes	____
Total Due	$297.00
Paid receipt number ____	____
Balance due	____

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 19148

Work Order # E 10048

Acct. # 000552

PY-593 (REV. 8-88)

E 10048

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
James	Alvin	Haynes	5-15-08	4-14-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
Mayes Mortuary 2859 Adams av. San Diego, CA	1424

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ John Mayes	8B. DATE SIGNED 4-24-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	APR 24 1992	▶ Donald La Ramus, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA.	11B. DATE BURIED 4/27/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J. Waits
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ella Lorthridge

in a Liner (Vault/Liner) Funeral, date, time Tues, 4/28 2:00pm

Church, Chapel, Graveside Church + grave-side ; Ragsdale (MARK) Mortuary.

All Funeral cars must 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 E.F

Lot 12 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1296.63
Paid receipt number 42171	324.00
Balance due	972.63

30 Day Note

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Evelyn Frazier
Signature

4263 Menlo Ave
Address

San Diego Ca. 92115
State Zip Code

283-9620
Telephone

Invoice # 199275

Acct. # 073668

Work Order # E 10049

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-10049

NOTE

$ 972.63 San Diego, California 4-27 19 9

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Seventy-Two 63/100 DOLLARS with interest from May 28, 1992 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 Evelyn Frazier SIGNATURE Evelyn Frazier

ADDRESS 4263 Menlo Ave San Diego Ca. 92115

CALIFORNIA DRIVER LICENSE NUMBER N3718970 SSN # 547-98-9841

FY-1012 (11-89)

E 100 49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ella	Mae	Lorthridge	9-1-22	4-23-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Charles Lorthridge - Husband 4526 Craegie St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
3030 Federal Blvd. Anderson-Ragsdale Mort.; San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	4-27-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	APR 28 1992	Donald L. Russell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42171

Date: 4-27, 1992

From: Ramona Spencer Address: 4570 Wilson Ave Apt J, SC 92116

Three Twenty four 710/100 Dollars ($ 324.00)

In _____ Payment of _____

Lot 12 Grave 10 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10049

BALANCE DUE $972.63

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	324	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	324	00

AC-212 (Rev. 1-91)

975

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-27-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hattie M. Livingston

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed, 4/29 10:00 AM

Church, Chapel, Graveside Chapel + Graveside ; Pasadale (Mark) Mortuary.

All Funeral cars must 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 120 Grave 3 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number 4/27 42172	350.00
Balance due	1030.50
4/29 42180	330.00
	700.50

30 Day note

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Over →

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Wood O. Allen

Address 913 - 17th PL SW

State B'ham ALA Zip Code 35211

Telephone (205) 925-8700

Invoice # _____

Acct. # _____

Work Order # E 10050

PY-593 (REV. 8-86)

Bal - 700.50

4/25 43181 - 700.50

0

E 10050

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Hattie	Mae	Livingston	8 21 18	4 25 92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Theresa Jackson - Granddaughter 109 A Cedar St. Eglin, FL 32542

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 3656 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	4-28-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 28 1992	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-29-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A cloth covered	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

3-31 Mount Hope 92102

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42172

Date: 4-27, 1992

From: Raddy Allen Address: 913 17th Pl. Sw, Birmingham, Al.

Three Hundred Fifty & 7/10/100 Dollars ($ 350.00)

In _____ Payment of Hattie Livingston Interment

Lot 120 Grave 3 Row — Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10050

BALANCE DUE $1030.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1503

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	350	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42181

Date: 4-29, 1992

From: Ernest Allen Address: 6318 N.E 84th Ave. Portland Ore.

Seven Hundred 2/49 Dollars ($ 700.50)

In Payment of Interment of Hattie Brinston

Lot 120 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-1050

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT 20% Sales Care	67007 77184	[illegible]
80% Sales of Lots	100 77184	[illegible]
Opening/ Closing	100 77181	[illegible] 265.00
Burial Containers	100 77182	200 00
Handling Fee	100 77185	175 00
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	15 50
TOTAL PAID	$	700 50

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42180

Date: 4-29, 19 P

From: Samuel Harris Address: 7116 7th St, NW, Wash, DC, 20012

Three Hundred Thirty Dollars ($ 330 -)

In Payment of

Lot 120 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10050

BALANCE DUE $700.50

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Wait

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	126	00
Opening/ Closing	100 77181	85	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	330	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date APRIL 27, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOUIS F. SCHAVE

in a LINER Vault/Liner Funeral, date, time WED 4/29 11:00 AM

Church, Chapel, Graveside GRAVESIDE ONLY; LEWIS-COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran YES WWI

Lot 1237 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	PRE-NEED D-9967	Ø
Additional spaces and care fund		
Opening/Closing & Setup	D-9967	Ø
Burial Container	D-9967	Ø
Handling Fees	D-9967	Ø
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes	D-9967	Ø
Total Due		45.00
Paid receipt number 42173		45.00
Balance due		Ø

PAID
APR 27 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the SISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Ann E. Reese
Signature

3531 Granada Ave
Address

C.A. 92104
State Zip Code

295 4396
Telephone

Work Order # E 10051

Invoice # ____

Acct. # ____

PT-500 (REV. 5-88)

E-10051

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LOUIS	FRANK	SCHAVE	09-21-1895	04-27-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANN REECE - SISTER 3530 GRANADA AVE SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ Z Kuchert	04-28-1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 29 1992	▶ Donald L. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 4-29-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy To Yeacue
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ray WARREN

in a Liner (Vault/Liner) Funeral, date, time Fri 5/1 11:00

Church, Chapel, Graveside Graveside ; Beardsley Mikles (Arthur) Mortuary.

All Funeral cars must 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 153 Grave — Row — Section MAS Division/Block P

Grave space & Care Fund Pre-need (1944)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	701.63
Paid receipt number 42187	701.63
Balance due	0

PAID
MAY 1 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mort. will Brers check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10052

Invoice # _____

Acct. # _____

PY-593 (REV 8-85)

E10052

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42187

Date: 5-1-, 1992

From: Beardsley-Mitchell Address: 1818 Invest Cl. 3 Pl. d. S.D. CA 92107

Seven hundred one and 63/100 Dollars ($ 701.63)

In Full Payment of Interment Services

Lot 153 Grave — Row — Section Mas. Division Block P

Invoice No.

Acct. No.

W.O. E10052

BALANCE DUE —

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	250	—
Burial Containers	100 77182	150	—
Handling Fee	100 77185	145	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	701	63

AC-212 (Rev. 1-91)

10217

E 10052

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROY	FRANCIS	WARREN	JUL 6, 1894	APR 28, 1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY L. BRATDOT, NIECE [illegible] BACON SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HENDERSEN-MITCHELL FUNERAL HOME, 1618 SUNSET CLF CLIFFS BLVD, SAN DIEGO, CA 92107	F-816	▶ Ed Leach	APR 30, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	APR 30 1992	▶ Donald L. Pomeroy, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA. 92102	11B. DATE BURIED 5-1-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

92

Date 4-29-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene Johnson,

in a liner (Vault/Liner) Funeral, date, time Thurs, 4/30 10:30 AM

Church, Chapel, Graveside Chapel & Grave Side; Rosedale (Mem) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 2057 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1496.63
Paid receipt number 42179	374.00
Balance due 42348	1122.63

PAID
JUN 15 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day Note

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Barbara A. Pinto
Signature
5707 Alta Vista Ave
Address
San Diego CA 92114
State Zip Code
262-1586
Telephone

Work Order # E 10053

Invoice # ____

Acct. # ____

PY-593 (REV. 8-86)

MT. HOPE CEMETERY W.O. # E-10053

NOTE

$ 1122.63 San Diego, California 4-29 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Twenty-Two 63/100 DOLLARS with interest from May 30, 1992 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 Barbara A. Pinto SIGNATURE Barbara A. Pinto

ADDRESS 5707 Alta Vista Ave S.D. CA 92114

CALIFORNIA DRIVER LICENSE NUMBER R0878861 SSN # 549-64-6149

FY-1012 (11-89)

E10053

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Eugene	Rodney	Johnson	6-6-73	4-23-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Barbara A. Binto - Mother 5707 Alta Vista Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: Debbie Williams

8B. DATE SIGNED: 4-28-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 29 1992	Donald L. Powers M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records; P.O. Box 85222
San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 4-30-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42179

Date: 4-25, 1992

From: Evelyn Henderson Address: 554 Los Angeles St, SD 92114

Three Hundred Seventy four 00/00 Dollars ($ 374.00)

In Payment of Interment of Eugene Johnson

Lot 2057 Grave — Row — Section — Division — Block 10

Invoice No. —

Acct. No. —

W.O. E-10053

BALANCE DUE $1122.63

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	374 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	374 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42348

Date: 6-15, 19 92

From: Barbara Pinto Address: 5707 Alta Vista Ave, SD 92114

Eleven Hundred Twenty-Two 63/100 Dollars ($ 1122.63)

In Payment of Interment of Eugene J. Pinto

Lot 2257 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-10053

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
04-219202 623

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Vint

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	262	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	1122	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Moore PA# 112661

in a Liner (Vault/Liner) Funeral, date, time Fri, 5/1 2:00pm

Church, Chapel, Graveside Del Only ; Beardsley, Mt Hope (Arthur) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 53 Grave 3-T Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Kim Wolter

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 10054

Invoice # 199276

Acct. # 000752

PY-593 (REV. 8-88)

E10054

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH DAY, YEAR	4. SEX
EDWARD	LEON	MOORE	MAY 13, 1956	FOUND 4/4/1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BRADSLEY-MITCHELL FUNERAL HOME, 1618 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107	F-816	▶ Ed Leach	MAY 1, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAY 0 1 1992	▶ Ronald L. Romrell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 5-2-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PA# 1126601 53-37-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tiffany Ashley Murrell

in a Liner (Vault/Liner) Funeral, date, time Sat, 5/2 10:00 AM

Church, Chapel, Graveside Chapel + Graveside Pagodale (Mark) Mortuary.

All Funeral cars must 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. 8 Chairs

Lot 419 Grave — Row — Section 2 Division/~~Block~~ 9

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	75.00
Handling Fees	50.00
Flower vases - Marker setting fee Sat. O.T. Chg.	390.00
Recording and filing fee	45.00
Sales taxes	5.81
Total Due	955.81
Paid receipt number 42267	955.81
Balance due	0

Mortuary to prens check
CASKET - L-3 19h W-18h

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature [signature]

Address 6944 Skyline Dr

State San Diego, Ca Zip Code 92114

Telephone (619) 264 3212

Invoice #

Acct. #

Work Order # E 10055

PY-593 (REV. 8-85)

E 10055

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Tiffany	Ashly	Murrell	2-24-90	4-27-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Leon Murrell - Father 6944 Skyline Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	4-30-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	APR 30 1992	Donald G. Romans, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☑ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	16B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 10056

№ 42267

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-20, 1992

From: Ragsdale Mortuary Address: 5050 Federal Blvd, SD 92102

Eleven Hundred Three 91/100 Dollars ($ 1103.91)

In _____ Payment of Interment of Both Tiffany Murrell and Mogene Newell Ex (Same Grave)

Lot 419 Grave — Row — Section 2 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. E-10055 & E-10056

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9434

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT 20% Sales Care	67007 77184	39	00
80% Sales of Lots	100 77184	156	10
Opening/ Closing	100 77181	195	00
Burial Containers	100 77182	115	00
Handling Fee	100 77185	110	00
Recording & Misc. Fees	100 77183	480	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	8	91
TOTAL PAID	$	1103.	91

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-1-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Imogene Newell

in a Ash Vault (Vault/Liner) Funeral, date, time Sat, 5/2 10:00 AM

Church, Chapel, Graveside Chapel + Grave side : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 419 Grave — Row — Section 2 Division/~~Block~~ 9

Grave space & Care Fund	Ashes to lee	0
Additional spaces and care fund		
Opening/Closing & Setup	added to space	0
Burial Container		40.00
Handling Fees	W/ Tiffany Murrell	60.00
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		3.10
	Total Due	148.10
	Paid receipt number 42267	148.10
	Balance due	0

Mortuary to Brens check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10056

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 10056

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Imogene	—	Newell	12-23-38	2-13-90	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Bobby Newell - Son #8 Kendra Ct. Somerset, KY 42501

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	5-1-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 0 1 1992	Ronald L. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 5-2-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Greenwood Crematory; I-805 Imperial Ave. San Diego, CA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

D.I.P

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Riggs

in a Vantage Vault Vault/Liner Funeral, date, time Tues. 5/5 11:00AM

Church, Chapel, Graveside Graveside Goodbody (B76) Mortuary.

All Funeral cars must 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 765 Grave ____ Row ____ Section 3 Division/Block 8

Grave space & Care Fund Pre-Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container Vantage Vault provided by Goodbody	Ø
Handling Fees	175.00
Flower vases - Marker setting	
Recording and filing fee	45.00
Sales taxes	
Total Due	570.00
Paid receipt number 42192	570.00
Balance due	Ø

PAID
MAY 1 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

To be dug Extra Deep
Burial of 2. Connie Spike daughter in law 788-0206

I hereby certify I am the Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Margaret Forsen Riggs
Signature
16130 OAK SPRINGS DRIVE
Address
RAMONA, CA 92065
State Zip Code
619-788-0206
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 10057

Invoice # ____

Acct. # ____

PY-583 (REV. 8-85)

E10057

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROY	—	RIGGS	4-18-1903	4-30-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Phoenix	Arizona	Margaret Riggs wife 16130 Oaksprings Drive Ramona, CA 92065

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY 5027 El Cajon Blvd., San Diego, CA 92115	FD 819	▶ Peggy Goodbody	5/4/92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ON THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 05 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Metpc Seplex 765-3-8	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42192

Date: 5-4, 1992

From: MARGARET LARSON Riggs Address: 351 V Meridian D Space APACHE JUNCTION, Az 85220

five hundreds and seventy 00/100 Dollars ($ 570.00)

In full Payment of interment services for Roy Riggs

Lot 765 Grave 1 Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. 10057

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3033

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY V. Babitsky

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182		
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	570	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys L. Jackson in a Liner Vault/Liner Funeral, date, time Thurs 5/7 11 a.m. Church, Chapel, Graveside Church, G.S. ; Bagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 83 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pruneed E6117	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	701.63
Paid receipt number 42190	145.00
Balance due	556.63

Paid 9-9-92

556.63

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Leon V. Jackson
Signature
4943 Logan Ave.
Address
San Diego Ca. 92113
State Zip Code
(619) 266 2704
Telephone

Work Order # E 10058 ✓

Invoice # 199295

Acct. # 073678

PY-553 (REV. 8-86)

E 10058

E-6117

LOT OWNER

Jackson, Gladys L. — NAME

4848 Logan Ave. #101, San Diego Ca 92113 — ADDRESS

LOT 83 GR. 8 ROW ____ SEC 2 BLK ____ DIV 12

PR-961 (REV. 1-83)

TAYLOR SYSTEM OF CEMETERY RECORDING

MT. HOPE CEMETERY

W.O. # E10058

NOTE

$556.63 San Diego, California 5-7- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Five hundred fifty-six and 63/100 DOLLARS with interest from June 7, 1992 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 LEON V JACKSON SIGNATURE Leon V. Jackson

ADDRESS 4348 LOGAN AVE. S.D. CA. 92113 #101

CALIFORNIA DRIVER LICENSE NUMBER F0926726 SSN # 509 12 9913

PY-1012 (11-89)

E10058

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Gladys	Lucille	Jackson	3-12-04	4-30-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Audrey Wilford - Granddaughter 4858 Logan Ave. #103 San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort/; 3030 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or *Person Acting as Such*	8B. DATE SIGNED
		Debbie Williams	5-5-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAY 0 6 1992	Donald L. Russell, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 93-8-2-10 N/A metal sector bar	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42190

Date: 5-4-, 1992

From Jean V Jackson Address: 4848 Logan Ave, S.D. CA 92113

One hundred forty five and 00/100 Dollars ($ 145.00)

In Full Payment of Interment Services for Mattye L Jackson

Lot 53 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E10058

BALANCE DUE 356.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY M. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	145 —
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78090	
TOTAL PAID	$	145 —

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Ownership

Date 5-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dr. Calif Burial Mortuary

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 40 Grave 7,8,9 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	45.00
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	45.00
Paid receipt number 42194	45.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10059

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

E 6800

E10059

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15 day of July, 1987, between San Diego Regional Mission, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."
C.O.G.I.C.

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 40, Grave 78-9, Row 2, Section 21, B~~lock~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 760.00, payable as follows: $ 0 cash herewith, the receipt of which is hereby acknowledged; $ 32.00 on the 10 day of August, 1987; and the balance in installments of $ 32.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

See back page for list of responsible parties for use of property.
Geoger Stelter
cem-mgr 7/15/87

E 10059

Note: Needs two signatures of following to O.K. grave use — Reg. Supt of Mission, or Mother President of Mission or Sec of Mission

WITNESS our hands this day and year above written.

E-6800

Deed to be issued to:

an Reg. Org. of area known as
San Diego Regional Mission
COGIC
Name
3773 Ocean View
Address
San Diego 92113
attn: Zella Denny.

3 @ 32.00
1 @ 14.00

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By:

GWS:baa(2)62
2-14-86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDWARD LEGLER P.A. #1127403

in a LINER (Vault/Liner) Funeral, date, time TUES. 5-5 2:00 PM

Church, Chapel, Graveside DELIVERY ONLY ; HAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 49 Grave 3B Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

JIM

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10060 ✓

Invoice # 195278

Acct. # 000552

PY-593 (REV. 8-88)

E10060

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Edwin	William	Legler	01/30/1923	04/23/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424	▶	05/01/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$5.00	MAY 5 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Hilltop Dr. San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 49-3T-1-12 pressed wood — liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ID as Julio 10155

Date 5-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1127632

in a Liner (Vault/Liner) Funeral, date, time Tues, 5/5 10:30AM

Church, Chapel, Graveside Del Only Calif. Burial (Kyle) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 49 Grave 3-B Row ____ Section 1 Division ~~Block~~ D

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Susan Jarvis

SEE W.O. # 10156

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10061

Invoice # 199277

Acct. # 000952

PY-593 (REV. 8-88)

E 10061

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	---	Doe 91-1658	Unknown	8/13/1991	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201 A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ K. L. McClure	4/24/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	APR 23 1992	▶ Donald L. Russell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY --- 49-3B-1-12 Brass cardboard liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JEANETTE BRANCH

in a LINER (Vault/Liner) Funeral, date, time MON. 5-11 10:00 AM

Church, Chapel, Graveside CHAPEL/G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 104 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	PRE-NEED E-7844	Ø
Additional spaces and care fund		
Opening/Closing & Setup	PRE-NEED E-7844	Ø
Burial Container	PRE-NEED E-7844	Ø
Handling Fees	PRE-NEED E-7844	Ø
Flower vases - Marker setting fee		
Recording and filing fee	PRE-NEED E-7844	Ø
Sales taxes	PRE-NEED E-7844	Ø
Total Due		Ø
Paid receipt number		
Balance due		

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10062 ✓

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E 10062

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jeanette	—	Everhart	9-17-1896	5-4-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Debra Wiley - Niece 345 Aqua Vista Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragdale Mort.; 3050 Federal Blvd. San Diego, CA	F-1329

8A. ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	5-5-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAY 0 6 1992	▶ Ronald L. Ramos, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

XX
- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
INTERMENT	Mt. Hope Cemetery; 3751 Market St. San Diego, CA	5-11-92	▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjorie Terhegsen, AH 1127160

in a Liner (Vault, Liner) Funeral, date, time Wed, 5/6 2:00

Church, Chapel, Graveside Del Only ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 45 Grave 9-B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	301.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10063

Invoice # 199279

Acct. # 000552

PY-593 (REV. 8-85)

E10063

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Marjorie	-----	Terheggen	01-23-1900	04-17-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lee Jamie: Deputy P.A. 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843	Sharon Fawkes	5-5-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAY 5 1992	Ronald L. Powell, M.D., M.P.H.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 45-98-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Keddies

in a Liner (Vault/Liner) Funeral, date, time Wed 5/6 1:00pm

Church, Chapel, Graveside Del Only Merkley-Mitchell (Scott) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 41 Grave 9 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	79.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	750.00
Paid receipt number 42216	750.00
Balance due	Ø

PAID
MAY 6 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL

Kim White - Public Guardian Case Mortuary to print check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10064

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

O/C
Liner
Handling
Recording

E10064

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ARTHUR	W.	KEDDIES	SEP 12, 1909	APR 26, 1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MESSLER-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	F-119	▶ Ed Leach	MAY 4, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAY 0 4 1992	▶ Donald L. Powell, M.D. CG

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 41-9-1-12 pressed wood - liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42216

Date: 5-6, 1992

From: Merkley-Mitchell Mortuary Address: 3655 Fifth Ave S.D. Ca 92103

Seven Hundred Fifty and 00/100 Dollars ($ 750.00)

In: Full Payment of Arthur Kerries Interment

Lot 41 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-10064

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	25	20
80% Sales of Lots	100 77184	100	80
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	79	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	750	00

AC-212 (Rev. 1-91) 12149

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-5-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Landey

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri, 5/8 1:00 PM

Church, Chapel, Graveside Church + grave-side Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 6 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container PAID	200.00
Handling Fees 8-29-92	175.00
Flower vases - Marker setting fee ~~0~~	
Recording and filing fee Bal	45.00
Sales taxes	15.50
Total Due	1380.50
Paid receipt number 42155	345.00
Balance due 5/11 42237	1035.50
	400.00
	635.50

30 Days Now

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Christine Robinson
Signature

3768 Brems St
Address

SD CA 92115
State Zip Code

287-3165
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 10065

Invoice # 199298

Acct. # 073682

PY-593 (REV. 8-85)

MT. HOPE CEMETERY W.O. # E-10065

NOTE

$ 1035.50 San Diego, California 5-5 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Thirty-five — 50/100 DOLLARS with interest from June 5, 1992 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 Corastine Robinson SIGNATURE C Robinson

ADDRESS 3768 Brems St. SD CA 92115

CALIFORNIA DRIVER LICENSE NUMBER C1186641 SSN # 560-31-0652

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42199

Date: 5-5, 1992

From: Christine Robinson Address: 3768 Brown St. Sd 92115

Three Hundred Forty five 00/100 Dollars ($ 345.00)

In _____ Payment of Internment of George Landry

Lot 6 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10065

BALANCE DUE $1035.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 2154

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	345 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	345 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42237

Date: 5-11 , 19 92

From: Christine Robinson Address: 3768 Brems St.
SD CA 92115

Dollars ($ 400.00)

In Payment of Interment of George Landry

Lot 6 Grave 10 Row 5 Section 2 Division 11 Block

Invoice No. [redacted]

Acct. No.

W.O. E-10065

BALANCE DUE 635.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	119[redacted]	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	131	00
Opening/ Closing	100 77181	150	00
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 12577

ISSUED BY V. Balotsky

AC-212 (Rev. 1-91) 123

E 10065

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
George	Steven	Landry	1-31-58	5-1-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Virginia K. Landry - Wife 4258 47th St. #2 San Diego, CA 92155

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		▶ Debbie Williams	5-5-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 06 1992	▶ Ronald S. Romero, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☒ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	6-10-2-11 cloth covered—vault 12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust

Date 5/6/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Bennett

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 124 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-Need (1980)	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10066

Acct. # _____

PY-593 (REV. 9-86)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nolan Paul Jackson Jr.

in a [redacted] VAULT (Vault/Liner) Funeral, date, time FRI 5-8 11:00 AM.

Church, Chapel, Graveside CHURCH/GS. ; PACIFIC VIEW (MARK) Mortuary.

All Funeral cars must 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 270 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1390.50
Paid receipt number 42225	350.00
Balance due	1040.50
balance due	1030.50

PAID
JUN 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 DAY NOTE

6/24/92 AUXILLARY Invoice

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Donna Johnson
Signature
4601 Thorn St.
Address
San Diego, Ca 92105
State Zip Code
619-584-2659
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 10067

Invoice # 199297

Acct. # 073679

PY-593 (REV. 8-86)

E 10067

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 073679

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 6/16/92

PAID BY (CIRCLE ONE): CA (CK) NP (mailed)

PAYMENT REFERENCE NUMBER #5097

AMOUNT PAID $1030.50

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Nolan P. Jackson Jr.

PAYOR NAME Bernice Jackson
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 1517 West 20th St
San Bernardino CA 92411
887-5551

REMARKS KLW

CASHIER _____ INV. NO. 199297

TR-1551 (2-82)

E10067

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Nolan	Paul	Jackson, Jr.	1-30-94	5-4-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Beverly Jackson – Mother 4601 Thorn St. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	5-7-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 07 1992	Ronald L. Powers, M.D. M.P.H.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 10067

June 22, 1992

Mt Hope Cemetery

Please receive the enclosed payments for Nolan Paul Jackson #1's plot paid in full W.O. # E-10067.

Thank You for your patience.

+250.00
+780.50
= 1030.50

Dora Johnson

E 10067

June 26, 1992

Dear Mrs. Johnson:

We are returning your check(s) for $780.50 and $250.00 (totalling $1030.50) for the Nolan Paul Jackson service. On June 24, we had received another check for the total amount due. This account is paid in full. Thank you for your response.

Sincerely,

Kathy L. Wigdahl

527-3400

E 10067

676

BEVERLY D. JACKSON
4601 THORN ST. PH. 619-584-4263
SAN DIEGO, CA 92105

6-24 19 92 16-49/1220

PAY TO THE ORDER OF Mt. Hope $ 780.50

seven hundred eighty dollars 50/100 DOLLARS

Union Bank
Del Mar Heights
3455 Del Mar Heights Road
San Diego, CA 92130

FOR Nolan P. Jackson Jr. burial Beverly Jackson

⑆122000496⑆ 735100552 0⑈ 0676

Precious Moments

Sylvester Johnson
Donna S. Johnson
[redacted]
6469 Hillside Ave. 714-689-6903
Riverside, Ca 92504

1051
90-7003/3222

June 23 1992

PAY TO THE ORDER OF Mt HOPE CEMETERY $ 250.00

Two hundred fifty dollars & 00/100 DOLLARS

GREAT WESTERN BANK GW
A Federal Savings Bank
3590 CENTRAL AVENUE
RIVERSIDE, CA 92506
1-800-222-2242

I believe in miracles

Nolan Paul Jackson Jr.

FOR W.O # E-10067 Donna S Johnson

⑆322270039⑆ 1051 ⑈026 807075 5⑈

Donna Johnson
6469 Hillside Ave
Riverside, Ca 92504

SAN BERNARDINO, CA 924
PM
24 JUN
1992

29 USA
BUCKLE UP
SAVE LIVES

Mt Hope Cemetery
3751 Market Street
San Diego, Ca 92102

Re: WO # 10067

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42225

Date: 5-6, 19 92

From: Beverly Jackson Address: 4601 Horn St, SD, Ca 92105

Three Hundred Fifty no/100 Dollars ($ 350.00)

In _____ Payment of Interment of Nolan Jackson, Jr

Lot 270 Grave 1 Row — Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10067

BALANCE DUE $1030.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	350	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Armando Galindo P.A # 112710

in a Liner (Vault/Liner) Funeral, date, time THURS. 5-7 11:00 AM.

Church, Chapel, Graveside DELIVERY ONLY; MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 45 Grave 9T Row ____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Tim

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10068

Invoice # 199280

Acct. # 000952

PY-582 (REV. 8-85)

E10088

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Armando	Aguilar	Galindo	01/31/1970	10/11/1991	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Ave. San Diego, CA	1424	▶	05/06/92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 7 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 45-9T-1-12 pressed wood - liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Lot

Date 5-7-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie Branch

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 17 Grave 5 & 6 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Bal. Due 130.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	130.00
Paid receipt number 42227	130.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10069

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42227

Date: 5-7, 1992

From: [illegible] Address: PO Box 620812 SD

One Hundred Thirty 00/100 Dollars ($ 130.00)

In _____ Payment of Pre-Need Lot

Lot 17 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10069

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 3211

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY: J Waite

CREDIT 20% Sales Care	67007 77184	50	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	130	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willis Hughes (X),

in a Ash Vault (Vault/Liner) Funeral, date, time MON 5/31 BY 1:00 P.M.

Church, Chapel, Graveside Witness Only : CONRAD (Donna) Mortuary.

All Funeral cars must 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 59 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-Need (1978)	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.10
Total Due	253.10
Paid receipt number 42446	253.10
Balance due	0

Nicole Hughes 463 3005

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10070

Invoice # _____

Acct. # _____

PY-593 (REV. 6-88)

E 10070

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
WILLIS	GYSBERT	HUYSER	12-16-1914	5-6-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	DARRYL R. HUYSER - SON 12105 GAY RIO ROAD LAKESIDE, CA 92040

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶ [signature]	5-11-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 11 1992	[signature] Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
SAN DIEGO CO. DEPT. OF HEALTH SERVICES
VITAL RECORDS P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT ACKER CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CENOTA, INC. 14065 OLDE HIGHWAY 80 EL CAJON, CA 92021	12B. DATE CREMATED 5/13/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 10070

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willis Huyser (X)

in a AS Vault Funeral, date, time

Church, Chapel, Graveside Del Valle Conrad (Donna) Mortuary.

All Funeral cars must 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 59 Grave 1 Section 2 Division/Block 12

Grave space & Care Fund Pre-Need (1978)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.60
Burial Container	40.60
Handling Fees	60.60
Flower vases - Marker setting fee	
Recording and filing fee	45.60
Sales taxes	3.10
Total Due	253.10
Paid receipt number	
Balance due	

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of Vested Name of Lot

× Darryl Ray Huyser
12105 GAY RIO WAY Lakeside
~~Lake Side~~ Ca. 92040
443-0073

Signature Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 10070

PT-593 (REV. 5-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42446

Date: 6-30-, 1992

From: Darryl Huyser Address: 12105 Gay Rd Way, Lakeside

Two Hundred fifty-three and 10/100 Dollars ($ 253.10)

In Full Payment of Interment of Willis Hanes

Lot 59 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 10070

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77185	60	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	253	10

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4208

ISSUED BY W. J. Teague

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Henry PA # 1126369

in a Liner (Vault/Liner) Funeral, date, time Tues, 5/12 12:30pm.

Church, Chapel, Graveside Del Cerro ; Eternal Hills (Bob) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 37 Grave 9-B Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	124.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	297.00
Total Due	
Paid receipt number	
Balance due	

Lee Jones/PA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10071

Invoice # 199281

Acct. # 000952

PY-593 (REV. 8-85)

E10071

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Donald	L.	Henry	7-25-1940	5-30-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Lee Jamme, Public Administrator 5201 Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking control	8B. DATE SIGNED
Eternal Hills Mortuary 1999 El Camino Real, Oceanside, CA 92054	FD-234	Thomas Stoffer	5-8-92

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 11 1992	Donald L. Rowe, M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222, San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE BURIED 5-12-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cloth Covered	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 8, 1992

Lot for:

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bellezora Houtman

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 24 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number 42234	200.00
Balance due	595.00
6/8 42331	200
	395.00

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.

Covers →

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Eugenia Williams
Signature

5522 Fox Alturas Ter
Address

Calif. 92114
State Zip Code

264 0767
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10072

PY-593 (REV. 8-85)

6/8 Bal — $395.00

8/10 43602 — 200. —

195. —

E 10072

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Bellezora Houtman for the sum of $ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 24; Grave 10; Section 2; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10072

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

Property Director

PY-564

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42234

William, Eugene ITF

Date: 5-7, 1972

From: Bellezora Houtman Address: 5522 Las Alturas Terr, SD

Two Hundred 00/00 Dollars ($ 200 -)

In _____ Payment of Pre-Need Lot

Lot 24 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10072

BALANCE DUE $595.-

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

505

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42331

Date: 6-8, 1992

From: Bellazera Houtman Address: 5522 Las Altas Terr. 92114

Two Hundred 00/100 Dollars ($ 200.—)

In _____ Payment of Pre-Need Lot

Lot 24 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10072

BALANCE DUE $395.—

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 526

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42602

Date: 8-10, 1992

From: Pellegrina Hartman Address: 5522 Las Alturas Terrace, SD

Two Hundred 710/100 Dollars ($ 200.—)

In _____ Payment of Pre Need Lot

Lot 24 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10072

BALANCE DUE $195

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

544

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waite

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	200 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	200 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42511

Date: 7-9, 1992

From: Bellizia Hartman Address: 5522 Las Alturas Tr. Sd 92114

Two Hundred 00/100 Dollars ($ 200.-)

In _____ Payment of Pre-Need

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 1-91)

536

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43016

Date: 11-20, 1992

From: Bellezira Hardman Address: 5522 Las Alturas Terr. Sd

One Hundred Ninety-five — 00/100 Dollars ($ 195.00)

In _____ Payment of Pre Need Lot

Lot 24 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10072

BALANCE DUE —0—

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	36	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	195	00

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

Pre Deed Lot

City of San Diego

Date 5-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugenia Williams

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 92 Grave 5 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	695.00
Paid receipt number 42235	200.00
Balance due	495.-
6/8 42330	200.-
	295.-

PAID

F[redacted]OU

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Paid total of 800.00

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.

(Opal)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Eugenia H Williams
Signature

5522 Las Alturas Dr.
Address

Calif. 92114
State Zip Code

264 0767
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10073

PY-593 (REV. 8-88)

6/8 Bal— $395.—

8/10 4x03 DW

95.—

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42330

Date: 6-8, 1992

From: Eugenia Williams Address: 5522 Las Alturas Terr. SD 92114

Two Hundred 70/100 Dollars ($ 200.-)

In Payment of Pre-Need Lot

Lot 92 Grave 5 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-10073

BALANCE DUE $275.-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

9434

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	200 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	200 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42235

Date: 5-8, 1992

From: Eugenia Williams Address: 5522 Las Alturas Terrace, Tx

Two Hundred 00/00 Dollars ($ 200 —)

In _____ Payment of Pre-Need Lot

Lot 92 Grave 5 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-10073

BALANCE DUE $495.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

7089

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	200	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42603

Date: 8-10, 1992

From: Eugenia Williams Address: 5522 Los Altos Tr, SE

Two Hundred 00/100 Dollars ($ 200 —)

In _____ Payment of Pre Need Lot

Lot 92 Grave 5 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-10073

BALANCE DUE 595.—

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 1-91) 8494

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42510

Date: 7-10, 1992

From Eugenia Williams Address: 5522 Las Alturas Terr., SD 92114

Two Hundred 70/100 Dollars ($ 200)

In _____ Payment of Pre-Need

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 1-91)

8460

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TOM, YIM TANG

in a _____ Funeral, date, time WED.
Vault/Liner

Church, Chapel, Graveside CHAPEL/G.S. ; GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

VOID

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10074

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsie Hanson

in a Ash Vault (Vault/Liner) Funeral, date, time Thurs, 6/4 AMD

Church, Chapel, Graveside Delivery AMD ; Dallas Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 144 Grave _____ Row _____ Section 4 Division Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.10
Total Due	253.10
Paid receipt number 42249	253.10
Balance due	0

John

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10075

Acct. # _____

PY-593 (REV. 6-86)

E 10075

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELSIE	L.	[illegible]	MAY 26, 1903	MAY 1, 1992	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DALLAS	OREGON	DOROTHY WILSON, DAUGHTER 863 SW BIRCH STREET DALLAS, OR 97338

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
REARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107	F-816

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ Ed Leach	8B. DATE SIGNED JUN 2, 1992

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	JUN 2 1992	▶ Donald L. Remus, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	P.O. BOX 85222, SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 6-4-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42249

Date 5-16, 19 93

From Bollman Funeral Home Address: 694 N Main St Lodi, Utah

Two Hundred Fifty Three 10/00 Dollars ($ 253.00)

In _____ Payment of Interment of Elsie Hansen

Lot 144 Grave _____ Row _____ Section 4 Division 8 Block

Invoice No. _____

Acct. No. _____

W.O. E-10075

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 2783

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 8022		
Sales Tax	50101 78390	3	00
TOTAL PAID		$ 253	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BIRD, OLIVIA

in a LINER (Vault/Liner) Funeral, date, time MON 5/11 11:00 AM

Church, Chapel, Graveside DELIVERY ; FEATHERHILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 112 Grave 8 Row ____ Section 100F Division/Block 43

Grave space & Care Fund Pre Need .....

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 .....

Greg

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10076

Invoice # _____

Acct. # _____

PY-593 (REV 6-85)

E 10076

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OLIVIA	RACHEL	BIRD	8/23/1899	5/7/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Self - Preceed funeral

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, Ca 92115	1083	▶	5-11-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 11 1992	▶ Donald L. Reeves, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KATHERINE MAJOR

in a DBL CRYPT (Vault/Liner) Funeral, date, time WED. 5/13 11:00 AM.

Church, Chapel, Graveside CHAPEL/G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO .

Lot 150 Grave 6 Row ____ Section 1 Division Block 11

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	25.58
Total Due	1765.58
Paid receipt number 42236	440.00
Balance due	1325.58

PAID
JUN 11 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note

6/11/92 42236

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Hugh Hugh O Major
Signature

6246 SCIMITAR DR
Address

SAN DIEGO CA 92114
State Zip Code

619-262-5187
Telephone

Work Order # E 10077

Invoice # ____

Acct. # ____

PY-593 (REV. 8-88)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42340

Date: 6-9, 1992

From: Hugh Major Address: 6249 Scimitar Dr., SD 92114

Thirteen Hundred Twenty five — 58/100 Dollars ($ 1325.58)

In _____ Payment of Interment of Katherine Major

Lot 150 Grave 6 Row _____ Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-10077

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 6334

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	139	00
80% Sales of Lots	100 77184	116	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	330	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	25	58
TOTAL PAID	$	1325	58

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42236

Date: 5/11/92, 19__

From: H. D. MAJOR Address: 6249 Scimitar Dr S.D 92114

Four hundred forty and 00/100 Dollars ($ 440.00)

In Part Payment of Interment of Katherine Major

Lot 150 Grave 6 Row ____ Section 1 Division Block 11

Invoice No. ____

Acct. No. ____

W.O. E-10077

BALANCE DUE $1385.58

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	440	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	440	00

AC-212 (Rev. 1-91)

6303

E 10077

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Katherine	—	Major	12-27-34	5-6-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Hugh Major - Husband 6249 Scimitar Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	5-11-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 11 1992	Donald L. Remus, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records; P.O. Box 85222
San Diego, CA 92186

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 5-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Jo League	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY 150-6-1-11 N/A Metal Sealed / DBL CRYPT	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY W.O. # E-10077

NOTE

1325.58 San Diego, California MAY 19 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of THIRTEEN HUNDRED TWENTY-FIVE; 58/100 DOLLARS with interest from JUNE 15, 1992 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 Hugh MAJOR SIGNATURE Hugh Major

ADDRESS 6249 SCIMITAR DR SAN DIEGO CA 92114

CALIFORNIA DRIVER LICENSE NUMBER J0757010 SSN # 426-58-5671

PY-1012 (11-88)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-52

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olivia Bird

in a Liner (Vault/Liner) Funeral, date, time Mon, 5/14 10:30 AM

Church, Chapel, Graveside Deeney Featherson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 112 Grave 9 Row ____ Section 100F Division/Block 43

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number ____	
Balance due	

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 10078

Invoice # ____

Acct. # ____

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yim Tong Tom

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed. 5/13 1:00pm

Church, Chapel, Graveside Chapel + Graveside GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 145 Grave 8 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ... Pre-Need	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	785.50
Paid receipt number 42238	785.50
Balance due	Ø

I hereby certify I am the George Tom of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

George Tom
Signature
4618 33rd St.
Address
SAN DIEGO CA. 92116
State Zip Code
283-5275
Telephone

Invoice # ____

Work Order # E 10079

Acct. # ____

PY-583 (REV. 6-85)

E 10079

MOUNT HOPE CEMETERY

8 May 19 92

The undersigned hereby requests and authorizes the interment of the remains of Mr. Tom Yim TONG in Lot 145 Gr 8 Row — Sec. #2 Block Division #11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

中華會館

Albert Wong

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, INC., owners.

Witness

Witness

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42238

Date: 5-11, 19 92

From: George Tom Address: 4613 33rd St. SD

Seven Hundred Eighty-five 50/100 Dollars ($ 785.50)

In Payment of Interment of Yim Tong Tom

Lot 145 Grave 8 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. F-10075

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 1083

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	785	50

E10079

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Yim	Tong	Tom	05-27-1934	05-08-1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San diego	San Diego	George Y. Tom: Son 4615 33rd Street San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary:1-8056 Imperial Avenue San Diggo, CA	F-843	▶ Kimberly L Jones	5-13-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAY 13 1992	Ronald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE BURIED 5-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy J. League	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-11-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linwood Lee

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon, 5/18 1:00pm

Church, Chapel, Graveside [redacted]; Featherhill Mortuary.

Graveside (ED)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 80 Grave 10 Row — Section 2 Division/~~Block~~ 7

Grave space & Care Fund Pre-Need (1954)	0
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	785.50
Paid receipt number	
Balance due	

Bill: Sharon Davis 297-7961 2728 5th Ave SD 92103

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Work Order # E 10080

Invoice # 199301

Acct. # 073684

PY-593 (REV. 8-86)

E10080

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LINWOOD	KINGSTON	LEE	8/27/1915	5/11/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Linda Toth niece P.O. Box 584 Scottsburg, OR 97473

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	1083	▶ Edward Fagel	5-13-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAY 13 1992	▶ Ronald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222, San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego	11B. DATE BURIED 5-18-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust

Date 5/12/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia & Joseph Park (R)

in a Crem Vault Funeral, date, time

Vault/Liner

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran .

Lot 88 Grave 11 Row Section 1 Division/~~Block~~ 11

Grave space & Care Fund Pre-Need (1973) 0

Additional spaces and care fund

Opening/Closing & Setup 2 O/C @ 105.- 210.00

Burial Container 2 Ash Vaults @ 40.- 80.00

Handling Fees 2 @ 60 120.00

Flower vases - Marker setting fee

Recording and filing fee 2 @ 45. 90.00

Sales tax 2 @ 3.10 6.20

PAID

MAY 1 2 1992

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 50 6.20

Paid receipt number 42242 506.20

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is my authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Julia V. Park
Signature

810 Sr First St #321
Address

El Cajon, Ca. 92019
State Zip Code

1-619-444-6727
Telephone

Work Order # E 10081

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

E10081

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42242

Date: 5-12, 1992

From: Julia & Joseph Park Address: 410 S. First #221, El Cajon 92021

Five Hundred Six 20/100 Dollars ($ 506.20)

In _____ Payment of Pre-Need Trust for Julia & Joseph Park - Interment of Cremation Ashes

Lot 78 Grave 11 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10081

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	506.20
Sales Tax	60101 78390	
TOTAL PAID	$	506.20

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

D.I.P. 1985

Date 5/13/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANN CARROLL

in a LINER (Vault/Liner) Funeral, date, time Fri, 5/15 10:00 AM

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. D.I.P. 1985

Lot 4342 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	701.63
Paid receipt number 42244	350.63
Balance due	351.00

I hereby certify I am the X niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Lula D. Porter
Signature

4490 Dafter Drive
Address

San Diego, Ca. 92102
State Zip Code

1-619-262-6684
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10082

Invoice # 199300

Acct. # 073683

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42244

Date: 5-13-, 19 92

From: Lula D. Porter Address: 4970 Dafter Dr, San Diego, CA 92102

Three hundred fifty and 63/100 Dollars ($ 350.63)

In Part Payment of Interment Services for Ann Carroll

Lot 4542 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. 610082

BALANCE DUE 351.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1354

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	—
Burial Containers	100 77182		63
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	63

E 10082

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ann	—	Carroll	8-18-13	5-11-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lula Porter - Niece 1764 6th Ave. San Diego, CA 92101

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 3050 Federal Blvd. SanDiego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or *Person Acting as Such*	8B. DATE SIGNED
		Debbie Williams	5-14-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE *AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED* IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAY 14 1992	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 5/15/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ J. Ann Waite
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Liner 4342-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A MCT None Selected	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Kramer PA# 1125454

in a Liner (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside Del Only ; Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

Kim White

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10083

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles L. King

in a Ash Vault (Vault/Liner) Funeral, date, time AYD Wed 5/12-92

Church, Chapel, Graveside No Service ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 146 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Grave of Robert Smith	-0-
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	27.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.10
Total Due	220.10
Paid receipt number 42243	220.10
Balance due	-0-

PAID
MAY 13 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the ~~-~~ Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Hazel Smith
Signature
4777 Ast. #5
Address
San Diego 92102
State Zip Code
264-7759
Telephone

Work Order # E 10084

Invoice # _____

Acct. # _____

PY-593 (REV 8-86)

E10084

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Charles	Lewis	King	8-20-37	5-7-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Hazel Smith - Sister 204 N. Ozark St. #23 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE
Anderson-Ragsdale Mort.; 3050 Federal Blvd; San Diego, CA	FD1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or *Person Acting as Such* ▶	8B. DATE SIGNED

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 13 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—OR OF CREMATION IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 8-12-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo Teague
CREMATION	12A. NAME AND ADDRESS OF CREMATORY Desert Int.; P.O. 2508; El Cajon, CA	12B. DATE CREMATED 5/16/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Gary Stevens
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42243

Date: 3-13, 1992

From: Hazel Smith Address: 4277 A. St #5, San Diego CA 92102

Two hundred twenty and 10/100 Dollars ($ 220.10)

In Full Payment of Investment Services for Charles L. King 012336

Lot 146 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 100C4

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
3
MAY 18 1992

ISSUED BY Wendy Jo League

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	—
Burial Containers	100 77182	40	—
Handling Fee	100 77185	27	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	220	10

AC-212 (Rev. 1-91)

MT. HOPE CEMETERY

INTERMENT ORDER

Pre Need Trust for One Burial

City of San Diego

Date 5-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of A.C. (AKA Herbert) & Dorothy Bradley

in a Double Depth (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 49 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund See Ledger Card _____

Additional spaces and care fund _____

Opening/Closing & Setup For One Burial 350.00

Burial Container 330.00

Handling Fees 330.00

Flower vases - Marker setting fee _____

Recording and filing fee For One Burial 45.00

Sales taxes 25.58

Total Due 1070.58

Paid receipt number 42256 268.00

Balance due 802.58

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Dorothy My Bradley
Signature

322 Los Olmos Dr
Address

San Diego Calif 92114
State Zip Code

262-1311
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 10085

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42627

Date: 8-12, 1952

From: A.C. Bradley Address: 322 Los Alamos St

Sixty-Six 70/100 Dollars ($ 66)

In _____ Payment of Pre Need Trust

Lot 45 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10085

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 355 2467

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	66	00
Sales Tax	60101 78390		
TOTAL PAID	$	66	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42724

Date: 9-16, 1992

From: Dorothy & Ak Bradley Address: 322 Los Alamos, SD

Sixty Six 770/10 Dollars ($ 66 -)

In _____ Payment of Pre Need Trust

Lot 47 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10085

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 2479 + 368

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66 00
Sales Tax	60101 78390	
TOTAL PAID	$	66 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42554

Date: 7-27, 1992

From: Dorothy Bradley Address: 322 Los Alamos Dr, SD 92114

Sixty Six 70/100 Dollars ($ 66.—)

In _____ Payment of Pre-Need Trust

Lot 49 Grave 11 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10085

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Checks ☑

2450 + 347

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66 00
Sales Tax	60101 78390	
TOTAL PAID	$	66 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42256

Date: 5-18, 1992

From: Dorothy + A.C. Bradley Address: 322 Los Alamos, SD

Two Hundred Sixty-Eight — 00/100 Dollars ($ 268.—)

In _____ Payment of Pre-Need Trust

Lot 49 Grave 11 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10085

BALANCE DUE $802.58

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☑ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	268	00
Sales Tax	60101 78390		
TOTAL PAID	$	268	00

AC-212 (Rev. 1-91) 2426

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42902

Date: 10-30, 1992

From: Dorothy A C Bradley Address: 322 Los Alamos Ln, Sh, Ca 92114

Sixty Six 7 10/100 Dollars ($ 66 00)

In _____ Payment of Pre Need Trust

Lot 49 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10075

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

394 + 2510

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66 00
Sales Tax	60101 78390	
TOTAL PAID	$	66 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42804

Date: 10-6 .1992

From Dorothy Bradley Address: 322 Los Alamos Dr.

Sixty-six and 1/100 Dollars ($ 66.00)

In full Payment of preneed trust

Lot 49 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 10085

BALANCE DUE 538.58

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☒

24195
38'

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 12 1992

003880

ISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66 003880
Sales Tax	60101 78390	
TOTAL PAID	$	66 —

OFFICIAL RECEIPT

43783

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-7, 1993

From: Dorothy Bradley Address: 322 Los Alamos, Ill 92114
Seventy Six 2/100 Dollars ($ 76.58)

In _____ Payment of Pre-Need Trust

Lot 49 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10085

BALANCE DUE ✓

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	58
Sales Tax	60101 78390		
TOTAL PAID	$	76	58

AC-212 (Rev. 1-91) 569

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43430

Date: 3-4, 1993

From: Herbert Bradley Address: 322 Los Alamos Dr. S.D. 92114

Dollars ($ 66.00)

In part Payment of Pre Need Trust

Lot 49 Grave 11 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-10085

BALANCE DUE ~~E-10085~~ 108.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 0532 2740

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY M Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	66	00
Sales Tax	60101 78390		
TOTAL PAID	$	66	00

43687

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-10, 1993

From: A.C. Bradley Address: 322 Los Alamos Dr S.D. ca 92114

Sixty-six Dollars ($ 66.00)

In part Payment of Pre Need Trust

Lot 49 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10085

BALANCE DUE 76.58

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2766
0556

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY N. Pergamo

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	66	00
Sales Tax	60101 78390		
TOTAL PAID	$	66	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43555

Date: 4-6, 1973

From: A C Bradley Address: 322 Los Alamos Dr. S.D. 72114

Sixty-six Dollars ($ 66.00)

In Part Payment of Pre Need Trust

Lot 47 Grave 4 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-10085

BALANCE DUE 142.58

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	66	00
Sales Tax	60101 78390		
TOTAL PAID	$	66	00

AC-212 (Rev. 1-91)

2751
0544

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43051

Date: 12-1, 1992

From: Dorothy + A.C. Bradley Address: 322 Los Alamos St. Sixty Six 70/100 Dollars ($ 66.00)

In _____ Payment of Pre-Need Trust

Lot 49 Grave 11 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10095

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

408 + 2530

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66.00
Sales Tax	60101 78390	
TOTAL PAID	$	66.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43194

Date: 1-5, 1993

From: Dorothy Bradley Address: 322 Los Alamos, Ct
Sixty Six 70/100 Dollars ($ 66.00)

In _____ Payment of Pre Need Trust

Lot 49 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10085

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	66.00
Sales Tax	60101 76390	
TOTAL PAID	$	66.00

AC-212 (Rev. 1-91)

2113 0510

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust XXXXXXX

Dorothy & A.C. Bradley E-10085

322 Los Alamos Drive

S.D., Ca. 92114

(49-11-2-12)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						10					

Amount due when paid on or before due date above. $ 33.00

Amount due if paid more than ____ days after due date above. $ _____

$ 33.00

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10085

Dorothy & A.C. Bradley
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
						10					

Amount due when paid on or before due date above. $ 33.00

Amount due if paid more than ____ days after due date above. $ ____

$ 33.00

Amount Received $ ____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each re[redacted] COUPON 3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust [redacted]

Dorothy & A.C. Bradley E-10085

322 Los Alamos Drive

S.D., Ca. 92114

(49-11-2-12)

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. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 33.00

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Ca. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10085

Dorothy & A.C. Bradley
322 Los Almmos Drive
S.D., Ca. 92114

(49-11-2-12)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
						10					

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than ____ days after due date above. $ _____

$ 33.00

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Almos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

Dorothy & A.C. Bradley E-10085

322 Los Alamos Drive

S.D., Ca. 92114

(49-11-2-12)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
						10					

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ 33.00

Amount Received $ _____

NAME Dorothy & A.C Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10085

Dorothy & A.C. Bradley
322 Los Almos Drive
S.D., Ca. 92114

(49-11-2-12)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
						10					

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above $ _____

$ 33.00

Amount Received $ _____

NAME Dorothy A.C. Bradley

ADDRESS 322 Los Almos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust [illegible]

Dorothy & A.C. Bradley E-10[illegible]

322 Los Alamos Drive

S.D., Ca. 92114

(49-11-2-12)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						10					

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above. $ 33.00

$ [illegible]

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Cal. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust 8-10003

Dorothy & A.C. Bradley
322 Los Almos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
						10					

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than ____ days after due date above. $ 33.00

$

Amount Received $

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Almos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust [redacted]

Dorothy & A.C. Bradley E-10085

322 Los Alamos Drive

S.D., Ca. 92114

(49-11-2-12)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						10					

Amount due when paid on, or before due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ 33.00

$ 33.00

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10085

Dorothy & A.C. Bradley
322 Los Almos Drive
S.D., Ca. 92114
(49-11-2-12)

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. $ 33.00

Amount due if paid more than ____ days after due date above. $ 33.00

$ 33.00

Amount Received $ _____

NAME Dorothy A. Bradley

ADDRESS 322 Los Almos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust [redacted]

Dorothy & A.C. Bradley E-10085

322 Los Alamos Drive

S.D., Ca. 92114

(49-11-2-12)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
						10					

Amount due when paid on, or before due date above ▶ $ 33.00

Amount due if paid more than ____ days after due date above ▶ $ 33.00

-4 = 29

$

Amount Received $

NAME A.C. & Dorothy Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Cal. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10085

Dorothy & A.C. Bradley
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
						10					

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than ____ days after due date above. $ 33.00

$

Amount Received $

NAME A.C. & Dorothy Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted] ENGINEER

Dorothy & A.C. Bradley E-10085
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
						10					

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than ____ days after due date above. ▶ $ 33.00

$ 43.00

$

Amount Received $

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Cal. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Dorothy & A.C. Bradley
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
						10					

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ 33.00

$ _____

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Cal. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Paid Trust [redacted]

Dorothy & A.C. Bradley E-10085
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
						10					

Amount due when paid on, or before due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ 33.00

$ _____

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos.

CITY San Diego STATE Cal. ZIP 92114

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust [illegible]

Dorothy & A.C. Bradley
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
						10					

Amount due when paid on, or before, due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above ▶ $ 33.00

$ _____

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Cal ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted]

Dorothy & A.C. Bradley E-10035
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
						10					

Amount due when paid on or before due date above ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 33.00

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Rd.

CITY San Diego STATE Cal. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted]

Dorothy & A.C. Bradley
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
						10					

Amount due when paid on, or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above: $ _____

$ 33.00

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

Dorothy & A.C. Bradley E-10083

322 Los Alamos Drive

S.D., Ca. 92114

(49-11-2-12)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
						10					

Amount due when paid on or before, due date above. $ 33.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Cal. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10085

Dorothy & A.C. Bradley
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

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. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Cal. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] [illegible]

Dorothy & A.C. Bradley S-10085
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
						10					

Amount due when paid on, or before, due date above. ▶ $ 33.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif. ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust 2-10065

Dorothy & A.C. Bradley
322 Los Alamos Drive
S.D., Ca. 92114
(49-11-2-12)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
						10					

Amount due when paid on, or before, due date above ▶ $ ~~[illegible]~~ 43.54

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard J. Raviart

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon, 5/18, 1:00pm

Church, Chapel, Graveside Church + Graveside, ~~Humphrey~~ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ____ .

Lot 4826 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	prepaid C.6807
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	785.50
Paid receipt number	4224 785.50
Balance due	0

PAID
MAY 14 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Paul (brother)
276-6146

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Paul Raviart
Signature

3356 MORAGA PL.
Address

SAN DIEGO 92117
State Zip Code

276-6146
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 10086 ✓

PY-583 (REV. 8-85)

Invoice # ____

Acct. # ____

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42246

Date: 5-14, 19 92

From: Paul Lavigne Address: 3356 Moraga St 92117

Seven Hundred Eighty Five 50/100 Dollars ($ 785.50)

In Payment of Interment of Richard Lavigne

Lot 4826 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10076

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 4512

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Waite

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	785	50

E 10086

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RICHARD	JOHN	RAVIART	4-8-40	5-14-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Paul A. Raviart - Brother 3356 Maraga Place San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911	F-564	▶	5-15-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 18 1992	Donald L. Bonar, M.D. CD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records P.O. Box 85222
San Diego CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 5-18-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal seeker (vault)	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard RAVIART

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10087

Acct. # _____

PY-533 (REV. 8-86)

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-Need Lots

City of San Diego

Date 5-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert WONG DBA Chinese Consol. Benev. Assoc.

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 146 147 148 Grave 1-6 1-6 1-6 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... 18 @ $450.00	8100.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	8100.00
Paid receipt number 42247	8100.00
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[redacted]
Signature

5117 Hilda Road
Address

S.D. CA 92110
State Zip Code

(619) 276-6555
Telephone

Work Order # E 10088

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42247

Date: 5-14, 1972

From: Albert Wong DBA CCB Address: 5117 Hilda Rd, SA 92110

Eighty-One & 7 1/2 Dollars ($ 8100 -)

In _____ Payment of Pre-Need Lots - (18 lots)

Lot 146 - 147 - 148 Grave 1-6 1-6 1-6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. F-1000

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	1620	00
80% Sales of Lots	100 77184	6480	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	8100	00

AC-212 (Rev. 1-91) 28432

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Mae Wallace-Blackman in a Liner (Vault/Liner) Funeral, date, time Tues 5/19 11:00 Am Church, Chapel, Graveside Church + Grave-side ; Calif Burial (VAN) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 40 Grave 9 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund (Lot from Calif Burial)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.-
Handling Fees	145.-
Flower vases - Marker setting fee	
Recording and filing fee	45.-
Sales taxes	11.63
Total Due	701.63
Paid receipt number	42415 701.63
Balance due	Ø

PAID
JUN 24 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary will bring check per Martin Mitchell

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Christopher Parker
Signature

2866 Casals Ct
Address

San Jose, CA 95148
State Zip Code

408-238-0525
Telephone

Work Order # E 10089

Invoice #

Acct. #

PY-593 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42415

Date: 6-24, 19 92

From: Calif Burial Address: 5602 El Cajon Blvd, SD 92115

Seven Hundred One 63/100 Dollars ($ 701.63)

In Payment of Interment of Willie Mae Wallace-Blackmon

Lot 40 Grave 9 Row — Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-10075

BALANCE DUE 4

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

4434

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	701	63

E 10089

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Willie	Mae	Blackman	8/27/1941	5/12/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Angela Parker-Daughter 527 S. 46th Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	5/18/92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 18 1992	▶ Donald L. Ramos, M.D. MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 40-9-21 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 5-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy To Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/15/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARA TORNABENE

in a T.S. Vault Vault/Liner Funeral, date, time Sat, 5/16 9:30 AM

Church, Chapel, Graveside Church - Grave - Goodlady (JACK) Mortuary.

All Funeral cars must 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 3624 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee Sat. O.T.	480.00
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	2060.50
Paid receipt number 4/5 42348	395.00
4/16 42250 Balance due	480.00
Bal Due:	1185.50

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Dennis J. Tornabene
Signature

1212 N. CEDAR ST.
Address

GLENDALE CA 91207
State Zip Code

(818) 241-3753
Telephone

449-8380-LOCAL

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 10090

Acct. # ____

PY-583 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E-10090

NOTE

$ 1185.50 San Diego, California 5-15 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Eighty-five 50/100 DOLLARS with interest from June 16, 1992 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 DENNIS J. TORNABENE SIGNATURE Dennis J. Tornabene

ADDRESS 1212 N. CEDAR ST. GLENDALE CA 91207

CALIFORNIA DRIVER LICENSE NUMBER C2466697 SSN # 331-40-7670

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42248

Date: 5-15, 1992

From: Dennis Tornabene Address: 1212 N Cedar, Glendale, Ca 91207

Three Hundred Ninety-five Mos Dollars ($ 395.00)

In _____ Payment of Interment of Clara Tornabene

Lot 3624 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10090

BALANCE DUE $1185.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 917

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 21 1992

012502

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	395	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	395	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42250

Date: 5-16, 19 92

From Denis Tornabene Address 1212 N. Cedar Glendale, Ca 91207

Four Hundred Eighty & No/100 Dollars ($ 480.00)

In Payment of Overtime & Set Service for Clara Tornabene

Lot 3624 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-10090

BALANCE DUE $1125.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	480	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	480	00

918

E 10090

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLARA	M.	TORNABENE	2-9-11	5-15-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Dennis Tornabene - Son 1212 N. Cedar Street Glendale, CA 91207

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Goodbody Mortuary 5027 El Cajon Blvd., San Diego, CA 92115	FD790	▶ [signature]	5-15-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	MAY 15 1992	▶ Donald L. Powell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
3851 Rosecrans Street San Diego, CA 92110	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5/16/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 3624-10 Vault Motel Diglu	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT*	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Chamberlain

in a Liner (Vault/Liner) Funeral, date, time Wed, 5/20 10:30 AM

Church, Chapel, Graveside Graveside ; GREENWOOD (JEAN MORRIS) Mortuary.

All Funeral cars must 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 128 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1296.63
Paid receipt number 42255	1296.63
Balance due	0

PAID
MAY 18 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the FRIEND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

William J Newman
Signature
6631 JACKSON DR
Address
San Diego Ca 92119
State Zip Code
619 460 7754
Telephone

Work Order # E 10091

Invoice # _____

Acct. # _____

PY-583 (REV. 8-88)

E 10091

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
David	Scott	Chamberlain	02-25-1925	05-14-1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Marilyn Johnson: Sister 415 Maitland Drive Alameda, CA 94501

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA	F-843	Sharon Fowler	5-19-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAY 20 1992	Harold L. Rowe, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA 128-1-3-12	11B. DATE BURIED 5/20/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy To Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42255

Date: MAY 18, 19 92

From: FIRST BAPTIST CHURCH Address: 4880 ZION ST. S.D 92120

TWELVE HUNDRED NINETY-SIX and 63/100 Dollars ($ 1296.63)

In FULL Payment of INTERMENT OF DAVID CHAMBERLAIN

Lot 128 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10091

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91)

5122

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT 20% Sales Care	67007 77184	119	00
80% Sales of Lots	100 77184	476	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	150	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	63
TOTAL PAID	$	1296	63

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Lots

Date 5-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kimberly + Nicole Martin

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 122 Grave 4 & 6 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund 2 @ 695 ..... 1390.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Paid in full 1992 Prepaid

Total Due 1390.00

Paid receipt number 42252 278.00

Balance due 1112.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Kimberly Martin
Signature

6782 Lyon Ave
Address

San Diego CA 92114
State Zip Code

265-1836
Telephone

Invoice # _____

Work Order # E 10092

Acct. # _____

PY-593 (REV. 8-86)

Send or bring one coupon with each remittance. **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10092

Kimberly & Nicole Martin
6782 Tiffin Avenue
San Diego, CA 92114-1637

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before, due date above: $ 46.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42712

Date: 9/9, 1992

From: Kimberly Martin Address: 6782 Tiffin Ave S.D. 92114

Forty-six ; 00/100 Dollars ($ 46.00)

In part Payment of Pre-need lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10092

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY K L Wright

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	46	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	46	00

AC-212 (Rev. 1-91) 341

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42842

Date: 10-9- , 19 92

From: Kimberly L. Martin Address: 6782 Tuffin St S.D. CA 92114

seven hundred eighty two dollars Dollars ($ 782.00)

In Payment of Pre-Need Lot (seventeen months in advance)

Lot 122 Grave 456 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 10092

BALANCE DUE ~~$330.~~

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒
1105

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balotsky

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184	782	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	782	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42252

Date: 5-18, 1992

From: Kimberly Martin Address: 6782 Tiffin Ave, SD

Two Hundred Seventy Eight 00/100 Dollars ($ 278.-)

In _____ Payment of Pre-Need Lots

Lot 122 Grave 4 & 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10092

BALANCE DUE $1112.-

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	278 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	278 00

AC-212 (Rev. 1-91) 332

OFFICIAL RECEIPT

45155

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-23, 19 94

From: Kimberly Martin Address: 6782 Jeffries Ave #11 92114

Three Hundred Thirty Dollars ($ 330 -)

In Payment of Pre-Need Lot

Lot 122 Grave 4 + 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-1093

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-81) 188

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184	330	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	330	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reg Coulston

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed, 5/20 10:00AM

Church, Chapel, Graveside Witness/Grave-side - Featherinsill (Wally) Mortuary.

All Funeral cars must 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 855 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Pre Need (1972)	Ø
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need (E-9459 5/91)	Ø
Burial Container	Pre-Need (" ")	Ø
Handling Fees	Pre Need (" ")	
Flower vases - Marker setting fee		
Recording and filing fee	Pre Need (" ")	Ø
Sales taxes	Pre Need (" ")	Ø
	Total Due	Ø
	Paid receipt number	
	Balance due	

Marker already on grave

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10093

PY-593 (REV. 8-85)

E 10093

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REG	BERNARD	COULSTON	2/14/1903	5/17/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Margaret Coulston, wife 6962 Ohio Ave., La Mesa, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	1083		5-19-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 19 1992	Donald L. Powers, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P. O. Box 85222, San Diego
CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA 85510	11B. DATE BURIED 5/20/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy J. Teasley
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Vault n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ophelia Adams

in a Liner (Vault/Liner) Funeral, date, time Tues, 5/19, 2:00 pm

Church, Chapel, Graveside Chapel + Graveside ; Ragsdale (Mark) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

1 Lot 23 Grave 3 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	Pre-Deed (D-9690)(78)	Ø
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need (" ")	Ø
Burial Container	Pre-Need (" ")	Ø
Handling Fees	Pre-Need (" ")	Ø
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		
	Total Due	45.00
	Paid receipt number 42253	45.00
	Balance due	Ø

MARCUS WILSON 262-1952

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

707 [illegible] St.
Address

San Diego, CA 92114
State Zip Code

_____
Telephone

Invoice # _____

Work Order # E 10094

Acct. # _____

PY-593 (REV. 8-88)

E 10094

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ophelia	—	Adams	3-13-04	5-11-92	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Maurice Wilson - Brother 707 Alvin St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	5-18-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	MAY 19 1992	Donald G. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 5-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy J. Teague	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE*	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42253

Date: 5-18, 19 72

From: Norma Wilson Address: 707 Alvin St. SD 92114

Forty five 70/100 Dollars ($ 45.-)

In Payment of Interment of Ophelia Adair

Lot 23 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-10094

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Wade

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Baudrand (x)

in a Ash Vault (Vault/Liner) Funeral, date, time Fri 8/21 3:30pm

Church, Chapel, Graveside GRAVESIDE ONLY; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 15 Grave _____ Row 2 Section 6 Division/[redacted] 7

Grave space & Care Fund Pre Need (1916)	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	40.00
Handling Fees	60.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.10
Total Due	253.10
Paid receipt number 42361	253.10
Balance due	Ø

Lou Ann
W-279-9690
H-292-7890

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Louvina Baudrand
Signature

4595 Chateau Dr.
Address

San Diego, Ca 92117
State Zip Code

619-292-7890
Telephone

Work Order # E 10095

Invoice # _____

Acct. # _____

PY-553 (REV. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42361

Date: 6-18, 1992

From: Donald Baudrand Address: 867 Downing Square, Lincolnshire, Ill.

Two Hundred Fifty-Three 10/100 Dollars ($ 253.10)

In _____ Payment of Interment of Mary Baudrand

Lot 15 Grave _____ Row 2 Section 6 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-10095

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 1-91) 1226

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	40	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	10
TOTAL PAID	$	253	10

E 10095
CR-14409

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	E	BAUDRAND	1/23/1904	5/18/1992	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS GATOS	SANTA CLARA	DONALD BAUDRAND SON 867 DOWNING SQUARE LINCOLNSHIRE IL 60069

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
JOHNSEN FUNERAL HOME 17720 MONTEREY ST MORGAN HILL CA 95037	F-635

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such ▶ [signature]

8B. DATE SIGNED 5/18/1992

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	MAY 18 1992	▶ Stephen A. Cozzy M.D.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
2220 MOORPARK AVE SAN JOSE CA 95128	1700 PACIFIC HIGHWAY RM 101 SAN DIEGO CA 92101

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA	11B. DATE INTERRED 8-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT ▶ Wendy Jo League
CREMATION	12A. NAME AND ADDRESS OF CREMATORY IRVINGTON MEMORIAL CEMETERY FREMONT CA	12B. DATE CREMATED 5-20-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of King Temple

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri., 5/22 2:00pm

Church, Chapel, Graveside Chapel + Graveside, Rasdale (MARK) Mortuary.

All Funeral cars must 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 J.-1.

Lot 131 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
Total Due	1580.50
Paid receipt number 42259	395.00
Balance due	1185.50
6/29 42441	1185.50

PAID
JUN 29 1992
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day note

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jethel Temple
Signature

715 S. 47th Street
Address

SAN DIEGO CA. 92113
State Zip Code

619-266-8495
Telephone

Invoice # _____

Acct. # _____

Work Order # E 10096

PY-593 (REV. 8-85)

MT. HOPE CEMETERY

W.O. # E 10096

NOTE

$ 1185.00 San Diego, California 5-19- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Eighty Five 00/100 DOLLARS with interest from June 22, 1992 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 Jethel Temple SIGNATURE Jethel Temple

ADDRESS 715 S. 47th Street

CALIFORNIA DRIVER LICENSE NUMBER N2025961 SSN # 358-32-1565

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42259

Date: 5-19, 1992

From: Djuanda Temple Address: 715 S. 47th St. Sly 92113

Three Hundred Ninety-Five — 00/100 Dollars ($ 395.00)

In _____ Payment of Interment of King Temple

Lot 131 Grave 8 Row _____ Section 2 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10096

BALANCE DUE $1185.50

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	395 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	395 00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42441

Date: 6-29, 1992

From: Memorial Life Address: 2 EAST Chase St, Baltimore, Maryland

Eleven Hundred Eighty-five 50/100 Dollars ($ 1185.50)

In Payment of Interment @ King David Temple

Lot 131 Grave 8 Row 4 Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-10076

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	244 [redacted]	00
Opening/ Closing	100 77181	350	00
Burial Containers	100 77182	200	00
Handling Fee	100 77185	175	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	50
TOTAL PAID	$	1185	50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

CK # 14000234CE

ISSUED BY

AC-212 (Rev. 1-91)

E 10096

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
King	David	Temple	5-13-34	5-16-92	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Jethel Temple - Wife 715 S. 47th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such	8B. DATE SIGNED
		Debbie Williams	5-20-92

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 22 1992	Donald G. Romrell, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 131-8-2-12	11B. DATE INTERRED 5-22-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT Wendy Tolleson	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leola Columbus

in a Liner (Vault/Liner) Funeral, date, time Fri, 5/22, 1:00 pm

Church, Chapel, Graveside Church + grave-side ; Calif Burial (VAN) Mortuary.

All Funeral cars must 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 Lot 171 Grave 3 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	150.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	11.63
Total Due	1296.63
Paid receipt number	42262 324.00
Balance due	972.63

30 Day Note

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Artie Elaine Bullock
Signature

26655 Gading Rd. #2
Address

Hayward, ca. 94544
State Zip Code

510 - 670 - 0132
Telephone

Invoice # 199302

Acct. # 073685

Work Order # E 10097

PY-593 (REV. 8-85)

MT. HOPE CEMETERY W.O. # E-10097

NOTE

$ 972.63 San Diego, California 5-19 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Seventy Two 63/100 DOLLARS with interest from June 22, 1992 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 ARTIE Elaine Bullock SIGNATURE Artie Elaine Bullock

ADDRESS 26655 Gading Rd. #2 Hayward, CA. 94544

CALIFORNIA DRIVER LICENSE NUMBER N5157210 SSN # 548-86-4379

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42262

Date: 5-19, 1992

From: Artie Bullock Address: 26655 Gading Rd #2, Hayward Ca 94544

Three Hundred Twenty Four 74/100 Dollars ($ 324.00)

In _____ Payment of Interment of Leola Columbus

Lot 171 Grave 3 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-10097

BALANCE DUE $972.63

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	324	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	324	00

AC-212 (Rev. 1-91)

E 10097

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Leola	----	Columbus	9/2/1947	5/15/1992	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oakland	Alameda	James Columbus, Sr.-Husband 2526 Taylor Avenue Oakland, CA 94605

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115	F-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein 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.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ [signature]	8B. DATE SIGNED 5/21/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 21 1992	▶ Donald L. Powers, M.D. MQ

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Alameda County Health Dept. 499 5th Street Oakland, CA 94607	San Diego County P.O. Box 85222 San Diego, CA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 5-22-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy D Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ---- 141-3-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ----	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ----	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ----	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/18/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1128450/92-0519

in a Liner (Vault/Liner) Funeral, date, time Tues 5/19 1:00pm

Church, Chapel, Graveside Del Only ; Pinkham-Mitchell (Carl) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No .

Lot 37 Grave 9-T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 199282

Acct. # 000952

Work Order # E 10098

PY-693 (REV. 8-85)

E 10098

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	---	DOE 92-0519	UNK	MAR 9, 1992	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RANCHO SANTA FE	SAN DIEGO	PUBLIC ADMINISTRATOR 9201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
PINGHAM-MITCHELL MORTUARY, 608 13TH STREET, IMPERIAL BEACH, CA 91932	F-1178	Ed Leach	MAY 19, 1992

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 19 1992	▶ Ronald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 5-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wendy To Teague
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1127442 / 92-0362

in a Liner (Vault/Liner) Funeral, date, time Tue 5/19, 2:00 pm

Church, Chapel, Graveside Del Only Berge-Robert (Doug) Mortuary.

All Funeral cars must 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 Lot 33 Grave 9T Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	121.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	297.00
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
State Zip Code

_____
Telephone

Invoice # 199284

Acct. # 000952

Work Order # E 10099

PY-593 (REV. 8-85)

E 10099

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	—	Doe 92-0362	unk.	2/17/1992	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Cardiff	San Diego	San Diego Co. Public Adm. 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
607 National City Blvd., BERGE-ROBERTS MORTUARY National City, CA	FD-284	▶ [signature]	5-19-92

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein 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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 19 1992	▶ Donald L. Ramos, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Memetery 3751 Market St., San Diego, CA	11B. DATE BURIED: 5-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Wendy Jo Teague	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: medal n/scotland	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.