

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-98

10.00 2	bject to your rules and regulations, to inter the remains
ina deliberation in	Funeral, date, time 3 1 1-13 1:00
Type of Build Combiner	west: landal Mortuary.
	of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	
/	11000
Lot 86 Grave 6 Row	Section A Division/Block
Grave space & Care Fund	795.00
Opposite Classic R. Color	1198 375.00
Opening/Closing & Setup	0 12-4-98 375.00 0 12-4-90 380.00 0 320.00
Burial Container	00 005
Flower vases - Marker setting fee	112 00
Recording and filing fee	45.00
Sales taxes	27.45
pary	Total Due
Paid r	receipt number R-505 19 972.00
x 1/1	Balance due 972.45
I hereby certify I am the	and. of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and interment.
I hereby authorize the interment in lot I	X Matte M- Caylor.
hold under deed.	× Signature 2014 N. 26 # St.
Signature of recorded holder of dend	* Address S. D. CA. 92/0:
	City Zip Code
	Telephone
	Invoice # 307121
Work Order # E 14700	Acct. # 097042

NOTE

\$ 972.45	San Diego, California _	11 Preferred	98
Thirty days after date for value received, the unc	dersigned maker promises to p	ay San Diego City Treasurer, or or	
3751 Market Street, San Diego, CA 92101, the	sum of how Hundred de	undy lure 100 DOLI	ARS
with interest from December 14, 19	98	on the unpaid prin	cipal
at the rate of 12 percent per annum, payable or	n 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	HAT	TIEM.	TAVLOR	SIGNATURE X	Hatti	Tm. 3	ylor.
ADDRESS X	244 N	. 26 5	t 54.	S.P.	CA.	92102	
CALIFORNIA DRIV	YER LICENSE NUM	BERX EDO	506	15 s	SN# X	569-64-	9208
89-1019 (11-88)					1		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 1A NAME OF DECEDENT-FIRST (GIVEN) 3. DATE OF DEATH 4. SEX 18. MIDDLE 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR Edward James Taulor 11/22/1919 11/08/1998 SA. CITY OF DEATH B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF DEATH-OUTSIDE CALIF., OF INFORMANT ENTER STATE San Diego San Diego Hattie M. Taylor, Wife 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78 CALIF LICENSE NUMBER 244 N. 26th St. Anderson-Ragsdale Mort.1 5050 Federal Blvd. San Diego, CA 92102 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT -- Firson taking permit, 8B. DATE SIGNED I hereby admowinder as applicant that the proposed disposition stated becomes one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 11/10/1998 ction 10276 of the Health and Safety Gode, and was authorized pursuant to Section 7100 of the Health and Safety Gode. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 98. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 11/13/1998 98.16497 PERMIT **AUTHORIZATION OF** IN THIS PERMIT \$7,00 LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. SO ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW Vital Records: P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVALIDMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USF H. TRANSIT TO OUTSIDE OF CALIFORNIA LIA NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market St. BURLAL 3.98 San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CR CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE AL 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Orlean Regarder	Address: 5050 Teles	Date: 3-	Jen Dugo 9210
In Payment of No.	when bellying the	n	
Lot Grave	Row	Section	Division Block
Acct. No. W.O. BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		CREDIT 20% Sales Care 80% Sales of Lots Opening Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	87007 77184 100 77184 100 77181 100 77182 100 77182 100 77183 63033 60001
Pre-need Trust Cash Check AC AC 212 (Rev. 5-94)	ISSUED BY John John John John John John John John	TOTAL PAID	12500

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-98

11-20-9

You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
or Jen Page	Edwards Marile
in a Type of Durant Decreased of Asia	Funeral, date, time MON . NOV 10 11:00
Church Chapa, Gravesida OMPC	TONS al Ragadate Mortyary
All Funeral cars must arrive before 300 p.m	n. of regular work day of an extra charge of \$ 1000
will be applied and billed to undersigned	
/	1
Lot 4 Grave 9 Row	Section Division/8feek _ Q
Grave space & Care Fund	795.00
Additional spaces and care fued	
Opening/Closing & Setup	DIV HILL 375.00
Burial Container	16 CAC/ 190.00
Handling Fees	-10-17 145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
me 1151.	Total Due
Paid	d receipt number N-50 3 61 782-00
10. 11 × 1000 00	Balance due 782-73
I hereby certify I am the HUSDIG	of the above named decedent on of remains as above indicated, I certify and represent
that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmless from
any manny on account of said anniorization	X Sugar Connelell
I hereby authorize the interment in lot I hold under deed.	The way of the or the or
	X 235 0 Fark P1. # 30
Signature of recorded holder of deed	Y PERRY TOWAL CHT 1005 P
	304-435-596/ (Telephone
	307108
Work Order # E 14701	Invoice # 097036
Will Older #	Acct. #_09 7030
REA-104 (7-96) This inform	mation is available in alternative formats upon request.

O Printed on recycled paper

\$ 782.73

PY-1012 (11-89)

W.O. # E-14701

San Diego, California November 13

NOTE

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at

11:3. 1 11	4 4 73
3751 Market Street, San Diego, CA 92101, the sum of her Hundre Eight	7 hos DOLLARS
with interest from December 17, 1998	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 prin accrue at the rate indicated above. Principal and interest are payable in lawful money will be liable and consents to renewals, replacements and extensions of time for paraturity, and waives presentment, demand and protest and the right to assert any person who signs this note agrees that recourse may be held against his/her separ contained herein. If any action be instituted on this note, the undersigned promise(smay fix as attorney's fees.	of the United States. The maker syment hereof before, at or after statute of limitations. A married rate property for any obligation
Part II, Chapter I, Article 2, Paragraph 7528 of the State of California H authorizes the removal of any remains from a plot for which the purchase price	
ADDRESS + 2350 Park Pl. #58 Terrytown (A. 70	and Kenney
ADDRESS +2350 Park Pl. #58 Terrytown (A. 70	0056
CALIFORNIA DRIVER LICENSE NUMBER X 004136074 LA. SSN # X	438-70-5423

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Edwards

5B. COUNTY OF DEATH-OUTSIDE CALIF.

F-1329

-- IF APPLICABLE

1C LAST (FAMILY)

ENTER STATE

Louisiana

SA AMOUNT OF FEE PAID

\$7.00

I hereby acknowledge as applicant that the proposes dispersion stated herein is one of the dispositions authorized by

Section 10376 of the Health and Salety Code, and was withorized pursuant to Section 7100 of the Health and Salety Code.

2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 06/12/1945 11/09/1998 A NAME RELATIONSHIP, FULL MAILING ADDRESS AND TIP CODE OF INFORMANT Edward Kennedy, Jr., Friend 2350 Park Place Apt. 58 Terrytown, LA 70056 BA SIGNATURE OF APPLICANT-Person taking permit, 88. DATE SIGNED 11/13/1998 9B. DATE PERMIT ISSUED '9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 11/13/1998 9816548 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, GA 92186-5222 FOR CORONER'S USE ONLY

B. CREMATION		DRNIA	I. DISPOSITION PENDING (Name and Address)	REMAINS LOCATED A
BURIAL	Nt. Hope Cemetery; 3751 Mark&etSt. San Diego, CA 92102	118. DATE BURIED	11C. SIGNATURE OF PERSON IN C	HARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN CA	TARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	1SB. DATE RECEIVED	13C. SIGNATURE OF PERSON IN C	HARGE OF FACILITY
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARRI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT 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 RE- MAINS DISPOSER ——F APPLICABLE

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

1A. NAME OF DECEDENT-FIRST (GIVEN)

New Orleans

IN THIS PERMIT.

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

Geraldine

ACKNOWLEDGMENT OF APPEICANT

5A CITY OF DEATH

PERMIT

AUTHORIZATION OF

LOCAL REGISTRAR

ANY CHANGE IN DISPOSE

TION REQUIRES A NEW

PERMIT TO SHOW FINAL DISPOSITION.

18. MIDDLE

Anderson-Ragsdale Most .: 5050 Federal Blvd.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-

SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE

AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED

NOTE: THIS PERMIT GNES HO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

IF DEATH OCCURRED IN CALIFORNIA

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-

74. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 178. CALIF, LICENSE NUMBER

San Diego, CA 92102

MT. HOPE CEMETERY

City of San Diego

Date_11-9-98

You are hereby authorized and instructed, sub	ject to your rules and regulations, to inter the remains
of Coci William	5
These of Regard Contamer	uneral, date, time FRI 11-13 12.0
Church, Chapel, Graveside Chapel Gr	Weside Humphrey Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	f regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot DO Grave Row	Section 3 Division/Blook 12
Grave space & Care Fund	100 E 14102
Additional spaces and care fund	~ - UINO ~
Opening/Closing & Setup	EG E14102 B
Burial Container	TEG E 14102
Handling Fees	XX 514102 D
Flower vases - Marker setting fee	and Fullog S
Recording and filing fee	1000 614192
Sales taxes	KCa E14102 Q
The 11-30-30.	Total Due
Paid re	eceipt number
	Balance due
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the interment in lot I hold under deed.	Symus Frie 10
	Address Chulo Visto CA 91911
Signature of recorded holder of dood	Chy 425- 5834 Zip Code
	Invoice #
Work Order # E 14702	Acct. #

@ Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1C LAST (FAMILY) 1A. NAME OF DECEDENT-FIRST (GIVEN) IB. MIDDLE MONTH, DAY, YEAR MONTH, DAY, YEAR CECIL. HOWARD WILLIAMS 02/18/1920 11/09/1998 58 COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH OF INFORMANT ENTER STATE Chula Vista San Diego Pearl D. Williams - Wife 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH. 7B. CALIF. LICENSE NUMBER 1444 Friar Place - IF APPLICABLE Humphrey Chula Vista Mortuary Chula Vista CA 9191 FD-964 855 Broadway Chula Vista CA 91911 BA. SIGNATURE OF APPLICANT—Person tuking permit, 88. DATE SEGNED I hereby acknowledge as applicant that the proposed disposition stated berein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized paraiant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A AMOUNT OF FEE PAID 9B, DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9816438 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PEDMIT \$7.00 NOTE: THIS PERMIT CIVES NO BIGHT OF DISPOSAL DUTSER OF CALFORNIA. LOCAL REGISTRAR ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA TION REQUIRES A NEW Vital Records P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 San Diego CA FOR CORONER'S USE ONL 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS M A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED Mt. Hope Cemetery - 3751 Market Street PURIAL San Diego CA 92102 - C 81 TEMS 12C. SIGNATURE OF PERSON IN CHARGE OF CRE 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED CREMATION N/A 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 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 15D. LICENSE HUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

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

MOUNT HOPE CEMETERY 527-3400

3322		5	10	90
From Pearl Williamp	Address: 1444 Fray 1	21. Chule	ivista	11411
in pull Payment of Ma	ret setting	es poi	ollars (\$ 121	0.00)
Lot 100 Grave	HOW S	ection 3	Divisio Block	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184 100	
w.o. E14702	MARY THE STATE OF	of Lots Opening/ Closing Bisrial	77184	
BALANCE DUE	A DESTRUCTION	Containers Handling Fee Recording &	77182 160 77185 100 77183 125	00
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	MHnaAma Clan	Mrsc. Feeli Pre-Need Trust Sales Tax	63033 9022 60101	
AC-212 (Rev. 544) 2007	ISSUED BY WALLET	SOTAL PAID	1 26	00



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_11-9-98

You are bereby authorized and instructed su	bject to your rules and regulations, to inter the remains
or Theodore Barn	effur.
in a Type of Build Comages	Funeral, date, time Fri. NOV-13 1:00
Church, Chapel, Gravesid	gravesial Spinemoria detuary.
All Funeral cars must arrive before 3 00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	X
Lot 37 Grave 7 Row -	1 12
	Section Division/erock
Grave space & Care Fund	
Additional spaces and care fund	375.00
Burial Container NUV 1	3 1998
Handling Fees MT. HOPE	CEMETERY 145.00
Flower vases - Marker setting fee	DIEGO, CALIFI
Recording and filing fee	45.00
Sales taxes	14:13
nortually to bring	Total Due
neck for tull Paid	receipt number <u>R - 50 566 1369 73</u>
I hereby certify I am the	Balance due
and this is your authority to make disposition	of the above named decedent of remains as above indicated. I certify and represent a and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and interment.
I hereby authorize the interment in lot I	X 229015
hold under deed.	Address
Signature of recorded holder of deed	Cay Zin Code
	Telephone
Work Order # E 14703	Acct. #
	ation is available in alternative formats upon request.

the Printed on recycled paper

				DESCRIPTION AND ADDRESS.
MT.	 Page	OF-		
PAG I		C - P- NA		P- 14 V
		C 12 14 1	_	

w.o. # E 14703

NOTE

, 1504.73

NOTE
San Diego, California November 9

Thirty days after date for value received, the undersigned maker promises to pay	San Diego City Treasurer, or orde
Thirty days after date for value received, the undersigned maker promises to pay 3751 Market Street, San Diego, CA 92101, the sum of One-Housand Fl with interest from	ive nunava six bitues to
with interest from December 14, 1998	on the unpaid principal (00

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.

V	V	
PRINT NAME	SIGNATURE	
ADDRESS		
ADDRESS-	V	
CALIFORNIA DRIVER LICENSE NUMBER	SSN #	



THE CITY OF SAN DIEGO



E-14703

FAX TRANSMISSION

Date	11-9-98	
то 1	nank	
Telep	none	
Fax	1092-0894	
Subje	ct E14703	

	+
03	
cover	2
	03 cover

COMMENTS PLAS	e sign all a	of the "x's"	
and fax	back.		
	Preference of		

Please call 527-3400, if all pages are not received.

Mt. Hope Cemetery
Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102 Tel (619) 527-3400



200	5
This information is available in alternative formats upon request. Balance due Balance due Of the above named decedent of that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Signalure of recerded follows Signalure of recerded follows This information is available in alternative formats upon request.	INTERMENT ORDER City of San Diego Date Ou are beieby authydized and instructed, subject to your rules and regulations, to inter the remains of The Council, Chapet Gravesid The Payrovcold Ship Funeral, date, time Fig. 10 Church, Chapet Gravesid The Payrovcold Ship Fineral, date, time Fig. 10 All Funeral cars must arrive before 350 p.m. of regular work day or an exite charge of \$ 150.00 Additional space & Care Fund Additional spaces and care fund Opening/Closing & Setup. Sales taxes Sales taxes Total Due ATAINAN +0 DMM Total Due Tot
MT. HOPE CEMETERY	NOTE W.O. # E 14703
\$ 1504.73	San Diego, California November 9 1998
3751 Market Street, San Diego, GA 9210 with interest from	the undersigned maker promises to pay San Diego City Treasurer, or order at the sum of Onc-HOUSANA FIVE NUMAY CASIX BY TUBE On the unpaid principal
accrue at the rate indicated above. Princi will be liable and consents to renewals, a maturity, and waives presentment, dema person who signs this note agrees that r	tie, it shall thereafter bear interest on the principal. Interest after maturity will ipal and interest are payable in lawful money of the United States. The maker replacements and extensions of time for payment hereof before, at or after and and protest and the right to assert any statute of limitations. A married recourse may be held against his/her separate property for any obligation ited on this note, the undersigned promise(s) to pay such sum as the Court
Part II, Chapter I, Article 2, Pa authorizes the removal of any rem	aragraph 7528 of the State of California Health and Safety Code mains from a plot for which the purchase price is past due and unpaid.
PRINT NAME	SIGNATURE
ADDRESS	
CALIFORNIA DRIVER LICENSE NUMBER	SSN #
PV-1012 (11-89)	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B MIDDLE 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1C. LAST (FAMILY) MONTH DAY, YEAR MONTH, DAY, YEAR Wellington Barnett Jr. 11/09/1998 Theodore 08/03/1956 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. OF INFORMANT ENTER STATE Rachel Henry - Sister Chula Vista San Diegho 2564 55th St. #2 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 17B. CALIF. LICENSE NUMBER San Diego, CA. 92105 -IF APPLICABLE San Diego Memorial Chapel 2441 University Ave. San Diego, CA, 92104 FD-1575 8A. SIGNATURE OF APPLICANT-Fersin taking permit, 8B. DATE SIGNED I hereby admovindes as applicant that the proposed disposition stated becomes, any of the dispositions authorized by 11/10/1998 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized partiaint to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT NOTE: THE PERMIT GIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALEDRINA. LOCAL REGISTRAR \$7.00 981646 9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records: PO Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA. 92104 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA LIA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURKED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mount Hope Cemetery; 3351 Market St. BURIAL San Diego, CA. 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 15B. DATE OF 15D LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-

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

DISPOSITION OTHER

THAN IN A CEMETERY

MAINS DISPOSER

-IF APPLICABLE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-9-98

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
ina liner	Funeral, date, time Tuel 11-17 11:0
Church, Chapel, Graveside	M Ragsdall Mortuary
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot Row Brave	Section Division/Bleek 2
Grave space & Care Fund	0051
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	NP 90.01
Handling Fees	16 9 1 9 145.00
Flower vases - Marker setting fee	110
Recording and filing fee	R- 40,00
Sales taxes	15:13
reditors claim	Total Due
arn white Paid	receipt number
12-2-08	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
	Invoice #

& Printed on recycled paper

REA-104 (7-98)

This information is available in alternative formats upon request.

DEBBIE

ANDERSON- RAGSDALE

203 1507

DECEMBER S NAME JOSEPH THOMAS DIOLO 11/5/98

AUDRESS CALL PLUS BE G 5008 PLUMAS ST SD CA 92/39

BOO SECH 692 14 5037 DIOLE 11-2-1913 PLACE OF STATES BEAUMANT, TX

SEX. M. BACE/STRUCTUR BLACK CHESENT CONTAINS MAKINE SUFPLIER.

PLACE OF CREATE Sharp Chula Vista

BODY LOCATION: 751 Medical Center Ct, Chula Vista 9/9/11 (482-5866)

DISPOSITION: CREMATION OR BURIAL AT Mt HOPE = \$ 176500

PAYMENT: COUNTY DISPOSPAS OR CREDITOR CLAIM FOR \$ 179000

DEATH CRETIFICATES 2 IPRICE INCLUDED IN CLAIM)

MARTIAL STATES SINGLE. THE TRUMP DISPOSED COUNTY

Kimberly White - 494 2326

NAMES TO BE CREMATED BUT THE PUBLIC GUARD WILL NOT SIGN CREMATION AUTH

VINETAN TRANSPORT

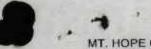
HOLE OBLINE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

		US	E BLACK INK ONLY-MAK	E NO ERASURES, W	HITEOUTS OR OT	HER AL	TERATIONS			
1.4	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)	IC. LAST (FAMILY)			MONTH DA	AY, YEAR	
5/	Joseph CITY OF DEATH	hula Vista		SB. COUNTY OF DEATH ENTER STATE San Diego	OUTSIDE CALIF.,	B. NAME, OF INF	11/02/1913 RELATIONSHIP, FULL MAI ORMANT erly White,		ESS AND ZIE	
7.8	Anderson-		rt.; 5050 Federal n Diego, CA 92102	ACTING AS SUCH 78 CAL	1329	5201- Sah	A Ruffin Rd Diego, CA 92 TURE OF APPLICANT—IN	123		
	ACKNOWLEDGMENT OF AP	PLICANT I hereby in Section 103	knowledge as applicant that the proposed dis 76 of the Health and Safety Code, and was auth	position stated herein is one of the orized pursuant to Section 7100 of the	dispositions authorized by Houlth and Safety Code.	· Ca	Bucher	100	11/1	7/1998
L	UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFI AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT GIVES NO 9D ADDRESS OF RE	ED IN ACCORDANCE WITH PRIOVI- DRIMA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED INITIAL OF DISPOSAL OUTSIDE OF CALFORNIA GISTRAR OF DISTRICT OF DEAT	\$7.00 H- 19E ADD	RESS OF REGISTRAR	98 ; OF DISTRI		98	816632	
3	ION REQUIRES A NEW FRMIT TO SHOW FINAL DISPOSITION		rds; P.O. Box 852	222	ISPOSITION IS TO OCCU	E IN AND	MER DISTRICT IN CAUPORN	nA.		
10	AUTHORIZED DISPO		n Diego, CA 92186	- 1222			FOR CORO	NER'S U	SE ONLY	
	A BURIAL (INCLU B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM/ EMETERY SE		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA		I. DISPOSITION P		EMAINS LO	CATEGORY
	BURIAL		emetery; 5050 Fee San Diego, CA	ieral Blvd.	118. DATE BURIED	110	SIGNATURE OF PERSO	ON IN CHAI	RGE OF BU	IRIAL
BLE ITEMS	CREMATION	- NAME AND AD	DRESS OF CALIFORNIA CREMA	TORY	128. DATÉ CREMAT	ED 12C	SIGNATURE OF PERSE	OH-IN CHAR	GE OF CRE	EMATION
APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECEIV	/ED 130	SIGNATURE OF PERSO	ON IN CHAI	RGE OF FA	CILITY
UMPLETE	TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 140	ADDRESS AND SIGNAT OF PLACING WITH THE			CHARGE
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAL FICIENT TO IDE	rest point on shoreline, or o ntify final place and ca <u>distr</u>	THER DESCRIPTION SUF-	15B. DATE OF DISPOSITION	150.	SIGNATURE OF PERSO CHARGE OF DISPOSIT		SD. LICENSE OF CREM MAINS DI —IF APPL	ATED RE

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









MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-10-98

na LINER	Funeral, date, time MON 11-16 11:00
Type of Burnet Container Church, Chapel, Graveside	GRAVESIDE CA BURIAL Mortuary.
All Funeral cars must arrive before 3:30 p	.m. of regular work day or an extra charge of \$ 50.01
will be applied and billed to undersigned.	X
Lot 473 Grave \\ Row	Section 3 Division/Sissik- 13
Grave space & Care Fund	795.00
Additional spaces and care fund	. 9
Opening/Closing & Setup	375.00
X I	190.00
Burial Container	Treserver 145.00
tandling Fees	y /
Flower vases - Marker setting fee	45.00
Recording and filing fee	19.73
Sales taxes	1564.7
	Total Due 782.01
	782 7
*	Balance due 10 4 · 1
	of the above named decedent ition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery havnless from and intermediate attack.
Signature of recorded bodder of deed	Address City Zip Code
Work Order # E 14705	Invoice # 307109 Acct. # 09703(4
REA-104 (7-96) This infe	ormation is available in alternative formats upon request.

O Privated on recycled paper

CALIFORNIA DRIVER LICENSE NUMBER

PY-1012 (11-89)

\$ 782.73

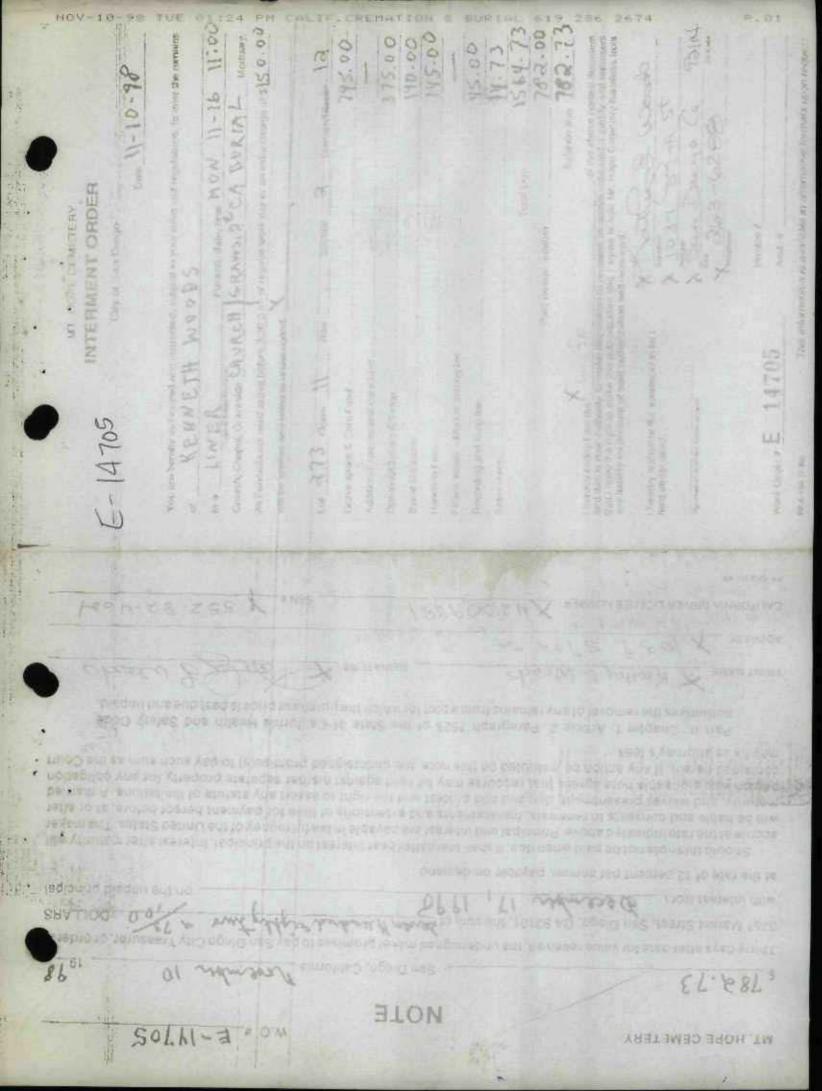
W.O. # E-14705

San Diego, California

NOTE

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at

18 Mariana agree	on the unpaid principal
and.	
rest are payable in lawful mone ts and extensions of time for p test and the right to assert an my be held against his/her sep	encipal. Interest after maturity will bey of the United States. The maker bayment hereof before, at or after y statute of limitations. A married parate property for any obligation e(s) to pay such sum as the Court
28 of the State of California plot for which the purchase pr	
SIGNATURE X	
-	rest are payable in lawful mone ts and extensions of time for p test and the right to assert an many be held against his/her sep mote, the undersigned promise 28 of the State of California plot for which the purchase pr



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDEN	IT-FIRST (GIVEN)	1B. MIDDLE	IG. LAS	ST (FAMILY)			2. DATE OF BIRTH	3. DATE	OF DEATH 4. SEX
KENNETH		E.	WOO	DS, SR.			05/07/1953		DAY, YEAR M
A. CITY OF DEATH					OUTSIDE CALIF.,	6. NAME.	RELATIONSHIP, FULL A		RESS AND ZIP CODE
NATIONAL	CITY		SAN	EA STATEGO		KATHY	L. WOODS-	VIFE	
		A-FUNERAL DIRECTOR N & BURIAL	OR PERSON ACTING AS	SUCH 78. CALIF	LICENSE NUMBER	The state of the s	57TH STREET		:
5880 EL C	AJON BLVD.	, SAN DIEGO	, CA 92115	F-	1357	8A. SIGNA	TURE OF ABPLICANT-	Person talong per	mil, 88 CATE SIGNED
ACHNOWLEDGMENT OF AP			he proposed disputation stated hi de, and was authorized pursuant t			> M	- Kette	LIF	11/13/199
AUTHORIZATION OF	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT		MITH PROVI- FETY CODE N SPECIFIED			198	9816537	OCAL REGIS	TRAR ISSUING PERMI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECO	RDS-P.O. BOX	X 85222				CT OF DISPOSITION- THER DISTRICT IN CALIFO	DENIA	
B. CREMATION C. DISPOSITION OF THAN IN A CE	OF CREMATED REM METERY E	ODRESS OF CALIFORN	F. DISIN	TERMENT IN TO CALIFOR		0 110	(Name and /	Address)	HARGE OF BURN
BURIAL	MT. HOPE 3751 MARK	ROUND AND AND THE RESIDENCE OF THE RESID	DIEGO, CA 9	2102	11-16-98	11	101	MS	
GREMATION	12A. NAME AND A	DDRESS OF CALIFOR	NIA CREMATORY		128, DATE CREMA	ED 12C	SIGNATURE OF PER	SON IN CH	ARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORN	NIA FACILITY RECEIVIN	G REMAINS	13B. DATE RECEI	VED 13C	SIGNATURE OF PER	RSON IN CI	HARGE OF FACILITY
TRANSIT			STATE OR COUNTRY ARE TO BE SHIPPED	WHERE	14B, DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH		PERSON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ELINE, OR OTHER DESCI NO CA <u>DISTRICT</u> OF DIS		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPO		150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER OF APPLICABLE
000V + 0F TI	E DEDMIT ACCC	MPANIES THE DE	MAINS TO THE ST	ATER DI ACE	OF DISPOSITIO	IN THE	DEDEON IN CHA	RGE DE	DISDOSITION 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.

at Buil and tal

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-12-98

or tleanor Deus	11 1 10 10 110
Type of Burist Container	11000
Church, Chapel, Graveside	ansid: Ragedale Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	Section 3 Division/Block 13 New E-515
Additional spaces and care fund	
Opening/Closing & Setup	_
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	-0_
Sales taxes	A
	Total Due
Paid re	ceipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and the said authorization are said authorization and the said authorization are said authorization and the said authorization are said authorization and the said authorization and the said authorization are said authorization are said authorization and authorization are said	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from ad interment.
I hereby authorize the interment in lot I hold under deed.	5174 Cervantes St.
Signature of recorded holder of deed	SAN DIEGO CA 92/14 City 264-9991 Telegram
	Invoice #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

100 USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 1B. MIDDLE IC. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR Eleanor Dews 08/13/1889 11/09/1998 6. NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE OF INFORMANT El Cajon San Diego Ernestine Peters, Daughter 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER 5174 Cervantes Ave. Anderson-Ragsdale Mort .: 5050 Federal Blvd. San Diego, CA 92114 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT—Person being permit, BB. DATE SIGNED I benefity acknowledge an applicant that the progened disposition stated becam is one of the appositions authorized by ACKNOWLEDGMENT OF APPLICANT 11/17/1998 Section 10376 of the Health and Solety Code, and was puthorized pursuant to Section 7100 of the Health and Solety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE.

3A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE. PERMIT 9816707 11/17/1998 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT \$7,00 NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICY IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW Vital Records; P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS Y A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F INSINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED 1 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery; 3751 Market St. BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C SIGNATURE OF PERSON IN CHARGE OF CRE 12B. DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-150, UCENSE NUMBER 158. DATE OF SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE

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

THAN IN A CEMETERY



R NEW grave

INTERMENT ORDER

City of San Diego

In a Double Depth	Funeral, date, time 100	es. NOV. 24 AYD
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an e	xtra charge of \$
will be applied and billed to undersigned.		
m191 08	2160	F 43/11
tot 3 Grave Row	Section	Division/Block
Grave space & Care Fund		795.00
Additional spaces and care fund		
	DAID	375.00
Opening/Closing & Setup	INFORT	380 00
Burial Container	NOV 1 2 1008	320.00
Handling Fees	101 1 Z 1990	3 40.00
Flower vases - Marker setting fee	HOPE CEMETERY	1,000.00
Recording and filing feeCLTY	ESAMIN'SCO CALIE	45.00
Sales taxes		24.45
all widge	Igtal Due	2 144, 45
The second secon	receipt number K-50	0559 2944 4
V .		Balance due
I hereby certify I am the Sheelere	& Lock wydow) of	the above named decedent
and this is your authority to make disposition that I have the right to make this authorization	n of remains as above indic n and I agree to hold Mt. Ho	ated. I certify and represent
any liability on account of said authorization	and interment.	
I hereby authorize the interment in lot I	Sharling.	E. Front widow
hold under deed.	X 3450 La	nell Was
	Mattheys C	ine CA 92106
Signature of recorded holder of deed	Tan and	Zip Code
	Tulopedon	265
West Order # E 14707	Invoice #	
Work Order # L 1100	Acct. #	



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
Business hours 8 a.m. to 4 p.m.
527-3400
Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

OFFICIAL SEAL TERESA HARTMAN

COMM. NO. 1086334 DEVERSITY
SAN DIEGO COUNTY
MY COMM. EXP. FEB. 4, 2000 US ALL TOGETHER

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

VERNON EDWARD LONTZ

		-			
from Lot 97	Grave _	8 Section _	Row	Block	
Division	43 and to	remove the same	e to and rei	inter said rem	nains
in Lot	_ Grave	Section	Row	Block	
Division	Cemetery	Mt.Hope Cemet	ery - Veteran	s Section	
legal custod authorization indicated be Cemetery ha	dians of ton, and to elow. The armless f	y certify and he remains and nat they are undersigned fur rom any liab	have the r related to ther agree ility on	ight to make the deceden to hold Mount account of	this t as Hope
Charline C	E Louts.	widow	3	450 Lowel an Digo, C	P. Way A. 92106
Signatu	ıre	Relation to de	eceased	Address	
	E. Lont	if not legal co	ustodian)	11/12/98 Date	أثلاثهم

EACH FAMILY MEMBER MUST SIGN AND

NOTORIZED WITH A SEAL.



THE CITY OF

EACH FAMILY MEMBER MUST SIGN AND

NOTORIZED WITH A SEAL.

C Printed an recepted par

SAN DIEGO

A 3

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

Real Estate Assets Department Business hours 8 a.m. to 4 p.m. • 527-3400 Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

06-19-98					
MONTH	YEAR				

COMM. NO. 108633 DIVERSITY
SAN DIEGO COUNT DIVERSITY
MY COMM. EXP. FEB. 1888 S ALL TOGETHER

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

VERNON EDWARD LONTZ

		Company of the Compan	1010		
from Lot 9	Grave _	Section _	100FRow _	Block	
Division	43 and to 1	remove the sam	me to and re	einter said r	emains
in Lot	_ Grave	_ Section	Row	_ Block	
Division	cemetery_	Mt. Hope Ce	metery - Vete	rans Section	
legal custo authorizati indicated b Cemetery	odians of the con, and the colow. The unarmless fr	certify and e remains and at they are indersigned furom any liabranch, removal	have the related to rther agree oility on	the decede to hold Moun account of	this nt as t Hope
Lizabeth &	Enda Zuias	Relation to	Atten deceased	2860 Bugger Yan Digo Ch Addres	ur Blud, 9. 92110 s
		above disinte		11/12/98	
(Lot owner		if not legal o	STATE OF THE PARTY OF THE PARTY.	Date	
	Subsc this_	orlibed and swom to b	1998		414
		N /101 a	00 00 100 116	1001	

RECORDING REQUESTED BY and when recorded MAIL TO:

LEWIS N. COLE Attorney at Law Post Office Box 1214 Ramona, California 92065

Telephone: (760) 789-5000

(888) 806-1676

DURABLE POWER OF ATTORNEY

AND NOMINATION OF CONSERVATOR

FOR CHARLINE E. LONTZ

TO PERSON EXECUTING THIS DOCUMENT:

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS.

- 1. THIS DOCUMENT MAY PROVIDE THE PERSON YOU DESIGNATE AS YOUR ATTORNEY-IN-FACT WITH BROAD POWERS TO DISPOSE, SELL, CONVEY, AND ENCUMBER YOUR REAL AND PERSONAL PROPERTY.
- 2. THESE POWERS WILL EXIST FOR AN INDEFINITE PERIOD OF TIME UNLESS YOU LIMIT THEIR DURATION IN THIS DOCUMENT. THESE POWERS WILL CONTINUE TO EXIST NOTWITHSTANDING YOUR SUBSEQUENT DISABILITY OR INCAPACITY.
 - 3. YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY AT ANY TIME.

TO WHOM IT MAY CONCERN:

THIS IS A DURABLE POWER OF ATTORNEY under Article 3, beginning with Section 2400, of Chapter 2 of Title 9 of Part 4 of Division 3rd of the Civil Code of the State of California.

ARTICLE I. DECLARATIONS.

1.1 THE EFFECTIVE DATE OF THIS POWER:

1.2 NAME AND ADDRESS OF PRINCIPAL:

CHARLINE ELOIS LONTZ 3450 LOWELL WAY SAN DIEGO CALIFORNIA 92106

The first person pronoun, "I" in its variations, "ME" "MINE", and "MYSELF", refer to the PRINCIPAL. THIS DURABLE POWER OF ATTORNEY SHALL NOT BE AFFECTED BY SUBSEQUENT INCAPACITY OF THE PRINCIPAL.

1.3 NAME AND ADDRESS OF ATTORNEY IN FACT:

VERNON McNAIR or in the 2044 SOUTH COURT alternative VISALIA, CALIFORNIA 93277

LEWIS N. COLE 604 "D" Street POB 1214 RAMONA, CA 92065

The second person pronoun, "YOU", in its variations, "YOUR", "YOURSELF", and "the Agent" refer to the ATTORNEY IN FACT.

When you, as my Attorney in Fact, sign on my behalf under the powers I give you in this document, you shall use the following form as authorized in California Civil Code \$1095:

"Charline E. Lontz , by Vernon McNair
Attorney in Fact" My name Your signature

1.4 My cancellation of any part of this document: IF, BEFORE I SIGN THIS DOCUMENT, I cross out or write through any part of this document, and I put my initials opposite the cancelled part, then I eliminate that part from the powers I give you in this document.

ARTICLE II. POWERS GIVEN TO THE ATTORNEY IN FACT.

- 2.1 I, as Principal, appoint you as my Attorney in Fact with full power of substitution, revocation, and delegation. I give you the powers in this document to use for my benefit and on my behalf. You shall use these powers in a fiduciary capacity.
- 2.2 As to any assets (a) standing in my name, or (b) held for my benefit, or (c) acquired for my benefit, and subject to Paragraph 1.4 above, I give you these powers listed below:

- 1. To manage, control, lease, sublease and otherwise act concerning any real property which the Principal may own, collect and receive rents or income therefrom; pay taxes, charges, and assessments on the same; repair, maintain, protect, preserve, alter, and improve the same; and do all things necessary or expedient to be done in the Agent's judgment in connection with the property.
- 2. To manage and control all partnership interests owned by the Principal and to make all decisions the Principal could make as a general partner, limited partner, or both, and to execute all documents required of the Principal as such partner, all to the extent that the Agent's designation for such purposes is allowed by law and is not in contravention of any partnership or other agreement.
- 3. To purchase, sell, invest, reinvest and generally deal with all stocks, bonds, debentures, warrants, partnership interests, rights, and securities owned by the Principal.
- 4. To collect and deposit for the benefit of the Principal all debts, interest, dividends, or other assets that may be due or belong to the Principal, and to execute and deliver receipts and other discharges therefor; to demand, arbitrate, and pursue litigation on the Principal's behalf concerning all rights and benefits to which the Principal may be entitled; and to compromise, settle, and discharge all such matters as the Agent considers appropriate under the circumstances.
- 5. To pay any sums of money which may at any time be or become owing from the Principal, to sell, and to adjust and compromise any claims which may be made against the Principal as the Agent considers appropriate under the circumstances.
- 6. To grant, sell, transfer, mortgage, deed in trust, pledge and otherwise deal in all property, real and personal, which the principal may own; including, but not limited to, any real property described on any Exhibit attached to this instrument including property acquired after execution of this instrument; to attach Exhibits to this instrument which provide legal descriptions of all such property; and to execute such instruments as the Agent deems proper in conjunction with all matters covered in this paragraph 6.
- 7. To prepare and file all income and other federal and state tax returns which the Principal is required to file; to sign the Principal's name; hire preparers and advisors and pay for their services; and to do whatever is necessary to protect the Principal's assets from assessments

for income taxes and other taxes for the years 1975 to 2030. The Agent is specifically authorized to receive confidential information; to receive checks in payment of any refund of taxes, penalties, or interest; to execute waivers (including offers of waivers) of restrictions on assessment or collection of tax deficiencies and waivers of notice of disallowance of claims for credit or refund; to execute consents extending the statutory period for assessment or collection of taxes; to execute closing agreements under IRC §7121, or any successor statute; and to delegate authority or substitute another representative with respect to all above matters.

- 8. To deposit in and draw on any checking, savings, agency, or other accounts which the Principal may have in any banks, savings and loan associations, and any accounts with securities brokers or other commercial institutions, and to establish and terminate all such accounts.
- 9. To invest and reinvest the Principal's funds in every kind of property, real, personal, or mixed, and every kind of investment, specifically including, but not limited to, corporate obligations of every kind; preferred or common stocks; shares of investment trusts, investment companies, and mutual funds; mortgage participations; and any Trust (including oil or gas interests) for the benefit of NOT APPLICABLE, including the

(specifically including, but not limited to, the general conomic conditions and the Principal's anticipated needs) persons of skill, prudence, and diligence acting in a similar capacity and familiar with those matters would use in the conduct of an enterprise of a similar character and with similar aims, to attain the Principal's goals; and to consider individual investments as a part of an overall plan.

- 10. To bring suit against any bank, savings and loan association, or other person or entity that fails or refuses to honor this power of attorney.
- 11. To have access to all safe deposit boxes in the Principal's name or to which the Principal is an authorized signatory; to contract with financial institutions for the maintenance and continuation of safe deposit boxes in the Principal's name; to add to and remove the contents of all such safe deposit boxes; and to terminate contracts for all such safe deposit boxes.
- 12. To make additions and transfer assets to any and all living revocable trusts of which the Principal is a Settlor.

- 13. To make direct payments to the provider for tuition and medical care for the Principal's issue under Internal Revenue Code Section 2503(e) or any successor statute, which excludes such payments from gift tax liability.
- 14. To use any credit cards in the Principal's name to make purchases and to sign charge slips on behalf of the Principal as may be required to use such credit cards; and to close the Principal's charge accounts and terminate the Principal's credit cards under circumstances where the Agent considers such acts to be in the Principal's best interest.
- 15. To hire and to pay from my funds for counsel and services of professional advisors, including a firm of which you are a member, without limitations physicians, dentists, accountants, attorneys, and investment counselors.
- l6. To apply for government and insurance benefits, to prosecute and to defend legal actions, to arrange for transportation and travel, and to partition community property to create separate property for me.
- 17. As to gifts of my assets, (a) to make gifts to my children, grandchildren, and great-grandchildren, if any, but you shall not make gifts to yourself; (If you make gifts to your issue, you shall make pro-rata gifts to your siblings or their issue per stirpes to equalize the gifts to your issue.) (b) to make gifts, in your judgment, to charitable, scientific, or educational institutions according to my pattern of charitable giving during the past five (5) years.
- 18. If, for any reason, the Agent under this Durable Power of Attorney is unwilling or unable to continue to serve, the Agent shall select a successor Agent from the class composed of the Principal's adult issue. A dated and signed affidavit of the original Agent as to the selection of the Successor Agent shall be attached to the original instrument and shall be delivered to the Successor Agent. A copy shall be delivered to the Principal. Third parties who deal with the Successor Agent shall be entitled to rely on the original Power of Attorney instrument with the affidavit attached.
- 19. The Agent is authorized to execute agreements dividing the community property of the Principal and the Principal's spouse into equal shares of separate property. If major expenses relating to the Principal's incapacity are foreseeable and may deplete the Principal's estate, the Agent is also authorized to transfer ownership of the Principal's

interest in the family residence to the Principal's spouse. If any of the Principal's assets are held in a revocable trust, the Agent is authorized to remove the Principal's assets from such trust to the extent that this is necessary to affect the above-described division or transfer of assets. Thereafter, the Agent is authorized to execute a replacement separate property trust on the Principal's behalf on condition that any new trust does not materially alter the provisions for disposition of any assets the Principal may own at the Principal's death.

- and do all things necessary to provide for the Principal's personal care, support and maintenance, including the authority to enter into contracts to provide for suitable living quarters by purchase, lease, contract with care providers or other arrangement, or by paying the ongoing costs of maintenance of the Principal's present residence, including, but not limited to, interest, taxes, repairs, and procurement of domestic help. The Agent is authorized to procure and pay for clothing, transportation, medicine, medical care, food and other needs, and to make arrangement and enter into contracts on the Principal's behalf with hospitals, hospices, nursing homes, convalescent homes, and similar establishments.
- 21. The Agent is authorized to purchase United States Government Bonds referred to as Flower Bonds redeemable at par in payment of United States estate taxes imposed at the Principal's death; and to borrow money for such purchase; and to secure any such loan in such manner as the Agent considers appropriate or necessary under the circumstances.
- 22. The Agent is authorized to execute and file consents, agreements, and related documents under IRC §2032A or any successor statute, for the special use valuation of any property of which the Principal is a beneficiary or holds an interest which is affected by Sections 2032 to 2046 of the IRC.
- 23. The Agent is authorized to take all action and execute all consents, agreements, or related documents required in order to qualify for installment payment of federal estate taxes for any estate of which the Principal may be a beneficiary, specifically including, but not limited to, the estate of the Principal. This authorization shall include, but not be limited to, the authority to continue to manage any enterprise, or run any business on behalf of the Principal in order to meet the active trade or business test required under Internal Revenue Code (IRC) §6166 or any successor statute.

- 24. The Agent is authorized to consent to split gifts made by the Principal's spouse to third persons under Internal Revenue Code Section 2513 or any successor statute, and similar provisions of any state or local gift tax laws.
- 25. The Agent is authorized to exercise on the Principal's behalf and for the Principal's benefit annual withdrawal rights from trusts which are limited to the greater of \$5,000.00 or five percent (5%) of trust assets, and to take possession of and utilize or distribute such withdrawn property to or for the benefit of the Principal.
- 26. The Agent is authorized to execute and deliver disclaimers under Internal Revenue Code Section 2518 and California Probate Code Section 260 through 295 or any successor statute.
- 27. Generally, to do, execute, and perform any other act, deed, matter, or thing, that, in the opinion of the Agent, ought to be done, executed, or performed in conjunction with this Power of Attorney, of every kind and nature, as fully and effectively as the Principal could do if personally present. The enumeration of specific items, acts, rights, or powers in this instrument does not limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers granted to the Agent except where powers are expressly restricted.

The Agent is authorized and directed to commence enforcement proceedings, at the Principal's expense, against any third party who fails to honor this Durable Power of Attorney.

ARTICLE III. POWERS YOU SHALL NOT HAVE.

3.1 YOU SHALL NOT HAVE THESE POWERS:

- To use the Principal's assets for the Agent's own legal obligations, including, but not limited to, support of the Agent's dependents;
- To exercise any trustee powers under an irrevocable trust of which the Agent is a Settlor and the Principal is a Trustee;
- 3. To exercise incidents of ownership over any life insurance policies which the Principal owns on the Agent's life; or
- 4. To exercise the incidents of ownership over any life insurance policies I own on my life.

ARTICLE IV. CONSERVATORSHIP.

4.1 NOMINATION OF CONSERVATOR. If protective proceedings of my person or estate or both are begun after I sign this document, I nominate for the Court's consideration the following person:

For the conservatorship of my person:

VERNON MCNAIR

For the conservatorship of my estate:

VERNON MCNAIR

If the person named above is for any reason unwilling or unable to serve, the Principal hereby nominates _______
LEWIS N. COLE, ATTORNEY

as such conservator of the Principal's person and/or Principal's estate.

4.2 On the appointment of a conservator of the Principal's estate, this Power of Attorney shall terminate, and the Agent shall deliver the assets of the Principal under the Agent's control as directed by the conservator of the Principal's estate.

ARTICLE V. MISCELLANEOUS.

- 5.1 Any third party from whom the Agent may request information, records, or other documents regarding the Principal's personal affairs may release and deliver all such information, records, or documents to the Agent. The Principal hereby waives any privilege that may apply to release of such information, records or other documents.
- 5.2 The Agent's signature under the authority granted in this Power of Attorney may be accepted by any third party or organization with the same force and effect as if the Principal were personally present and acting on the Principal's own behalf. No person or organization who relies on the Agent's authority under this instrument shall incur any liability to the Principal, the Principal's estate, heirs, successors, or assigns, because of reliance on this instrument.
- 5.3 The Principal's estate, heirs, successors, and assigns shall be bound by the Agent's acts under this Power of Attorney.
- 5.4 This Power of Attorney shall not be affected by the Principal's subsequent disability or incapacity.
- 5.5 The Principal hereby ratifies and confirms all that the Agent shall do, or cause to be done, by virtue of this Power of Attorney.

- 5.6 The Principal declares that the Principal understands the importance of this Durable Power of Attorney, recognizes that the Agent is granted broad power to hold, administer and control the Principal's assets, and recognizes that this Durable Power of Attorney will become effective immediately on execution, and will continue indefinitely until specifically revoked or terminated by death, even if the Principal later becomes incapacitated.
- 5.7 CO-ATTORNEYS IN FACT. If I have appointed two (2) persons to serve as Co-Attorneys in Fact, they shall act unanimously, and both shall sign whatever and whenever necessary. But, if one dies, resigns, or is unable to act because of incapacity, the remaining person shall act alone.
- 5.8 SEVERABILITY. If any provision of this document is not valid, all other provisions shall remain valid.
- 5.9 YOUR FREEDOM FROM LIABILITY WHEN YOU SHOW GOOD FAITH. You are not liable to me or any of my successors when, in good faith, you act or do not act under this document; but this freedom from liability is not effective in the event of your wilful misconduct or gross negligence.
- 5.10 Where required, the singular includes the plural, and the plural includes the singular.
- 5.11 California law governs this Durable Power of Attorney in all respects.
- 5.12 We accept the appointment as Co-Agents, and agree to act as Co-Agents according to the terms of this Durable Power of Attorney, on the date set forth opposite our signatures.

Signature:	Date:
Signature:	Date:
Signature:	Date:
5.13 I, the Principal, sign on the date set forth opposite	this Durable Power of Attorney my signature.
Signature: Charline E. Lontz	

ALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT	No.
County of SAN DIEGO On 1-9-99 before me. SPANN NOTARY PUBLIC. personally appeared CHARLINE E. LONTZ. NAME(S) OF SIGNER(S) personally known to me - OR - proved to me on the basis of satisfactory evict to be the person(s) whose name(s) subscribed to the within instrument and knowledged to me that he/she/they exet the same in his/her/their author capacity (ies), and that by hi	is/are GENERAL GENERAL
THIS CERTIFICATE MUST BE ATTACHED TO TITLE OR TYPE OF DOCUMENT DURABLE THE DOCUMENT DESCRIBED AT RIGHT: NUMBER OF PAGES 11 DATE OF	POWER OF ATTORNEY DOCUMENT
Though the deta requested here is not required by law, it could prevent fraudulent reattachment of this form. SIGNER(S) OTHER THAN NAMED ABOVE	CORRECT CONTRACTOR CON

81992 NATIONAL NOTARY ASSOCIATION • 8236 Remmet Ave. P.O. Box 7184 • Canoga Park, CA 91309-7

Relating to the Durable Power of Attorney and Nomination of Conservator.

DECLARATION OF CALIFORNIA LAWYER

I am a Lawyer authorized to practice law before all courts of the State of California where this Power of Attorney was executed. The Principal was my client at the time this Power of Attorney was executed. I have advised my client concerning their rights in connection with this Power of Attorney and the applicable law and the consequences of signing or not signing this Power of Attorney. My client, after being so advised, has executed this Power of Attorney.

- I reviewed the above Durable Power of Attorney with the Principal before the Principal signed it.
- The Principal communicated to me that the Principal wanted to give the uncancelled powers to the Attorney in Fact.
- I supervised the signing of the Durable Power of Attorney by the Principal.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct, and that this certificate was executed at California on 9,1999

Signature of Lawyer:

Address of Lawyer:

604 "D" Street
P.O. Box 1214
Ramona, California

92065

INTERMENT ORDER

City of San Diego

Date 11-12-92

You are hereby authorized and instructed		s and regulations, to inter	the remains
In a Sures Type of Burlan Container	Funeral, date, tim	o Wed. 11-10	9 11:
Church, Chapel, Graveside	wile:	woman, of &	Mortuary
All Funeral cars must arrive before 3:90	p.m. of regular work di	ay or an extra charge of	s many
will be applied and billed to undersigner	d		
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Additional spaces and care fund			-
Opening/Closing & Setup	1/		-0-
Burial Container	A	U	0
Handling Fees	14	¥.1	0
Flower vases – Marker setting fee			_
Recording and filing fee	3.1		-0_
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- Fritzer	Paid receipt number _	Total Due	
		Balance due _	
I hereby certify I am the and this is your authority to make disport that I have the right to make this authorizany liability on account of sald authoriza	ization and I agree to he	of the above nan pove indicated. I certify a old Mt. Hope Cemetery h	ind represent
I hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signaturs of recorded hobber of steed	City		Zip Code
	Telephone		
	Invoice #_		
Work Order # E 14708	Acct. #		MITTER

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REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDI	ENY-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FA	(ILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Com	nie – Tay	TANDERS AND THE PROPERTY OF TH
SA CITY OF DEATH	Ca ion.	MILL OF THE PARTY
	DDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
	Diego Memorial Chapel	-IF APPLICABLE San Diego, CA. 92114
	1 University Ave. San Diego, CA 92104	PD-1575 8A. SIGNATURE OF APPLICANT—Person taking person, 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	PPEJCANT I hereby acknowledge as applicant that the proposed diagnostion stated series is Section 10376 of the Health and Safete Code, and was authorized pursuant to Section	ne of the dispositions authorized by Alfael I. Far. 11/13/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT, ROTE THIS PERMIT GRES NO ROUT OF INSPOSAL OUTSIDE OF CREFORMA. \$7.0	FEE PAID 98. DATE PERMIT ISSUED FIC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 11/17/1998 M. Legaspi > 9816662
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
B. CREMATION	OF CREMATED REMAINS OTHER	
BURIAL	Mt. Hope Cemetery; 3351 Market St. San Diego, CA. 92102	118. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION SCIENTIFIC	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	ISA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REN	ANNS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHEN REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.	E 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA DR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITI	

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

INTERMENT ORDER

City of S. Diego.

Date 11-13-98

. LINER	Funeral, date, time	MON	11-1	6 1:1
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Funeral cars must arrive before 3.00 p	.m. of regular work day	or an ext	ra charge c	is 150.
If be applied and billed to undersigned.			105	
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Grave 19 Row	Section	9	Jivision/ sik	79 5 DI
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dditional spaces and care fund				
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REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Constant Constant	USE BLACK INK ONLY-MAKE		HITEODIS ON OTHER			
IA. NAME OF DECEDE RUSSell		Scales		2. DATE OF BIRTH MONTH, DAY, YEAR 01/12/1949	3. DATE OF DEATH MONTH, DAY, YEAR 11/09/1998	4. SEX
7A. TYPED NAME AND A	Diego DDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON Ragsdale Mort.; 5050 Federal San Diego, CA 92102	58. COUNTY OF DEATH ENTER STATE San Dieso ACTING AS SUCH 78. CAL Blvd. F-	of Ro IF LICENSE NUMBER APPLICABLE Sp 1329 8A Si	ME, RELATIONSHIP, FULL MINFORMANT OSEVELT J. SO 10 Akard St. Fing Valley GNATURE OF APPLICANT	cales, Brothe	er.
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the proposed dup- Section 10376 of the Health and Safety Code, and was author	esition stated herein is one of the riced pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code:	Ether West	Gem 11/1	6/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THE PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. WITH THE FEMIL HO MEET OF DEPOSITION OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH F DEATH OCCURRED IN CALIFORNIA. VICAL Records; P.O. Box 852 San Diego, CA 92186	\$7.00	ID DB. DATE PERMIT ISSUE 11/16/1998 11/16/1998 PRESS OF REGISTRAR OF DI ISPOSITION IS TO OCCUR IN A		9816	
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BURIAL	Ht. Hope Cemetery; 3751 Mar San Diego, CA	rket St. 02102	11-16-98	IC. SIGNATURE OF PER	Ale	
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMATED	20. SIGNATURE OF PERI	SON IN CHARGE OF CRI	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVED	3C. SIGNATURE OF PER	SON IN CHARGE OF FA	CILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			4C. ADDRESS AND SIGN OF PLACING WITH 1		CHARGE
SCATTERING AT SEA	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		158 DATE OF DISPOSITION	50. SIGNATURE OF PER CHARGE OF DISPOS		SATED RE-

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



VS 9 (REV. 6/91)

THAN IN A CEMETERY



REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-13-98

na T.S. VAULT	Funeral, date, time	WED	11-18	3,01
Church, Chapel, Graveside GRAVES	IDE F	REST	LAWN	_ Mortuary
All Funeral cars must arrive before 3:00 p.n	n. of regular work da	y or an extr	a charge of \$	150.0
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818 957 5098

11-12-18 mars

MITERMENT ORDER

TIS VAULT

C. S. S. P.

PARTY DE FOREST WARM

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Marke Ca 9208

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THE MENSON

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ENABLINES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/87) STATE FILE NUMBER LOCAL REGISTRATION NUMBER 1. NAME OF DECEDENT-FIRST (GIVEN) 3. LAST (FAMILY) 2. MIDDLE DUANE KOENIG PAUL IF UNDER 1 YEAR IF UNDER 24 HOURE 6. SEX 4. DATE OF BIRTH MM/DD/CCYY 5. AGE YRS 7. DATE OF DEATH MM/DD/CCYY B. HOUR 0200 11/13/1998 05/27/1935 63 13. EDUCATION-YEARS COMPLET 9. STATE OF BIRTH 10. SOCIAL SECURITY NO 11. MILITARY SERVICE 12. MARITAL STATUS DECEDENT PERSONAL NY 564-44-4422 MARRIED 15 DATA 15, HISPANIC-SPECIF 16. UBUAL EMPLOYER 14. RACE WHITE SELF EMPLOYED 17. OCCUPATION 18. KIND OF BUSINESS 19. YEARS IN OCCUPATION ELECTRICAL ENGINEER BUSINESS CONSULTING 10 20. RESIDENCE-ISTREET AND NUMBER OF LOCATION) 3111 GLENCREST DRIVE DELLAL 24. YRS IN COUNTY | 25. STATE OR FOREIGN COUNTRY 21. CITY 22. COUNTY 23. ZIP CODE RESIDENCE GLENDALE LOS ANGELES 91208 25 CALIFORNIA 26. NAME, RELATIONSHIP 27. MAILING ADDRESS (STREET AND NUMBER OF BURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZI INFORMANT STEPHANIE E. KOENIG - WIFE 3111 GLENCREST DR., GLENDALE, CA 91208 28. NAME OF SURVIVING SPOUSE-FIRST 29. MIDDLE 30, LAST (MAIDEN NAME) STEPHANTE EVE GILLMAN SPOUSE 31, NAME OF FATHER-FIRST 32. MIDDLE 34. BIRTH SYATE 33, LAST AND ARTHUR WILLIAM PARENT KOENIG NY INFORMATION 35. NAME OF MOTHER-FIRST 37. LAST (MAIDEN) 98. minth STATE **JEANNETTE** REISS NY 39. DATE M M/D D/C C Y Y 40. PLACE OF FINAL DISPOSITION DISPOSITIONIS 11/18/1998 MT. HOPE 3751 MARKET ST., SAN DIEGO, CA 92102 41. TYPE OF DISPOSITIONIS 42. BIGNATURE OF EMBALMER 43. LICENSE NO. FUNERAL BURIAL > & coll tow 8257 DIRECTOR AND 45. LICENSE NO. 46. SIGNATURE OF LOCAL REGISTRAR 44. NAME OF FUNERAL DIRECTOR 47. DATE M M / D D / C C Y Y LOCAL FOREST LAWN MTY., GLENDALE REGISTRAR FD 656 101, PLACE OF DEATH 102. IF HOSPITAL, SPECIFY ONE 103. FACILITY OTHER THAN HOSPITAL 104. COUNTY HUNTINGTON MEMORIAL HOSP. X LOS ANGELES PLACE ER/OF DOA IP 105. STREET ADDRESS-ISTREET AND NUMBER OR LOCATION 108 CITY DEATH 100 W. CALIFORNIA BLVD PASADENA 107. DEATH WAS CAUSED BY LENTER ONLY ONE CAUSE PER LINE FOR A. B. C. AND D. TIME INTERVAL BETWEEN GNEET AND DEATH 108. SEATH REPORTED TO COROHER 98-578/2 X NO IMMEDIATE (A) CEREBROVASCULAR ACCIDENT DAYS CAUSE 109. BIOPSY PERFORMED DUE TO (B) SEIZURE DISORDER X YEARS No 110. AUTOPSY PERFORMED CAUSE DUE TO (C) HYPERTENSION YEARS X YES No DEATH 111, USED IN DETERMINING CAUSE X DUE TO (D) No 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 IF YES, LIST TYPE OF OPERATION AND DATE. NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE
AND PLACE STATED FROM THE CAUSES STATED,
DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE
M M / D D / C C Y Y
M M / D D / C C Y Y > hur charter Klein 117. DATE M M / DD / CCYY 116. LICENSE NO. A40483 11/17/1998 PHYSI-CIAN'S 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, TIP CERTIFICA TION 04/27/1995 09/01/1998 MICHAEL E KLEIN, MD. 1818 VERDUGO BLVD GLENDALE CA 91208 I CERTIFY THAT IN MY OPINION PEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 120. INJURY AT WORK 121. INJURY DATE MM/DD/CCYY 122. HOUR YES 119. MANNER OF DEATH 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) NATURAL BUICIDE HOMICIDE CORONER'S COULD NOT BE PENDING USE ACCIDENT ONLY 128. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127 DATE MM/DD/CCYV 128, TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER FAX AUTH. # CENSUS TRA STATE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1	A. NAME OF DECEDE		18. MIDDLE	IG. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
	DUANE		PAUL	KOENIG		05/27/1935	11/13/1998 M
5	A. CITY OF DEATH			SB. COUNTY OF DEAT	H-OUTSIDE CALIF.,		MAILING ADDRESS AND ZIP CODE
	PASADENA			LOS ANGELES		STEPHANIE E. KO	DENTG - WIFE
7	FOREST LA	WN MEM'L PA	RK 1712 S. GL	PERSON ACTING AS SUCH 7B. CA	IF APPLICABLE	3111 GLENCREST GLENDALE, CA 91	DRIVE .
	AVE., GLE	NDALE, CA 9	1.205	F			Person laking pount, BB. DATE SIGNED
	ACKNOWLEDSMENT OF A	PPLICANT 1 Thereby a Section 100	cknowledge as applicant that the pro 376 of the Health and Safety Code, an	iposed disposition stated horon is one of the diversional authorized pursuant to Section 7150 of t	he rigatth and Salely Code.	Dessette F	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPI D WIGHT OF DISPOSAL OUTSIDE OF CA	ECIFIED 7 00	21/17/	ISSUED OF SIGNATURE OF L	SCAL REGISTRAR ISSUING PERMIT
3	TO SHOW FINAL	PASADENA C	GISTRAR OF DISTRICT OF D IN CAUTOMNIA TTY HEALTH DET OAKS AVE., PASAD	PT. SAN	DIEGO HEAL	OF DISTRICT OF DISPOSITION- R IN ANOTHER DISTRICT IN CALF TH DEPT. SAN DIEGO, CA	ORNIA
i	O. AUTHORIZED DISPI	THE RESERVE OF THE PARTY OF THE	CONTRACTOR OF THE PARTY OF THE	ari di sino		FOR CO	RONER'S USE ONLY
	B. CREMATION		AINS OTHER	E TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIF	DRNIA	L DISPOSITION (Name and	N PENDING—REMAINS LOCATED AT Address)
-	BURIAL	MT. HOPE	CEMETERY 3751		118. DATE BURIED	11C, SIGNATURE OF RE	RSON IN CHARGE OF BURIAL
		The state of the s	, CA 92102	C. C	11-18-98	in poli	
BLE ITEMS	CREMATION	NA NAME AND AD	DRESS OF CALIFORNIA C	CREMATORY	128. DATE CREMATI		RSON IN CHARGE OF CREMA
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AD	DDRESS OF CALIFORNIA F	ACILITY RECEIVING REMAINS	13B, DATE RECEIV	ED 13C, SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPPE	D 14G, ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAF		OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PEI CHARGE OF DISPO	

COPY 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.

INTERMENT ORDER

City of San Diego

Bre-teck Trust

REA-104 (7-96)

			-0	0	
Date	11-1	3	-7	0	

na lun Funeral, d	
Type of Burial Container	ate, time
Church, Chapel, Graveside	,Mortuary.
All Funeral cars must arrive before 3.00 p.m. of regular	work day or an extra charge of \$
will be applied and billed to undersigned.	
ot 15 45 Grave Row S	ection Division/Block 10
Grave space & Care Fund	E-10101 -0
Additional spaces and care fund	
Opening/Closing & Setu D	375.00
Burial Container	190.00
Handling Fees NOV 1 9 1998	145.00
Flower vases - Marker setting fee	
Recording and High T. HOPE CEMETERY	45.00
Sales taxes	14-73
	Total Due
Paid receipt nu	mber R-50563 769-7
	Balance due
hereby certify I am the and this is your authority to make disposition of remain that I have the right to make this authorization and I ago any tlability on account of said authorization and interm	ree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I hold under deed. Additional of recorded holder of deep?	Sur Wees 9211
City	2644516 zwcod
	oice #

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This information is available in alternative formats upon request.

INTERMENT ORDER

City of San Diego

Date_11-16-98

di.	-au	
In a Page of Burisl Container	_ Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:80 p.m	n, of regular work day or an extra	charge of \$
will be applied and billed to undersigned		
Lot 371 Grave 7 Row_	Section 2 Div	ision/Block 12
Grave space & Care Fund		795.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes	\	14-73
***************************************	Total Due	1564.73
part Pair	d receipt number	
YL		nce due
~~		
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated on and I agree to hold Mt. Hope C	above named decedent I certify and represent emetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	1
	Ackhess	1
Signature of recorded hydder of deed	City	Zip Code
	Telephone	
	Invoice #	
	HIVUICO W	
Work Order # E 14712	Acct. #	

the Printed on expelled paper



MOV

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	Date 11-16-98
You are hereby authorized and instructed, subject	to your rules and regulations, to inter the remains
or MARY LOCK PA	# 1799 325 PVR 11-19
in a Lucu Fune	eral, date, time took 11-18 1:0
Church, Chapel, Graveside W	2 : So hamorial Mortuary.
All Funeral cars must arrive before 300 p.m. of re	gular work day or an extra charge of \$
will be applied and billed to undersigned.	
ed 12 - 2	1
Lot Grave Row	All the second s
Grave space & Care Fund	795,00 126,00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	190,00 50,00
Handling Fees	142.00
Flower vases – Marker setting fee	
Recording and filing fee	14 73
Sales taxes	11(1)
. Howard sites	Total Due30 6 100
P. A . Jamas Paid recei	pt number
W 12	Balance due
I hereby certify I am the and this is your authority to make disposition of right I have the right to make this authorization and any liability on account of said authorization and in I hereby authorize the interment in lot I hold under deed.	of the above named decedent emains as above indicated. I certify and represent I I agree to hold Mt. Hope Cemetery harmless from nterment.
	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
	Invoice # 307112
Work Order # E 14713	Acct. # 000952
P.A. €- 14713)le in alternative formats upon request. -20-98
NAME, LOCK	
many	
Prince	
LINER	
WED IPM	
WITHESS	

S.D. MORMUNIAL MARK

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

88

IA NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
Mary	-	-	Locke		12/11/1909 11/04/1998 F
San Diego			5B. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF. 8.	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Catharine Howard-Public Guardian
7A. TYPED NAME AND	ADDRESS OF CALIFORN	IA-FUNERAL DIRECTOR OR PER	RSON ACTING AS SUCH , 78. CA	LIF. LICENSE NUMBER	Office of The Public Administrat 5201-A Ruffin Rd. San Diego,
CATCHER BUILDING CONTRACTOR	Memorial	Chapel . San Diego, Ca		FD-1575 8/	SIGNADIRE OF APPLICANT Person trang point, 88. DATE SIGNED
ACHNOWLEDGMENT OF	1 heroby	acknowledge, as applicant that the propos 1976 of the Health and Safety Code, and wo	ed doposition stated herein is one of the	dispositions authorized by	Adol 1. Laplag . 11/18/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PR FORNIA MEALTH AND SAFETY O TY FOR THE DISPOSITION SPEC NO MIGHT OF DISPOSAL OUTSIDE OF CALIFI	PIED P. CO.	11/19/199 M. Legas	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital re	cordd; PO Box 8	5222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA
10. AUTHORIZED DISE	POSITION(S) CHECK A	O. CA. 92186-52	66		FOR CORONER'S USE ONLY
B. CREMATION	USE	AND STREET OF THE STREET OF TH	F. DISINTERMENT G. SHIP IN TO CALIF	SIDE OF CALIFORNIA	I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
BURIAL	Mt. Hope	Cemetery; 3351 o, CA. 92102	Market St.	118. DATE BURIED	11C SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION CREMATION SCIENTIFIC	12A. NAME AND A	DORESS OF CALIFORNIA CRI	EMATORY	128. DATE CREMATEL	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DORESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDI	AREST POINT ON SHORELINE, C ENTIFY FINAL PLACE AND CA I	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	168. DATE OF DISPOSITION	ISC. SIGNATURE OF PERSON IN SO LICENSE NUMBER OF CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF APPLICABLE

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

INTERMENT ORDER

City of San Diego

Date_11-16-98

na liner	Funeral, date, tim	. Wed. 11 -	18 11:10
Type of Burial Container Church, Chapel, Graveside	- A	lligningellage	Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work d	ay or an extra charge	of \$
will be applied and billed to undersigned	4		
Lot 68 Grave 13 Row	Section	A Division/8	lock \\
Grave space & Care Fund	ATD	D-9360	
Opening/Closing & SetupNOV	1 6 1998		375.00
Handling Fees MT. HO	PE CEMETERY		145.00
Flower vases - Marker setting fee			11000
Recording and filing fee			10 23
Sales taxes			71973
	Paid receipt number _	R - 505 70	769.73
X n	- <i>-</i>	Balance due	,
I hereby certify I am the Common and this is your authority to make disposithat I have the right to make this authorizany liability on account of said authorizany	zation and I agree to h	of the above indicated. I certicold Mt. Hope Cemeter	fy and represent
I hereby authorize the interment in lot I hold under deed.	Sgrature Y 7 9 Address	ne I m Mul	Pa-
Signature of recorded holder of deed	Y San CHYS F 2 Velephone	-7192 (6	95 15 24 Code
	Invoice #		
	11110100 11		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DA	TE OF DEATH 4. SEX
Cathron		Relle	Christianse	m	05/29/1906 11/	13/1998 w
SA. CITY OF DEATH			58. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MAILING	ADDRESS AND ZIP CODE
San Diego			San Diego		OF INFORMANT Nadine McMullen - I	Suchter
Feathetingi.	11 Mortuary			FAPPLICABLE	5367 Trojan Ave. San Diego, CA 92115	
ACKNOWLEDGMENT OF A	normalice 1 horeby a	acknowledge as applicant that the pro-	oposed disposition stated bersin is one of the id was authorized parasant to Section 7109 of in	departions authorized by	Tabber Hatthe	1/17/199
TION REQUIRES A NEW	THIS PERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORIN IN THIS PERMIT GIVES IN 9D. ADDRESS OF RE IF DEATH OCCURRE PO BOX 8522	UED IN ACCORDANCE WITH FORMIA HEALTH AND SAFET TY FOR THE DISPOSITION SP NO HIGHT OF DISPOSIAL DUTSING OF C EGISTRAR OF DISTRICT O ED IN CAUPONNIA 22 San Diego,	PROVI- Y CODE PECIFIED \$ 7.00	11/17/199 C. Lathre	9816676	GISTRAR ISSUING PERMIT
10. AUTHORIZED DISP	92186-5222				FOR CORONER	C HEE ONLY
B. CREMATION		AINS OTHER	E. TEMPORARY ENVA	DRNIA	(Name and Address)	G-REMAINS LOCATED AT
BURIAL	Mr. Hope	Cem. 3751 Mar , CA 92102		118. DATE BURIED	11/20	CHARGE OF BURIAL
CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMATE	D 12C SIGNATURE OF PERSON IN	CHANGE OF CREMA
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE		E. OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

INTERMENT ORDER

City of San Diego

Date 11 10 98

You are hereby authorized and instructed, sub	eject to your rules and regulations, to inte	r the remains
in a double dorth Crypt	uneral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:00 p.m. o	of regular work day or an extra charge of	\$
will be applied and billed to undersigned		
Lot 271 Grave 5 Row	Section Division/Block	12
Grave space & Care Fund		140.0
Additional spaces and care fund	_/	2010
Opening/Closing & Setup	1 7	515.00
Burial Container	\ \/\	
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee	$\langle \rangle$	
Sales taxes		
	Total Due	
Paid re	eceipt nomber	
	Balance due	
t hereby certify t am the	and I agree to hold Mt. Hope Cemetery I	and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Bigosture of recorded holder of deed	City	Zip Code
	Telephone	1
	Invoice #	
Work Order # E 14715	Acct. #	





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/14/98

You are hereby authorized and inst of IPAIAP PW	ructed, subject to your rules and regulations, to inter the remains
in a double depti	OWA metal, date, time Thur. NOV-19
Church, Chapel, Graveside	irch for NS 1016 uaaa uupun kortuur
All Funeral cars must arrive before	3:00 p.m. of regular work day or an extra charge of \$ 150 00
will be applied and billed to unders	gned. XC
JOHN 1	0 12
Lot 10 Grave	Row Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund	PD IN FULL
Opening/Closing & Setup	- 4) 36.00
Burial Container	71-30-1
Handling Fees	520.00
Flower vases - Marker setting fee .	TIS A
Recording and filing fee	75.00
Sales taxes	2011 TRG
day now	Total Due
	Paid receipt number 303 12 1022 22
XIS	Balance due LULL L
and this is your authority to make of	of the above named decedent disposition of remains as above indicated. I certify and represent
that I have the right to make this au any liability on account of said auth	thorization and I agree to hold Mt. Hope Cemetery harmless from orization and interment.
Thomas and other the forest to	x lea
I hereby authorize the interment in hold under deed.	Signatura 6442 Mallans S.
	- SAN NIGO CA GOIN
Signature of recorded holder of deed	City 26 5-12-70 Zip Code
	Telephone 2 no. 111
128 020 0000000	Invoice # 30 / 111
Work Order # E 14716	Acct. # 097037
REA-104 (7-96)	nis information is available in alternative formats upon request.

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MT.	но	35			EBV
EVE E .	пог	-	-		

W.O. #E14716

NOTE

\$ 1,022.23	San Diego, Califo	mia November 10	19
Thirty days after date for value received, the 3751 Market Street, San Diego, CA 92101, with interest from	undersigned maker promise	s to pay San Diego City Treasurer	21/ordan
3751 Market Street, San Diego, CA 92101.	the sum of CILTIVUOL	MATURING TWO 92	DOLLAR
with interest from Lecury	9,1998	on the unpai	id princip
at the rate of 12 percent per annum, payab	le on demand.		
Should this note not be paid when due,	it shall thereafter bear interes	st on the principal. Interest after m	naturity w

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.

2740 MG 13 CHICA MAD AND AND AND AND AND AND AND AND AND A					fealth and Safety Code e is past due and unpaid.
IT NAME AN	NIE A	IVAL	SIGNATURE	6	-u
RESS 4 6942	Mai	lans	STREET		
FORNIA DRIVER LICENS	Y	CIO	920653	CONTRA	571-13-2655

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		The state of the s	TE OF DEATH 4. SEX
ISAI	AS	_	RIVAS-ARC	0	08/19/1965 11/	14/1998 M.
5A. CITY OF DEATH	IANA		58. COUNTY OF DEATH	TA CHETTECONTA	NAME, RELATIONSHIP, FULL MAILING OF INFORMANT APENTE RIVAS-SISTER	ADDRESS AND ZIP CODE
GUAD	ALUPANA MEM	A FUNERAL DIRECTOR OF PERSON. A. CHAPEL & MORT. AVE., SAN DIEGO, C	ACTING AS SUCH 78. CAL	F APPLICABLE	6442 MALLANO ST. SAN DIEGO, CA 92114	
ACKNOWLEDGMENT OF A	PPLICANT 1 teseby a Section 101	tinowledge as applicant that the proposed draps 576 of the Health and Safety Code, and was author	sition stated herein is one of the ized pursuant to Section 7100 of th	depositions authorized by Presitin and Safety Gode	Many Loves	11/18/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DIRECT OF DEPOSAL OUTSIDE OF CALFORNIA.	\$ 7.00	98. DATE PERMIT IS HANCY LOP 11/18/199	2010/01	GISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D ADDRESS OF RE	GISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA	VI	DISPOSITION IS TO OCCUR	F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 92186-5222	
10. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS			FOR CORONER	'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE IIA. NAME AND AE	DORESS OF CALIFORNIA CEMETER	ADMICHAEL CLEDY		(Name and Address)	
BURIAL		CEMETERY, 3751 MAR , CA 92102	WEL OI.	11-19-98	· Le no	
CREMATION	12A. NAME AND AC	IDRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMATES	12C. SIGNATURE OF PERSON IN.	CHARGE OF CREMATION
SCIENTIFIC USE	ISA. NAME AND AC	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	D 13C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR OTH NTIFY FINAL PLACE AND CA DISTRI		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE

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



Revised INTERMENT ORDER
Pre-rud Interment City of San Diego

Date 11-13-98

6 1 10 11	
In a Would Wepth Funeral,	date, time
Church, Chapel, Graveside	;Mortuary.
All Funeral cars must arrive before 3.90 p.m. of regula	ir work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 127 Grave 3 Row	Section 3 Division/Block 13
Grave space & Care Fund	842.00
Additional spaces and care fund Opening/Closing & Setup. 375 X 2	750,00
Opening/Closing & Setup	320.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	90.00
Sales taxes	NO III
	Total Due
JUL 0 3 2001 Paid receipt n	umber R - 50 290 1590.00
4.0000000000000000000000000000000000000	R-53 Balance due 874,45
I hereby certify Min the CEMETARY and this is you CEMED to Make this authorization and I again that I have the right to make this authorization and I again the liability on account of said authorization and interpretation	aree to hold Mt. Hope Cemetery harmles from
I hereby authorize the interment in lot I hold under deed.	Trancers V. Billing Liver
Signature of recorded holder of deed Cri	3. W., CA - 9 000 (619) 264-3675 or \$13-76
Work Order # E 14717	voice #

75-46/819

A 1 D N N P Fo	merican Express Financial safety Bank Red Wing, N. Jot for ACH/EFT use	7	Not Valid for Un	\$ 874.45 Bollars & Steel Martin	-
OFFICIAL RECEIPT	WHITE TO CUSTOM CANARY CEMETE PINK AUDIT	MOUNT HOP	GO, CALIFORNIA E CEMETERY	53	868
Eight-Hundre	Gillins Green & Seventy - F	Address: 4620 No Four and A57 Leed Let & 7	100	3rd, 20. 3rd, CA 9. Sollars (\$ 874. 2) Balance Paid-1	2/02 5 10- Full
Invoice No. ACCT. No. W.O. E - 1471 BALANCE DUE Pre-Need Lot At Need Pre-need Trust Cash AC-212 (Rev. 5-94)	7 NOTVA PAID	PAID JUL 0 3 2001 MT. HOPE CEMETARY CITY OF SAN DIEGO, COMMENTARY	20% Sales Care 80% Sales of Lots Opening/ Closing Buriat Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 100 77181 100 77182 100 77185 100 774 100 775 775 775 775 775 775 775 7	45

COL | N 2316886 AXP CASH MANAGEMENT FUND

Date 7

3-19-03

0113 8057 780 6 FRANCENE GILLINS-GREEN



THE CITY OF SAN DIEGO

SUE SHACKELTON

Clerical Assistant II • Mr. Hope Cemetery Real Estate Assets • (619) 527-3400

MEMO

August 17, 1998

To:

Frankie

From:

Sue

Re:

Change from Lot 114, Gr 9 & 10, Sec 3 Div 12 to Lot 127, Gr 3, Sec 2, Div 12 and applied price of 2 lots to Double Depth Crypt.

Enclosed is copy of old Interment Order Pre-need Lot on E-14529. Also enclosed is Revised Pre-Need Lot & Trust on E-14717. The balance due seems to be a little higher than the tape that I gave you. Please call me if you have any questions.

Inc





REVISED

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY 12346

OWNERSHIP AND INTERMENT PRIVILEGES

то	FRANKIE GILLINS - GR	EEN	for the sum of \$	895.00	(DOLLARS)
LEGA	L DESCRIPTION Lot 127.	Grave 3, Section	2, Division 12		
AS DE	ESCRIBED ON PURCHASE OR	DER NUMBER E-1	4717	ANTHI	
endowe	ling to a map of said Cemetery filed ed care. Subject to all rules and re ials for care and operation of the C at of the Cemetery Authority in each	gulations now in force or ma emetery. The rights hereby c	y hereafter be adopted, onveyed for interment p	including the rig	th to ingress and egress with
stone, be assi vandal	xpressly understood however, that vaults or other improvements of lik umed by legal owner or representa lism and natural causes of deterio ery. The following type of memorial	e nature that is already, or n tives of plot. In no case will ration, but reserves the rigi	hay hereafter be erected the Cemetery Division I	or placed on said be responsible fo	lot or plot, Cost of same shall r damage, malicious mischief,
	Jelian (1) Cemetery Manag	Daito		Real Estato Ass	Rose Sirector
PY-584	(Rev. 4-95)	This Information is available in	alternative formats upon requ	est. U	

Revised INTERMENT ORDER

Pu-rud & City of San Diego

LTML

MT. HOPE CEMETERY

Date 11-13-98

10 00 10 01		en
na World Weeth F	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or a	n extra charge of \$
will be applied and billed to undersigned		
127	-	10
ot 127 Grave 3 Row_	Section 4	Division/Block _ \ \ \ \
Grave space & Care Fund	***************************************	895.00
Additional spaces and care fund		-
Additional spaces and care fund 375 X	3	750.00
Burial Container		380.00
landling Fees		220.00
Nower vases – Marker setting fee	× 3	90.00
Sales taxes		
sales taxes		2017
*	receipt number $\frac{R-S}{R}$	0290 1590.0
Paid r	receipt number 11 -	0-111 11
		Balance due 0/7,4
hereby certify I am the and this is your authority to make disposition hat I have the right to make this authorization any liability on account of said authorization a hereby authorize the interment in lot I hold under deed.	of remains as above in and I agree to hold Mt.	of the above named decedent dicated. I certify and represent Hope Cemetery harmless from
	Address	
Signature of recorded holder of deed	Cep	Zip Code
	Telegnane	
	Invaice #	
Nark Order # E 14717		

Pre-red (

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego -

Type of Burist Container	Funeral, date, time	
Church, Chapel, Graveside	. Mo	duary.
All Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersign	ned.	
Lot 114 Grave 9 2 10 Ro	owSection_3Division/Block\	a
Grave space & Care Fund	795.00 euch 1591	0.00
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		-
Recording and filling fee		
Sales taxes		
	Total Due	1.00
	70101 000	
	Paid receipt number R-50290 159	0.0
	Paid receipt number R-50290 159	0.0
i hereby certify I am the and this is your authority to make dis that I have the right to make this author any liability on account of said authori	Paid receipt number R-50290 1591 Balance due of the above named de position of remains as above indicated. I certify and reportation and I agree to hold Mt. Hope Cemetery harmles	resen
and this is your authority to make dis- that I have the right to make this authority	Paid receipt number R-50 290 159 Balance due of the above named de reportation and I agree to hold Mt. Hope Cemetery harmles ization and interment.	resen

REA-104 (7-96)

This information is available in alternative formats upon request.

INTERMENT ORDER

City of San Diego

Date 11/17/98

You are hereby authorized and instructed, subject to your ru	les and regulations, to inter the remains
of Labonna McCray 1	X)
in a Funeral, date, t	ime Thur. NOV. 19 11.0
Church, Chape Graveside 970VESIDE :	Pagsdale Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work	day or an extra charge of \$
will be applied and billed to undersigned.	
ana	11 4
Lot 200 Grave Row Section	Division/Block
Grave space & Care Fund	2/V)///
Additional spaces and care fund	
Opening/Closing & Setup	[05.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
northan tobring	Total Due
NOCK FOV FULL Paid receipt number	50579 450.00
mount	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition of remains as that I have the right to make this authorization and I agree to	hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.	
I hereby authorize the interment in lot I hold under deed.	
Addigits	
Signature of recorded holder of deed	Zin Code
Tetophona	
reophos	
E 1/1919	
Work Order # = 14(15 Acct. #	

@ Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

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La Denna TRETTAY 121 TOWN NOV 19

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Reprinting the State of the

String Sports

E 14715

3

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

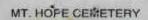
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

IA. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE LaDonna -			10. LAST (FAMILY) McCray	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 11/14/1998 F	4. SEX		
5A	CITY OF DEATH	Diego	58. COUNTY OF DEATH	-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Angela Gray, Daughter		
7A. TYPED NAME AND ADDRESS OF CALIFORNA-FUNERAL DIRECTOR OR PERSON Anderson-Ragsdale Most.; 5050 Federal San Diego, CA 92102			ral Blvd. F-1	329	P.O. Box 969 Blackshear, GA 31516 8A SIGNATURE OF APPLICANT—Person taking person, 8B DATE SEGNE		
	ACKNOWLEDGMENT OF A	PLICANT I bereby acknowledge as applicant that the proposed Section 10376 of the Health and Spirity Code, and was a	disposition stated herein is one of the arthorized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code	►/ 1/17/1998	Ė	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY COL AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT. MOTE: THIS FEMILE GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CALIFORN	S7.00	11/18/199	TISSUED 9C. SIGNATURE OF LOCAL REGISTRAD ISSUING PERMI	T	
13	RY CHANGE IN DISPOSI- IOM REQUIRES A NEW REMIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF REGISTRAR OF DISTRICT OF DE VILLAL RECORDS: T.O. Box 85 San Diego, CA 9218	5222 F		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUPOINIA		
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY	Э	
	B. CREMATION		E TEMPORARY ENVA	RNIA	L DISPOSITION PENDING—REMAINS LOCATED (Name and Address)	AT	
	BURIAL	Ht. Hope Cemetery; 3751 Ma San Diego,	rket St.	118 DATE BURIE	10 not)	
ABLE ITEMS	CREMATION	Pacific Crematorium; 571 Lake Elsinore, 0	J Crane St.	128. DATE CREMAT	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
LL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACIL		13B. DATE RECEI	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
		14A. NAME AND ADDRESS IN RECEIVING STATE (REMAINS OR CREMATED REMAINS ARE TO		14B, DATE SHIPPI	ED 14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR PICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	SC. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION SOFT CREMATED RE-MAINS DISPOSER -IF APPLICABLE		

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



way in strong



INTERMENT ORDER

City of San Diego

Date 11-23-98

You are hereby authorized and instructed	t, subject to your rules and regulations, to inter the	e remains
ina ash Vault	Funeral, date, Nme TUCS. DCC. 1	In:A
Type of Bonel Container	MORAL ENIS COLONIA	10.0
Church, Chapel Graveside	Max	Mortuary.
All Funeral cars must arrive before 3:00 p	o.m. of regular work day or an extra charge of \$_	
will be applied and billed to undersigned.	******	
Lot Grave R 9 Row	5 Section 3 Division/Block	2
Grave space & Care Fund	Ray - Dead C-6114	-0-
Additional spaces and care fund		0
Opening/Closing & Setup	10 10	5.00
Burial Container	AID \ 3	5.00
Handling Fees	OV 2 3 1998	0.00
Flower vases - Marker setting fee	N 9 3 1990 -	
Recording and filing fee	IOPE CEMETERY	5.00
Sales taxes CTTY 0	SAN DIECO CALIF	126
	Total Due	1.26
P	raid receipt number MC 26	9-20
	Balance due	0
I hereby certify I am the So and this is your authority to make dispos that I have the right to make this authorizat any liability on account of said authorizat	of the above named ation of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery harm ion and interment.	represent
I hereby authorize the interment in lot I	x Child	
hold under deed.	X 871-3 W SAN YSIPRO	
Signature of recorded holder of dead	X SAN YSIDED, CA 921 V 619 690 2617	73 Zo Code
Work Order # E 14719	Invoice #	
REA-104 (7-96) This info	ormation is available in alternative formats upon	n request.

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO FRASURES WHITFOUTS OR OTHER ALTERATIONS

A. NAME OF DECEDE	AND DESCRIPTION OF THE PARTY OF	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF MONTH, DAT	BIRTH 3. DA	E OF DEATH	4. SEX
BOA		TANEKAZU	HORITA		03/27/	The state of the s	21/1998	M
A. CITY OF DEATH CHULA VIS A. TYPED NAME AND AD	DORESS OF CALIFORN		58. COUNTY OF DEATH ENTER STATE	IN DIEGO	NAME, RELATIONSH OF INFORMANT ALAH HORITA 371-3 W SAI SAN YSIDRO	P. FULL MAILING A A - SON N YSIDRO	BLVD	IP CODE
210000000000000000000000000000000000000		SAN DIEGO, CA	92104 FD-	The second second	SIGNATURE OF APP		The second second	E SIGNED
ACKNOWLEDGMENT OF A	SHIPSANT hereby a	schowledge as replicant that the propers	d disposition stated herein is one of the			wester to	11/2	9/1998
	SIONS OF THE GALIF AND IS THE AUTHORI IN THIS PERMIT. NOTE THIS PERMIT GIVES A	ORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECI OF MEET OF DISPOSITION OF CAUSE EGISTRAR OF DISTRICT OF D	\$7.00	11/30/199 P Valentin	F DISTRICT OF DISPO	DSITION—	GISTRAR ISSUM	IG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		ORDSPO BOX 85	The state of the s	ISPOSITION IS TO OCCUR	M ANOTHER DISTRICT	IN CALIFORNIA		•
O AUTHORIZED DISPO	DSITION(S) CHECK A	PPLICABLE ITEMS			FC	OR CORONER'	S USE ONLY	Υ
B CREMATION C DISPOSITION OF THAN IN A CE	OF CREMATED REM	ANS OTHER	E. TEMPORARY ENVA	RNIA		POSITION PENDIN me and Address)	G-REMAINS LO	OCATED AT
BURIAL	11/12CR H	DORESS OF CALIFORNIA CENTERRY, CA 92102	AETERY , 3751 MARKET ST	118 DATE BURIED	11C. SIGNATURE	OF PERSON IN	CHARGE OF BI	URIAL
CREMATION	12A NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	128 DATE CHÉMATEC	12C. SIGNATURE	OF PERSON IN (CHARGE OF CR	EM/
SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA FAC	CLITY RECEIVING REMAINS	13B. DATE RECEIVE	D 19C. SIGNATURE	OF PERSON IN	CHARGE OF FA	ACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPED		AND SIGNATURE G WITH THE CAR		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, O	OR OTHER DESCRIPTION SUF-	15B DATE OF DISPOSITION		OF PERSON IN		AATED RE- DISPOSER

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.

INTERMENT ORDER

City of San Diego

Date_11-23-98

You are hereby authorized and instructed, su	bject to your rules and	regulations, to inter the remains
TO VALLE	Funeral, date, time	ri. NOV. 27 1:00
All Funeral cars must arrive before 3.00 p.m.	of regular work day or	MATE
	or regular work day or	an extra charge or \$
will be applied and billed to undersigned		
Lot 3081 Grave Row	Section	Division/Block 10
Grave space & Care Fund	91	
Additional spaces and care fund		
Opening/Closing & Setup	<u> </u>	
Burial Container E- 410	<u> </u>	
Handling Fees E-410	I	
Flower vases - Marker setting fee		
Recording and filing fee	21	<u> </u>
Sales taxes E-410	2[
818-301-6283	Total	Due
	Antonial Additional States	Balance due
I hereby certify I am the		of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to hold M	indicated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Z/p Code
	Telephone	
	Invoice #	
Work Order # E 14720	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			3. DATE OF DEATH 4. SEX
	Nicholas		B.	Bobric	k	02/22/1905	11/22/1998 H
5/	CITY OF DEATH			6B. COUNTY OF DEATH ENTER STATE	A TENER SERVICE	NAME, RELATIONSHP, FULL MAI OF INFORMANT Jody Malligan	UNG ADDRESS AND ZIP CODE - Niece
78	TYPED NAME AND AC	Sepulveda DRESS OF CALIFORNI	A—FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH ! 78. CAL		15717 Gledhill	
200	J. T. 0sv	wald Mortus	ry		FAPPLICABLE	North Hollywood	
	San Ferna	ando, CA 91	340	FD	889 8/	A, SIGNATURE OF APPLICANT—For	on taking permit, 88. DATE SIGNED
	ACKNOWLEDGMENT OF AP	PLICARI Section 10	1376 of the Health and Safety Code	e proposed disposition stated heren is one of the e and was authorized pursuant to Section 7300 of th	e Health and Safety Code.	mer.	11/23/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE W FORNIA HEALTH AND SAF TY FOR THE DISPOSITION ID BEST OF DISPOSAL OUTSIDE O	SPECIFIED 1	1 /2 5 / 1996	B Mark	AL REGISTRAR ISSUING PERMIT
1	Y CHANGE IN DISPOSI- TON REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	313 N. F	igueroa Stre	et P.	O. Box 8522		on M
77	TOTAL PROPERTY AND ADDRESS.	Los Ange		12 i Sa	n Diego, CA		MEDIC HEE ONLY
10	. AUTHORIZED DISP	Dartion(a) CHECK A	PPLICABLE ITEMS	-		FOR CORO	NER'S USE ONLY
1	B CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO DUTS	PRNIA	I. DISPOSITION P (Name and Add	ENDING—REMAINS LOCATED AT
	0.000						
		The second secon	DORESS OF CALIFORNI	IA CEMETERY	1 118. DATE BURIED	11C SIGNATURE OF PERSO	ON IN CHARGE OF BURIAL
	BURIAL		pe Cemetery		1	101	11/
	1 1 1 1	San Dieg	o, CA		111-27-99	8 1 10	112
E LEMS	CREMATION	12A, NAME AND AL	DDRESS OF CALIFORN	IA CREMATORY	128. DATE CREMATED	12C. SIGNATURE OF PERSO	IN IN CHARGE OF CREMATIO
ABH					1	>	
LL APPLICA	SCIENTIFIC USE	13A, NAME AND AD	ODRESS OF CALIFORN	IA FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS A	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	148. DATE SHIPPED	14C. ADDRESS AND SIGNAT OF PLACING WITH THE	TURE OF PERSON IN CHARGE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			LINE, OR OTHER DESCRIPTION SUF- D CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON CHARGE OF DISPOSIT	

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

INTERMENT ORDER

City of San Diego

Date 11-23-98

You are hereby authorized and instru	cted, subject to your rules and regulations, to inter the remains
of LUCIOC E. CI	INIQUINORI MON MINI 20 III M
In a Type of Burial Comainer Jall	Funeral, date, time VIUI . NW . OU 0
Church, Chapel, Graveside	VEN : HEATHLY IVIGITI Mortuary.
All Funeral cars must arrive before 36	30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ed.
Lot 4230 Grave R	ow Division/ Block 10
Grave space & Care Fund PYC	need G0179
Additional spaces and care fund	
Opening/Closing & Setup	PAII) 375.00
Burial Container	250.00
Handling Fees	NOV 2 4 1998 \\ \(\text{\sigma} 5.00 \)
Flower vases - Marker setting fed	- CONTROL - 1
Recording and filing fee	MT. HOPE CEMETERY TY of SAN DIEGO, CALIF
Sales taxes	19.38
	Total Due
	Paid receipt number 150587 874-38
	Balance due
I hereby certify I am the and this is your authority to make dis	of the above named decedent position of remains as above indicated. I certify and represent
any liability on account of said author	orization and I agree to hold Mt. Hope Cemetery harmless from ization and interment.
I hereby authorize the interment in lot	Mechand Wollowder
hold under deed.	X3929 W5TH ST-5021
Signature of recorded holder of deed	- X SANTAMNA 92703
Ograma of recording financial compa	Call 7121-265-1867 To Code
	Tetephone
	Invoice #
Work Order # E 14721	Acct. #
AMERICAN STREET	And the second s

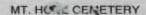
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR Louise Christensen 02/01/1912 NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF. OF INFORMANT San Diego San Diego Richard B. Wallander - Son 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7 7B. CALIF, LICENSE NUMBER 3929 West 5th St. Sp. #21 -IF APPLICABLE Featheringill Mortuary Santa Ana. CA 92703 8A. SIGNATURE OF APPLICANT—Person taking cornst, 8B. DATE SIGNED 6322 El Cajon Blvd. San Diego, CA 92115 FD 1083 I hereby advisorable as applicate that the proposed disposition stated better is are at the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI 9A. AMOUNT OF PER PAID. 9B. DATE PERMIT ISSUED. 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9816996 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 7.00 AUTHORIZATION OF IN THIS PERMIT Lathrem LOCAL REGISTRAR NOTE: THES PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL PO BOX 85222 San Diego, CA 92186-DISPOSITION. 10 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA LIA NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cem. 3751 Market St. BURIAL San Diego, CA 92102 11-30-98 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CRE CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF 15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE

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

THAN IN A CEMETERY



INTERMENT ORDER

City of San Diego

Date 11-24-98

	11-25 Wed 1:3
Type of Burial Container	Funeral, date, time
Church, Chapel, Graveside	: ONDUNIUI Mortuary.
All Funeral cars must arrive before 3:60 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
000	. 0
ot 982 Grave Row	Section Division/Block
Grave space & Care Fund	1 M M
Additional spaces and care fund	\
Opening/Closing & Setup	125.00
Opening/Closing & SetupPage	id in full
landling Fees	10000
lower vases - Marker setting fee	1-25-918
Recording and filing fee	45.0
Sales taxes	
that prant	Total Dug
Dains Pe	aid receipt number 50592 270 (1)
192	Balance due
hereby certify I am the	of the above named decedent
and this is your authority to make disposit	tion of remains as above indicated. I certify and represent
any liability on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless from on and interment.
	X Norma Salgado
hereby authorize the interment in lot I hold under deed.	Fondure 2-5
	Address Cos Will'e James Jon
Signature of recorded holder of deed	Son Wiego CH 97/0
	764 24 91 Epicone
	Invoice #
Work Order # E 14722	Invoice #

@ Printed on curyital paper

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 2 DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR GOMEZ ANABEL 11/19/1998 11/19/1998 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE SAN DIEGO SAN DIEGO ANABEL GOMEZ-MOTHER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 205 WILLIE JAMES JONES AVE #22 CALIFORNIA CREMATION & BURIAL CHAPEL -IF APPLICABLE SAN DIEGO, CA 92102 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 F-1357 8A. SIGNATURE OF APPLICANT-Person taking permit, 8B. DATE*SIGNED Thereby acknowledge as explicant that the proposed disposition stated herein is one of the dispositions authorized by 11/25/1998 ACKNOWLEDGMENT OF APPEICANT Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- DA. AMOUNT OF FEE PAID. 98. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE GALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 11/25/1998 IN THIS PERMIT AUTHORIZATION OF \$7.00 K. WALKER MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS - P. O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY LIE DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT. HOPE CEMETERY 3751 MARKET ST. BURIAL SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF 2B. DATE CREMATED " CREMATION TSA. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER 15B, DATE OF SCATTERING AT SEA FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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.



INTERMENT ORDER

3:04

REA-104 (7-96)

Citý of San Diego

Date_11-24-98

You are hereby authorized and instructed, subject of VEVICE Shaw	t to your rules and regulations, to i	nter the remains
in a DOWNE DEPTH UND Fun	eral, plate, time EVI · NOV .	27 1:00
Church Chaper Gravesine Church + GN	sial : CA Burlai	Mortuary 7
All Funeral cars must arrive before 3:00 p.m. of re	egular work day or an extra charge	of \$ 150.0
will be applied and billed to undersigned		
Lot 140 Grave 10 Row	Section 3 Division/B	12 D
Grave space & Care Fund	· EVILL	795.00
Additional spaces and care fund	/	2200
Opening/Closing & Setup	110.44	3 15.00
Burial Container		280.00
Handling Fees	eMICT De	320.00
Flower vases - Marker cetting for IUA I	ZIVIUTU	150.00
Recording and filing fee		39:16
Sales taxes		iguil is
vamy nou	25059D	1000.00
Paid rece	\$ 150 @ + Balance du	944 46
I hereby certify I am the Daughter	balance above	1094,45
and this is your authority to make disposition of that I have the right to make this authorization an	remains as above indicated. I certi	ly and represent
any liability on account of said authorization and	interment \ //	i. 1
I hereby authorize the interment in lot I	Hounzal. Hu	luary,
hold under deed.	X19/8 Jan Meg	N#4
Rignature of recorded holder of deed	San Brego CH	- 42110
	X 6/9-0-95-1	910
	2-1771	
Work Order # E 14723	Invoice # 50 TO DA	
Work Order # E 14123	Acct. # 09 200	

O Printed on recycled paper

This information is available in alternative formats upon request.

11/27/98
3:05 pm
penice arrived after
3:00 pm, therefore \$150.00
additional to bill for.

Calina Avallone

#T. HOPE CEMETERY \$ 1094.45 w.o. E14723

NOTE

San Diego, California NOVember 24

19_98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of IND NUMBER OF THE DOLLARS with interest from December 27 | 1998 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

ADDRESS X 1912 SAN DIEGO AV # 4, SAN DIEGO, C4 92110

CALIFORNIA DRIVER LICENSE NUMBER X N7921952

SSN #X 570-31-2392

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

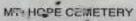
1

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C, LAST (FAMILY		2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
VERLEE		_	SHAW		07/30/1925	MONTH, DAY, YEAR 11/22/1998	F
SA. CITY OF DEATH				ATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL I	MAILING ADDRESS AND Z	OP CODE
SAN DIEGO)		SAN DIEC	30	LORENZA HILLIAN	RD-DAUGHTER	
CALIFORNI	A CREMATION	W & BURIAL CH	ALDE I	CALIF LICENSE NUMBER —IF APPLICABLE	1912 SAN DIEGO SAN DIEGO, CA	CONTROL OF THE PARTY OF THE PAR	
5880 EL C	AJON BLVD.	, SAN DIEGO,	CA 92115 1	7-1357	BA SIGNATURE OF APPLICANT-		TE SIGNED
ACKNOWLEDGMENT OF A			oposed disposition stated because in one of ed was authorized pursuant to Section 7100		Fim Wal	Kes 11/25	5/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND 19 THE AUTHORIT IN THIS PERMIT.	TED IN ACCORDANCE WITH ORNEA HEALTH AND SAFET Y FOR THE DISPOSITION SP I MINIT OF DEPOSAL OUTSIDE OF C	Y CODE PECIFIED	9B. DATE PERMI 11/25/1 K. WALK	BELLEVILLE OF THE STREET	OCAL REGISTRAR ISSUIT	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECOR	GISTRAR OF DISTRICT OF IN CAUFORNIA CDS - P. O. BO	ox 85222		OF DISTRICT OF DISPOSITION— UR IN ANOTHER DISTRICT IN CAUSE		
10. AUTHORIZED DISP	OSITION(S) CHECK AF	PPLICABLE ITEMS			FOR COF	RONER'S USE ONL	Y /
B. CREMATION		NINS OTHER	F. DISINTERMENT G. SHIP IN TO CAL H. TRANSIT TO OL		I. DISPOSITION (Name and)	PENDING—REMAINS LI Address)	DCATED %
BURIAL	MT. HOPE C SAN DIEGO,		MARKET STREET	//- 27-9	10	ISON IN CHARGE OF BU	URIAL
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMA	ED 12C. SIGNATURE OF PER	SON IN CHARGE OF CRI	EMATION
SCIENTIFIC	ISA. NAME AND AD	DRESS OF CALIFORNIA I	FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PER	ISON IN CHARGE OF FA	AGILITY
TRANSIT		DRESS IN RECEIVING ST CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	14B, DATE SHIPPI	OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			OR OTHER DESCRIPTION SUF A <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		MATED HE- DISPOSER

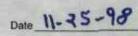
COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE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



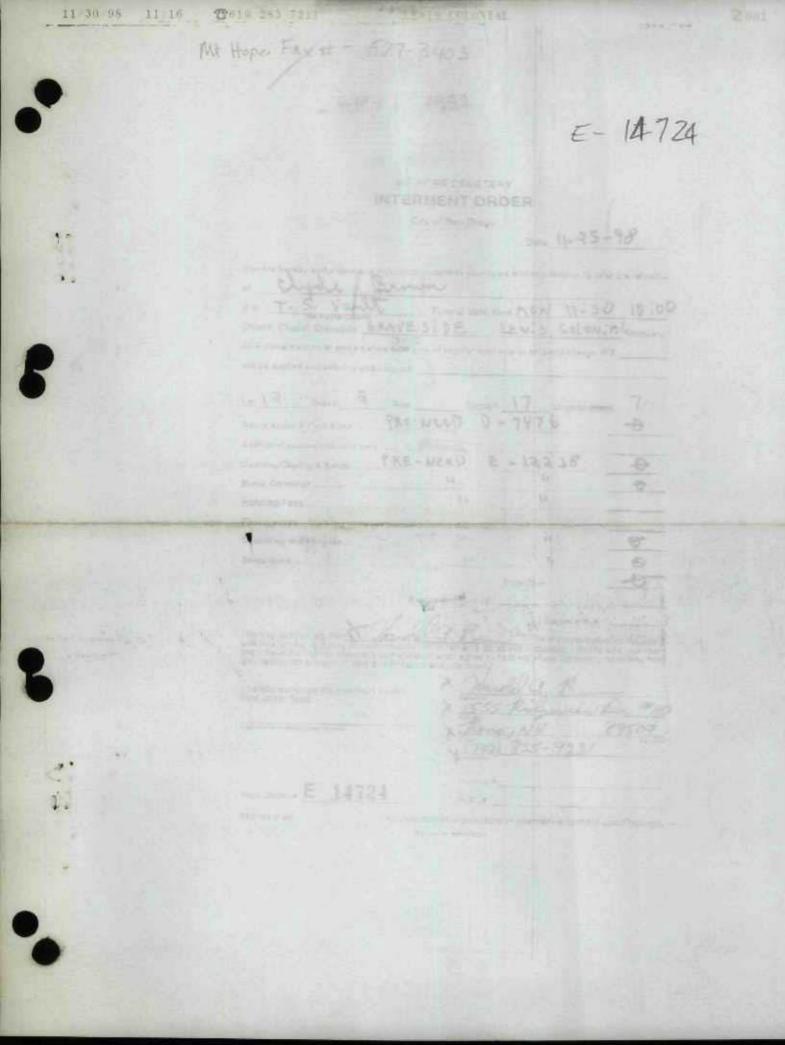


INTERMENT ORDER

City of San Diego



ina T. S. Vault	_ Funeral, date, time N	ON 11-36	0 10 101
Church, Chapel, Graveside 6 RAVE		is coloni	
All Funeral cars must arrive before p.		an extra charge of	s
will be applied and billed to undersigned.			
Lot \ a Grave a Row	Section \	7 Division/Plan	* 7
	Neep 0 - 74		-0
Additional spaces and care fund			
	Need E - 1	2338	0
Burial Container	X 11	le .	0
Handling-Fees	I.	٧	
Flower vases - Marker setting fee			
Recording and filing fee	31	••	9
Sales taxes			6
	Total	Due	-
Pa	aid receipt number		
		Balance due	
I hereby certify I am the	lion of rampine pe above	of the above nar	med decedent
that I have the right to make this authorization any liability on account of said authorization	tion and I agree to hold M	t. Hope Cemetery I	narmless from
	×		
I hereby authorize the interment in lot I hold under deed.	Signature	-	2
	Address	200	,
Signature at recorded holder of deed	City	200	Zip Code
	Velephone		
VIZZO DO DIVERZO CO	Invoice #		
E AMOA	THE WEST AND THE WAR		



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			E OF DEATH 4. SEX
CLYDE				TO UNIVERSE WITH THE	02/22/1905 11/2	4/1998 F
A. CITY OF DEATH			5B. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MAILING AL OF INFORMANT	DORESS AND ZIP CODE
SAN DIEGO				N DIEGO	HAROLD BROWN - SON	*
		IA-FUNERAL DIRECTOR OR PER		F APPLICABLE	1555 RIDGEVIEW DR,	#110
		UGH MORTUARY		-	RENO, NV 89509	#
3051 HL CA		SAN DIEGO, CA		The state of the s	A. SIGNATURE OF APPLICANT—Ferson taking	permit BB. DATE SIGNED
ACKNOWLEDGMENT OF AP	PERSON Section 30	acknowledge as applicant that the proposes 1376 of the Health and Safety Code, and was	authorized pursuant to Section 7100 of th	e Realth and Safety Code	The total Value is	11/25/1998
AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROFORM HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF	90E 1ED \$7.00	11/25/199	The state of the s	ISTRAR ISSUING PERMIT
The state of the s		IO BHOHT OF DISPOSAL OUTSIDE OF CALFOR	INIA.	P Valentin	Contract of the Contract of th	_
TION REQUIRES A NEW PERMIT TO SHOW FINAL	VITAL RECO	RDSPO BOX 85	1 1		IF DISTRICT OF DISPOSITION - IN ANOTHER DISTRICT BY CALIFORNIA	
	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN	CA 92186-5222				
O AUTHORIZED DISPO	USITION(S) CHECK A	PPLICABLE ITEMS	100		FOR CORONER'S	S USE ONLY
A. BURIAL (INCLU	DES ENTOMBMENT)		E TEMPORARY ENV	WLTMENT	I. DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
B. CREMATION			F. DISINTERMENT		Charine and Addressy	
THAN IN A CE		AINS OTHER	G. SHIP IN TO CALIFO			
BURIAL	The state of the s	DORESS OF CALIFORNIA CEM EMETERY, 3751 M.		118. DATE BURIED	11C. SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
	SAN DIEGO	, CA 92102		1// 30 7	1 // 1/10	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION		MATORY	128. DATE CREMATE	D 12C. SIGNATURE OF PERSON IN C	HARGE OF CREMATION
					i >	
SCIENTIFIC	9.0000000		13B. DATE RECEIVE	13C SIGNATURE OF PERSON IN (CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		1 14B. DATE SHIPPED	0 14C. ADDRESS AND SIGNATURE CO. OF PLACING WITH THE CARE		
					A COLUMN TO THE PARTY OF THE PA	

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.



мт. Норе семетелу

INTERMENT ORDER

City of San Diego

Date 11-25-98

MINNIS GVORNIM	subject to your rules and regulations, to inter the remains
in a TINEX	Funeral, date, time FRI 13-4 1:00
Church, Chapel, Graveside	n. of regular work day or an extra charge of \$ 150.00
All Funeral cars must arrive before p.r. will be applied and billed to undersigned.	n, of regular work day of an extra charge of \$ 130.00
11 7	2 12
Lot Grave Prow	Section Z Division/Block 12
Grave space & Care Fund	
Additional spaces and care fund E-2 Opening/Closing & Setup	oul preneed to
Burlal Container E-2	Our preneed 0
Handling Fees	, 14500
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
ADRIVARY TO	Total Due 190.00
Pai	d receipt number 190 11
. X	
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	X
hold under deed.	Du Ju
Signature of recorded holder of dead	X Trans
	Zip Code
	Invoice #
Work Order # E 14725	Acct. #
REA-104 (7-96) This inform	mation is available in alternative formats upon request.

Q Printed an recycled paper

INTERMENT ORDER

BRING SHOCK

E 14725

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) 2. DATE OF BIRTH 3. DATE OF DEATH IB MIDDLE 1C. LAST (FAMILY) 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR Norris Greenwood, Sr. 11/21/1919 11/25/1998 5A CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF. E NAME RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE Ft. Worth Texas Gloria J. Kimble, Daughter 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 2324 Green River Dr. Anderson-Ragsdale Mort.: 5050 Federal Blvd. -IF APPLICABLE Chula Vista, CA 91915 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 12/01/1998 Section 10376 of the Health and Safety Code, and was authorized pursuent to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE.

9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 12/02/1998 9817411 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT \$7,00 NOTE: THIS PERMIT GIVES NO HIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI-IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL Vital Records: P.O. Box 85222 DISPOSITION San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE I IA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT! CREMATION 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMOTED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE

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

THAN IN A CEMETER!

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

			Date:	5-1		9 77
From Anderson - Register Merit	v=y Address =	SOSO FALLE	Blud .	SD S	2102	
One Hundred To	vety Five	00/100		oliars (\$ _	125.00	
n_A\\ Payment of	ver setting	fee For	Norris 1	Green	wood	
					water states	
ot 17 Grave	7	Row	Section		Division Block	2_
nvoice No.	NOT VALID FOR PURPOSE "PAID" IN THIS SPACE.	STATED UNLESS STAMPED	CREDIT 20% Sales Care	87007 77184 —		
Acct, No.	The second of the second second		80% Sales of Lots	77184		
vo. = E14725	THE REAL PROPERTY.		Opening/ Clasing Burial	77781 — 100		
BALANCE DUE -	and the second		Containers	77182		
	120 12		Handling Fee Recording & Misc. Fees	77185 — 100 77183 —	125	00
re-Need Lot At Need On Acct	The second		Pre-Neod Trust	9022		
re-need Trust Cash Check S	L-vi	nd	Sales Tex	60101 78390 —	10.0	-16
C-212 (Rev. 5-94) 4/698	ISSUED BY		TOTAL PAID	*_	125	00

INTERMENT ORDER

City of San Diego

Date_//-27-98

in a link Type of Burner Congress	Funeral, date, time	wed	12/2 (2 11:00
Church Chape Graveside Chape G	races te : 1	wis C	olonial	Mortuary
All Funeral cars must arrive before p.r.	n. of regular work day	or an ex	tra charge of \$	
will be applied and billed to undersigned.				
ot 29 Grave 12 Row_	Section	3	Division/Block	12
Grave space & Care Fund	ec > D-943	3		D
Additional spaces and care fund				
Opening/Closing & Setup				0
Burial Container 1979 Pice	Aus D-943	>		0
landling Fees		0))))		
Flower vases - Marker setting fee				
Recording and filing fee				
Sales taxes				
	T	otal Due		0
Pal	id receipt number			
		В	alance due _	
hereby certify I am the and this is your authority to make dispositi hat I have the right to make this authorizat any liability on account of said authorizatio	ion and I agree to hol	ove indica	he above nam ted. I certify a e Cemetery ha	nd represen
	Signature		10	
	Address		-13.00	
rold under deed.	Address			Zip Cox
nold under deed.			*	Zip Co
I hereby authorize the interment in lot I hold under deed. Signature of recorded bolder of deed	City			Zip Cod

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

89

		US	SE BLACK INK ONLY-MA	KE NO ERASURES, W	HITEOUTS OR OTHE	ER ALTERATIONS FOU	NO
14	NAME OF DECEDE	NT-FIRST (GIVEN)	1 1B. MIDDLE	1C. LAST (FAMILY)	150	2. DATE OF BIRTH 3. DAT	E OF DEATH 4. SEX
DE LEON -		CLAYTON		12/20/1908 11/	25/1998 M		
54	CITY OF DEATH	12.6		58 COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT	ODRESS AND ZIP CODE
	SAN DIEGO	neares of all reason	IAFUNERAL DIRECTOR OR PERSO	8	SAN DIEGO	THORA B. CLAYTON -	
		STATE OF STA			F APPLICABLE	5916 CUMBERLAND ST.	
			GH MORTUARY SAN DIEGO, CA 92	104		SAN DIEGO, CA 92139 SIGNATURE OF APPLICANT—Person taking	
	ACKNOWLEDGMENT OF A	I hereby a	acknowledge as applicant that the proposed of 1376 of the Health and Safety Code, and was as	disposition stated herein is one of the	depositions authorized by	Parette valete	11/29/1998
	PERMIT	THIS FERMIT IS ISSU	UED IN ACCORDANCE WITH PROV FORNIA HEALTH AND SAFETY COD	/I- 9A. AMOUNT OF FEE P	AID SE DATE PERMIT ISS	BUED 9C. SIGNATURE OF LOCAL REG	ISTRAR ISSUING PERMIT
A	UTHORIZATION OF	AND IS THE AUTHORIT	TY FOR THE DISPOSITION SPECIFIE	ED	11/30/1998	9817174	
L	OCAL REGISTRAR		IO BIGHT OF DISPOSAL OUTSIDE OF CALIFORN		P Valentin	e i	
AN	Y CHANGE IN DISPOSI-	# DEATH OCCURRE	EGISTRAR OF DISTRICT OF DE	I IF I		DISTRICT OF DISPOSITION- N ANOTHER DISTRICT IN CALIFORNIA	
	RMIT TO SHOW FINAL DISPOSITION.		RDSP.O. BOX 8	5222			
10	AUTHORIZED DISP	OSITION(S) CHECK A	CA 92186-5222	1		FOR CORONER'S	S HEE ONLY
1		JOES ENTOMBMENT)	, concentration	E. TEMPORARY ENVA	NUI TMENT		
1	B. CREMATION	DIEG ENTOMINEELT		F. DISINTERMENT	NUL I MICIYI	(Name and Address)	REMAINS LOCATED AT
i	C DISPOSITION	OF CREMATED REM	IAINS OTHER	G. SHIP IN TO CALIFO	DRNIA	Distance Hilliam Control	
ì	D. SCIENTIFIC U			H. TRANSIT TO OUTS	SIDE OF CALIFORNIA		
		11A. NAME AND A	DDRESS OF CALIFORNIA CEME	TERY	11B. DATE BURIED	11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL
	BURIAL	MT. HOPE		1.0314		10 11	
		CONTRACTOR CONTRACTOR	ET ST., SAN DIEG	O. CA 92102	1/2-2-98	1/1/1/18	
REMS			DDRESS OF CALIFORNIA CREM	material and a second s	128. DATE CREMATED	12C, SIGNATURE OF PERSON IN C	HARSE OF CREMATION
=	CREMATION					! /	
ABL.						i >	
PER	SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIVED	1 130 SIGNATURE OF PERSON IN	CHARGE OF FACILITY
- AP	USE				1		
¥					1	D	
ET.			ODRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE C OF PLACING WITH THE CAR	
COMPL	TRANSIT	THE STREET			1		•
8	0017770000 17 001	15A ADDRESS NEA	REST POINT ON SHORELINE, OR	OTHER DESCRIPTION SHE	158 DATE OF	15C SIGNATURE OF PERSON IN	1 15D. LICENSE NUMBER
	SCATTERING AT SEA OR		ENTIFY FINAL PLACE AND CA DIS		DISPOSITION	CHARGE OF DISPOSITION	OF CREMATED RE-
	DISPOSITION OTHER THAN IN A CEMETERY				1		



INTERMENT ORDER

City of San Diego

Date 11-27-98

You are hereby authorized and instructe	d, subject to your rule	es and regulations, to in	nter the remains
of JUNEY MICO	~	TILES D	en II.A
Type of Burial Contains	Funeral, date, tir	Merkley Mid	The
Church Chapel Graveside Chulu	14011 MOICH	MA GOT MILL	U Owerluary
All Funeral cars must arrive before	p.m. of regular work	day or an extra charge	of \$ 100.00
will be applied and billed to undersigned	X D.Y	/•	
Lot 100 Grave 10 Row	Section	2 Division/B	ont 12
Grave space & Care Fund	W.		895.00
Additional spaces and care fund	17	-	-
Opening/Closing & Setup	QQ		375.4
Burial Container	41		190.04
Handling Fees			14500
Flower vases - Marker setting fee			7 = 1
Recording and filing fee			45.10
Sales taxes			14.12
- Nack		Total Due	1664.1
0-30	Paid receipt number	N-2028	600.00
Car.		Balance due	1064.7
I hereby certify I am the X	the	of the above n	amed decedent
and this is your authority to make dispo-	isition of remains as	above indicated. I certif	v and represent
that I have the right to make this authori any liability on account of said authorize	ation and intersient.	B. Sh	y narmiess from
Bessie Me	wtow X	Rin	
I hereby authorize the interment in lot I hold under deed.	Sylve	21010	a Blud.
	Angless of		THE RESERVE OF THE PARTY OF THE
Signature of recorded holder of deed		an Olego la	90100 21p Code
	Telephone	35-4629	
	74	307863	
Work Order # E 14727	Invoice #		
Work Order # E 14/6/	_ Acct. # _	097213	

BAT	HO	DF	CEM	ET	ERY
IVI I .	по		CEN	16.1	Eni

w.o. # E 14727

NOTE

1064.73	San Diego, California NOVEM ber 30 198
Thirty days after date for value received, the 3751 Market Street, San Diego, CA 92101, with interest from	the sum of On Union State of On the unpaid principal
at the rate of 12 percent per annum, payal	le on demand.
 accrue at the rate indicated above. Princip will be liable and consents to renewals, re maturity, and waives presentment, deman person who signs this note agrees that re 	it shall thereafter bear interest on the principal. Interest after maturity will and interest are payable in lawful money of the United States. The maker placements and extensions of time for payment hereof before, at or after d and protest and the right to assert any statute of limitations. A married course may be held against his/her separate property for any obligation d on this note, the undersigned promise(s) to pay such sum as the Court
	graph 7528 of the State of California Health and Safety Code ins from a plot for which the purchase price is past due and unpaid. SIGNATURE S
ADDRESS X 2651 Russ, B	nd .
CALIFORNIA DRIVER LICENSE NUMBER	5172542 SSN # X 440-36-9510

E-14727 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)			OF DEATH 4. SEX
	- VOHMMY	LEF	/ MCGEE			5/1998 H
5A	CITY OF DEATH	SAN DIEGO	58. COUNTY OF DEATH ENTER STATE	SAN DIEGO	NAME, RELATIONSHIP, FULL MAILING ADD OF INFORMANT BESSIE NEWTON - HOTHER	DRESS AND ZIP CODE
7A	TYPED NAME AND AD	DRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH TB. CAL	JF. LICENSE NUMBER	2651 RUSS BLVD.	
	TO SELECT THE PERSON	MERKLEY-MITCHELL MORTUARY FTH AVENUE, SAN DIEGO, CA 92103		-119 &	SAN DIEGO, CA 92102 A SIGNATURE OF APPLICANT—Person taking p	put 88. DATE SIGNED
	ACKNOWLEDGMENT OF AP	Section 19376 in the Feeting and Science Come, and was authorit	set pursuant to Section 7105 of th	e Health and Salety Code.	The Matel	11/27/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	BA. AMOUNT OF FEE P	AID 98. DATE PERMIT IS 11/30/1998 T.C. MITCHE	9817225	STRAR ISSUING PERMIT
-	IV CHANGE IN DISPOSH ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 9218	1 18 1		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
10	AUTHORIZED DISPI	DSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
I	B. CREMATION		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	I. DISPOSITION PENDING- (Name and Address)	-REMAINS LOCATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER HOUST HOPE CEMETERY, 3751 MARKET SAN DIEGO, CA 92102		118. DATE BURIED		12
BLE ITEMS	GREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128, DATE CREMATE	D 12C. SIGNATURE OF PERSON IN CH	HARGE OF CREMATIC
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIVE	13C SIGNATURE OF PERSON IN C	HARGE OF FACILITY
WAPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OF CREMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE GARRI	
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER

INTERMENT ORDER

City of San Diego

Date 11-30-98

na LINER	Funeral, date, time	THUR 12-3	10:0
Church, Chapel, Graveside			_ Mortuary.
All Funeral cars must arrive before 3:9	0 p.m. of regular work day	or an extra charge of \$	
will be applied and billed to undersigne	ed	1-3	
10	d	CH	INESE
.ot Grave 13 Ro		Division/Blesk	
Grave space & Care Fund	Pre-Deer E	-Y023	0
Additional spaces and care fund			
Opening/Closing & Setup	ne-Need =	-8651	-0
Jurial Container	J١	11	-0
tandling Fees			0
Nower vases - Marker setting fee			-
Recording and filing fee	1.1	/1	-0
Sales taxes	11	11	-0
		tal Due	-0
	Paid receipt number		
		Balance due	
hereby certify I am the		of the above nam	ed decedent
and this is your authority to make disp that I have the right to make this authoriany liability on account of said authoria	rization and I agree to hold	ve indicated. I certify at Mt. Hope Cemetery ha	nd represent armless from
hereby authorize the interment in lot nold under deed.	l Signature		
	Address		
Sgnature of recorded hulder of deed	City		Zip Code
	Telephane		
	Impelies #		
	Invoice #		

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) 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1B. MIDDLE MONTH, DAY, YEAR MONTH, DAY, YEAR 11/27/1998 04/10/1919 YU SHAO ZHANG 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. ENTER STATE OF INFORMANT EL CAJON SAN DIEGO SAMUEL LEE - SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 918 SOUTH SANTA FE AVE -IF APPLICABLE VISTA, CA 92084 EL CAJON MORTUARY BA. SIGNATURE OF APPLICANT -Person taking permit, 8B. DATE. SIGNED 684 S MOLLISON AVE/EL CAJON, CA FD-1022 I berely accuratedee an engineer that the proposed disposition stated herom is one of the dispositions actionized by Section 10376 of the Health and Safety Code, and was authorized parsuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 12/02/1998 9817445 AUTHORIZATION OF IN THIS PERMIT BRENDA BELL LOCAL REGISTRAR MOTE: THE PERMIT CIVES NO RIGHT OF DESPOSAL OUTSIDE OF CALIFORNIA. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI-DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW O BOX 85222 PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E TEMPORARY ENVAULTMENT A. BURIAL (INCLUDES ENTOMBMENT) DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY LIB DATE BURIED , LLC. SIGNATURE OF PERSON IN CHARGE OF BURIAL MOUNT HOPE CEMETERY BURIAL 3751 MARKET ST/SAN DIEGO, CA 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION N/A 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 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-16C. SIGNATURE OF PERSON IN 15B. DATE OF 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-OR MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-30-98

Church, Chapel, Graveside Church, Chapel, Graveside All Funeral cars must arrive before 3.90 p.m. of regular work day or an extra charge of will be applied and billed to undersigned Lot 13.83 Grave Row Section Division/Blow Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee MT. HOPE CEMETERY Recording and filling fee CITY of SAN DIEGO. CALIF Sales taxes Paid receipt number Balance due Balance due Total Due Balance due Sol the above na and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery any liability on account of said authorization and I agree to hold Mt. Hope Cemetery any liability on account of said authorization and interment.	
All Funeral cars must arrive before 3.00 p.m. of regular work day or an extra charge of will be applied and billed to undersigned	- SHARK CONTRACTOR
Lot 1383 Grave Row Section Division/Blo Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee MT. HOPE CEMETERY Recording and filing fee CITX of SAN DIEGO. CALIF Sales taxes Paid receipt number Set fine space as a power indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery Total Due Set fine space as a power indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery	\$150.00
Lot 1383 Grave Row Section Division/Blo Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee MT. HOPE CEMETERY Recording and filing fee CITX of SAN DIEGO. CALIF Sales taxes Paid receipt number 50 (0) 1 Balance due 1 hereby certify I am the Such Container Set Indicated I certify that I have the right to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery	
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee MT. HOPE CEMETERY Recording and filing fee CITY of SAN DIEGO. CALIF Sales taxes Paid receipt number Salance due Total Due Solution For Additional spaces and care fund Paid receipt number Salance due Total Due Solution Total Due Total	
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee MT. HOPE CEMETERY Recording and filing fee CITY of SAN DIEGO. CALIF Sales taxes Paid receipt number Total Due 50(0) Balance due 1 hereby certify I am the And The above na and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery	10
Opening/Closing & Setup Burial Container Handling Fees Flower vases - Marker setting fee MT. HOPE CEMETERY Recording and filing fee Sales taxes Paid receipt number Total Due 50(0) Paid receipt number 50(0) I hereby certify I am the Bracker and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery	15:00
Handling Fees DEC 0 3 1998 Flower vases – Marker setting fee MT. HOPE CEMETERY Recording and filing fee CITY of SAN DIEGO. CALIF Sales taxes Paid receipt number Dec 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75.00
Sales taxes Sales taxes Paid receipt number Total Due 5001 Paid receipt number 50001 Balance due 5000 Interest of the above na and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemstery	145.00
Paid receipt number Solution Solution	43.00
Paid receipt number 50001 Paid receipt number 50001 Paid receipt number 50001 Paid receipt number 50001 Paid receipt number 500001 Balance due 5000000000000000000000000000000000000	14.73
I hereby certify I am the Bracket of the above na and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemstery	1564.7
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery	200.01
× Hard Attoring	harmless from
I hereby authorize the interment in lot I hold under deed. Signalujh 4 0e/4p 5f = 3	08
Signature of recorded holder of deed SAIN 01C-90 Cay Telephone	92113 zo Code
Invoice #	
Work Order # E 14729 Acct. #	

\$ 200,00

PY-1012 (11-09)

W.O. # E - 14729

NOTE

\$ 200,00	_ San Diego, California	Separal	30 199
Thirty days after date for value received, the unders			ty Treasurer, or order at
3751 Market Street, San Diego, CA 92101, the sum		<u> </u>	DOLLARS
with interest from January 31	1999		on the unpaid principal
at the rate of 12 percent per annum, payable on de	emand.		
Should this note not be paid when due, it shall accrue at the rate indicated above. Principal and in will be liable and consents to renewals, replacementarity, and waives presentment, demand and p person who signs this note agrees that recourse contained herein. If any action be instituted on this may fix as attorney's fees.	terest are payable in lawfu ents and extensions of tim rotest and the right to ass may be held against his/h	I money of the U e for payment h ert any statute o er separate prop	nited States. The maker ereof before, at or after f limitations. A married perty for any obligation
Part II, Chapter I, Article 2, Paragraph 7 authorizes the removal of any remains from			
PRINT NAME BERALD HAYNES	SIGNATURE X	Levald Ha	ynas
ADDRESS Y4364 Della St #308	5. P. CA	92113	
CALIFORNIA DRIVER LICENSE NUMBER XA9675	784 ss	N#_ X 553-	15-4784

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

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

1A. NAME OF DECEDE		18. MIDDLE	10. LAST (FAMILY)		MONTH, DAY, YEAR MONTH,	E OF DEATH 4. SEX
She i	Diego	Rene	SB. COUNTY OF DEATH	H-OUTSIDE CALIF., 6.	08/15/1960 11/ NAME, RELATIONSHIP, FULL MAILING AT OF INFORMANT	25/1998 F DDRESS AND ZIP CODE
7A. TYPED NAME AND AD SETS	Diego Memo	rial Chapel cy Ave., San Die		F APPLICABLE	Theresa Williams-Si 7002 Appain Dr San Diego, CA 92139 SIGNATURE OF APPLICANT-Jour taking	
ACKNOWLEDGMENT OF AF	PPLICANT Nerety Section 10	ocknowledge on applicant that the propose 1376 of the Health and Safety Code, and we	ed disposition stated berson is one of the a authorized pursuant to Section 7100 of th	dispendiens authorized by Properties and Safety Code.	Charle & Das	11/30/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PE FORMIA HEALTH AND BAPETY O TY FOR THE DISPOSITION SPECI KI MIGHT OF DISPOSAL OUTSIDE OF CALES	FIED \$7.00	98. DATE PERMIT IS 11/30/19 M. Legasp		ISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	Vital Re	EGISTRAR OF DISTRICT OF DED IN CAUFORNIA COORDS: PO Box 8 CO. CA 92186-522	35222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS		10000	FOR CORONER'S	S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE	SE .		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS		(Name and Address)	
BURIAL	3351 Market St., San Diego, CA 92102			118. DATE BURIED	11C. SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
APPLICABLE TIENS APPLICABLE CREMATION SCIENTIFIC				FZB. DATE CREMATED	12C. SGNATURE OF PERSON IN C	HARGE OF CHEMAT
SCIENTIFIC USE	13A. NAME AND A	A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT		4A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE COF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION			15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

INTERMENT ORDER

City of San Diego

Date 11-30-98

Farle Ludd.	ucted, subject to your rules and regulations, to inter the remains
na Vaults Type of Burial Container	Funeral, date, time 12/2/98 / 1:00
	Graveside: Mayer Mortuary
All Funeral cars must arrive before 3	30 p.m. of regular work day or an extra charge of \$
yill be applied and billed to undersig	ned.
ot 4235 Grave	Row Section Division/Block/_
Grave space & Care Fund) -788 Denes
Additional spaces and care fund	
	E-9895
Burial Container	<u> </u>
landling Fees	E-5895
lower vases - Marker setting fee	
	E - 9895
Sales taxes	E -9895
Interfered 12-11-98	Total Due
transfer "	Paid receipt number
	Balance due
hereby certify I am the and this is your authority to make d that I have the right to make this aut any liability on account of said autho	of the above named decedent sposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from rization and interment.
hereby authorize the interment in le hold under deed.	Signifure Signifure
	Address
Signature of recorded builder of deed	City Zip Code
	Totephone
	Invoice #
Nork Order # E 14730	Acct. #

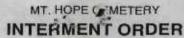
O Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

34

THE COLUMN	A. NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAN	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4, 5 MONTH, DAY, YEAR MONTH, DAY, YEAR		
Earle James			1	Ludders	dders 01/04/1914 11/26/1998			The state of the s
San Diego			6B. COUNTY OF ENTER STA			ME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE INFORMANT Edward Bontty-Nephew		
A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A		PERSON ACTING AS SUCH	78. CALIF LIGENSE NUMBER —IF APPLICABLE		414 S.	59th St., . CA 92114		
Mayer		9 Adams Ave., Sa	Market Committee of the	FD1424	BA. SIGN	MATURE OF APPLICANT		B. DATE SIG
ACKNOWLEDGMENT OF A	PPLICANT I hereby i Section 20	chrowledge as applicant that the pri 376 of the Health and Sofiety Code, on	Opesed disposition stated haren is a of was authorized pursuent to Section	ne of the dispositions authorized by 7100 of the Health and Safety Code.		and HO	11	2/02/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	JED IN ACCORDANCE WITH ORNIA HEALTH AND SAFET TY FOR THE DISPOSITION SP D RIGHT OF DISPOSAL OUTSEE OF C	Y CODE PECIFIED \$7.00	FEE PAID 98. DATE PERM 12/02/11 James		90. SIGNATURE OF LO	CAL REGISTRAR	ISSUING PEI
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF IN CAUFORNIA P.O. Box 85222, 3 92186-5222	The state of the s	9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC		RICT OF DISPOSITION— OTHER DISTRICT IN CAUFO	RNIA	
O. AUTHORIZED DISP	OSITION(S) CHECK A	The same of the sa	-			FOR COR	ONER'S USE	ONLY
			TO SEE STATE OF THE PARTY OF TH			(Name and A	PENDING REMA	
B. CREMATION G. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE 11A. NAME AND A	ODRESS OF CALIFORNIA O	CEMETERY			C SIGNATURE OF PER		OF BURIAL
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	11A. NAME AND A	DORESS OF CALIFORNIA	G SHIP IN TO H. TRANSIT TO CEMETERY Detery iego, CA 92102	CALIFORNIA O OUTSIDE OF CALIFORNIA	18 ×		SON IN CHARGE	
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC USE	11A NAME AND A 3751 12A NAME AND A	Mt. Hope Cen Market St., San D Doress of California	G SHIP IN TO H. TRANSIT TO CEMETERY Detery iego, CA 92102	CALIFORNIA D OUTSIDE OF CALIFORNIA 11B. DATE BURI	16 D 110	C. SIGNATURE OF PER	SON IN CHARGE	OF CREMAT
B. CREMATION G. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	TIA NAME AND ALL STATES OF THE	Mt. Hope Cen Market St., San D Doress of California	G. SHIP IN TO. H. TRANSIT TO CEMETERY Detery Tego, CA 92102 CREMATORY FACILITY RECEIVING REM.	CALIFORNIA DOUTSIDE OF CALIFORNIA 118 DATE BURI 128 DATE CREM	16 116 16 120 ATED 120	C. SIGNATURE OF PER	SON IN CHARGE SON IN CHARGE	OF CREMAT



City of San Diego

Date 11-30-98

You are hereby authorized and instruc	eted, subject to your ru	les and regu	lations, to i	nter the remains
of John B	lackmoin	JK.		11.00
in a Type of Burlal Container	Funeral, date, ti	int em	12-4	1:00
Church, Chapel, Graveside	n Granele:	120 W	iemori	Mortuary.
All Funeral cars must arrive before 30	Op.m. of regular work	day or an e	xtra charge	ors 150.00
will be applied and billed to undersign	ed.			
Lot 58 Grave 4 Ro	ow Section		Division/Br	ock 1
Grave space & Care Fund	60 3"	,		095.00
Additional spaces and care fund	*****			_
Opening/Closing & Setup	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	375.00
Burial Container		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		190.00
Handling Fees				145,00
Flower vases - Marker setting fee				
Recording and filing fee		.)		45.00
Sales taxes	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14,73
o day note		Total Due		1664.7
	Paid receipt number	_508	398	835.00
			Balance due	829.73
I hereby certify I am the X and this is your authority to make disp that I have the right to make this authoriany liability on account of said authorian	orization and I agree to	above indica	sted L certif	amed decedent y and represent y harmless from
		a 14 11 12	MICHAEL	
I hereby authorize the interment in lot hold under deed.	Signature	INT S	Amp	e 91
	Signature Signature City Telephone	10) BO	Ample 1-410	e ST A ana
hold under deed.	ethylesis;	100 S 100 S 100	AVVID	e ST A qua

REA-104 (7-96)

This information is available in alternative formats upon request.

Date of Belleville		committee by the	state wheat have been as at
BATT	HODE	\sim	ETERY
IVI I	HUPE	CEM	CIERI

829.73

PY-1012 (11-89)

3751 Market Street, San Diego, CA 92101, the sum of Elant

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

W.O. # E14731

November 30

on the unpaid principal

NOTE

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or orde

San Diego, California

an any rests of the percentages annually parjurate on domains.
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 XAPRIL BHICKS SIGNATURE S
PRINT NAME SIGNATURE SIGNATURE
LANDERS X 10211 SAMPLE ST. SDEGO CA 42124
ADDRESS TO THE TOTAL TOT
CALIFORNIA DRIVER LICENSE NUMBER X CO- SSN #X 500-

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)				DATE OF DEATH 4. SEX	
	John	Brown	Blacks	an Jr.	07/18/1944 11/27/19		
SA. CITY OF DEATH			5B COUNTY OF D	EATH-OUTSIDE CALIF.,	B. NAME, 1		ING ADDRESS AND ZIP CODE
	Chula Vis		Antana samon	San Diego	OF IMP	Aprel Hic	ko-Daughter
7)	TYPED NAME AND AL	DORESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH 78.	CALIF. LICENSE NUMBER		10211 Sam	ple Stl , CA. 92124
		Memorial Chapel	4				
_	2441 Unive	ersity Ave, San Diego, CA. 92		FD-1575	BA. SIGNA	PONE OF APPLICANT—Person	taking permit 88. DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby achievelege as applicant that the proposed disposit Section 10376 of the freeth and Safety Code, and was author;	non stated herein is one old pyrsuant to Section 7100	of the Health and Safety Code	> //	April-11. steple	12/01/1998
	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	SA. AMOUNT OF FE	E PAID 9B DATE PERMIT	ISSUED 3	C. SIGNATURE OF LOCAL	L RECESTRAR ISSUING PERMIT
A	UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT		12/03/19	998		
L	OCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORMA.	\$7.000	M. Lega	THE RESERVE OF THE PARTY OF THE	9817505	
	Y CHANGE IN DISPOSE	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUPORNIA	96	ADDRESS OF REGISTRAR		HER DISTRICT IN CALIFORNIA	
	PRMIT TO SHOW FINAL DISPOSITION.	Vital Records; PO Box 85222	1				
-		San Diego, CA. 92186-5222 ▼	1			-	unie lien ani v
10		OSITION(S) CHECK APPLICABLE ITEMS				110000000000000000000000000000000000000	IER'S USE ONLY
Į,	A. BURIAL (INCLI	JDES ENTOMBMENT)	E TEMPORARY E	NVAULTMENT		I DISPOSITION PER	NDING-REMAINS LOCATED AT
d	B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT			- Marie Marie	
ķ	THAN IN A CE	EMETERY	G SHIP IN TO CAL	The state of the state of the state of			
M.	D. SCIENTIFIC US	SE	H. TRANSIT TO U	UTSIDE OF CALIFORNIA			
		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY		118. DATE BURSE	D 1110.	SIGNATURE OF PERSON	N IN CHARGE OF BURIAL
	BURIAL	Mt. Hope Gemetery; 3351 Mar	Ket St.	117-4-9	19:	-0.01	
00		San Diego, CA. 92102		11271	011	100116	
TEMB		12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	RY	12B. DATE CREMA	TED 12C.	SIGNATURE OF PERSON	IN CHARGE OF CH
3	CREMATION				1		
8		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY I	POPERATO PERSON	0 1 400 0475 0500	>	DIGNATURE OF RECORD	W AUTOCE OF EACHTY
F.	SCIENTIFIC	13A. MARE AND ADDRESS OF GALIFORNIA FACILITY I	RECEIVING HEMAIN	S ISB. DATE HEGE	VED 18G	SIGNATURE OF PENSOR	N IN CHARGE OF FACILITY
LA	USE			1	1		
7		14A. NAME AND ADDRESS IN RECEIVING STATE OR C	OUNTRY WHERE	TAR DATE COME	1 >	ADDRESS AND SIGNATU	IRE OF PERSON IN CHARGE
FIE		REMAINS OR CREMATED REMAINS ARE TO BE S		148. DATE SHIPP		OF PLACING WITH THE	
¥.	TRANSIT			1	1		
00		154 ADDRESS MEADEST DON'T ON SUPPLIED OF OTHE	D DESCRIPTION SIN	F. 158. DATE OF	150	SIGNATURE OF PERSON	IN TISD LICENSE NUMBER
	SCATTERING AT SEA OR	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		DISPOSITION		CHARGE OF DISPOSITIO	
	DISPOSITION OTHER THAN IN A CEMETERY			i	1.		-IF APPLICABLE
_	MILESTON AND STREET			1			

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

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

INTERMENT ORDER

City of San Diego

Date 12-1-98

You are hereby authorized and instructed, of	subject to your rule	s and regu	ilations, to inte	er the remains
ina T. 5 Voult	_ Funeral, date, tim	LeWel	12-2	1:00
Church, Chapel, Graveside	Gravesile &	/ 64	Minaril	Mortuary.
All Funeral cars must arrive before 3:30 p.		CONTRACTOR OF STREET	xtra charge of	
will be applied and billed to undersigned.	XIM			
/				
Lot 148 Grave 1 Row_	Section	a	Division Stor	* 12_
Grave space & Care Fund				895.00
Additional spaces and care fund				-
Opening/Closing & Setup				375 00
Burial Container	TID			as0.00
	0.1.1998			185.00
Flower vases - Marker setting fee				
Recording and filing fee CTTY of SAN	E CEMETERY DIEGO: CALIF			45 00
Sales taxes				19.38
		Total Due		1769.38
Pa	id receipt number _	MC		1769.30
~ 0 ·		1	Balance due	-0
I hereby certify I am the	4	of	the above na	med decedent
and this is your authority to make disposit that I have the right to make this authorizat	ion and I agree to h	old Mt. Ho	pe Cemetery	and represent harmless from
any llability on account of said authorizatio	n and interment.			
I hereby authorize the interment in lot I hold under deed.	Signature	m	, .	
noid driver deed.	X 4º O	POX	1433	3 - 14
Signature of recorded holder of deed	X 51	/ 0	a 9/	9 7 7
	Toophone	9 4	70 27	80
	Appliance			
E 14799	Invoice #_			
Work Order # <u>E 14/32</u>	Acct. #			-

O Frented on recycled pages

REA-104 (7-96)

This information is available in alternative formats upon request.

E-14732APPLICATION 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		IC. LAST (FAMILY)			DATE OF DEATH 4. SEX
Charles	Clarenville	Brettell		Manager Annual Contraction Contraction Contraction	1/28/1998 M
SA. CITY OF DEATH	. 5	B. COUNTY OF DEATH—OUTSIDE CA	ALIF. 6. NAME, I		ING ADDRESS AND ZIP CODE
La Mesa		San Diego		MacLean - Si	Ister
7A. TYPED NAME AND A	DORESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTI	NG AS SUCH 78. CALIF. LICENSE NU		OX 1433	
Feathering	gill Mortuary	-IF APPLICABLE	Spri	ng Valley, Ch	91979
6322 E1 Ca	ajon Blvd. San Diego, CA 92115	FD 1083	8A/SIGNA	TURE OF APPLICANT—Person	toking permit, 88 DATE SIGNED
ACKNOWLEDGMENT OF A	Section 10076 of the Pleador and Salety Code, and was authoriging	ersaged to Section 7100 of the Health and Safety :	Code.	Lee Hatter	OA 12/01/1998
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	AND THE PROPERTY OF THE PARTY O	The state of the s		L REGISTRAR ISSUING PERMIT
AUTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.		THE RESIDENCE AND	9817378	
LOCAL REGISTRAR	NOTE: THIS PERMET GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	The second secon	athrem	or or elementation	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- # DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REG		HER DISTRICT IN CALIFORNIA	
PERMIT TO SHOW FINAL DISPOSITION.	PO BOX 85222 San Diego, CA				
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORON	ER'S USE ONLY
X A. BURIAL (INCL)	UDES ENTOMBMENT)	TEMPORARY ENVAULTMENT			NDING-REMAINS LOCATED AT
B. CREMATION		DISINTERMENT		(Name and Addr	e88)
	OF CREMATED REMAINS OTHER	SHIP IN TO CALIFORNIA			
D. SCIENTIFIC U		TRANSIT TO OUTSIDE OF CALIF	ORNIA		
	TIA. NAME AND ADDRESS OF CALIFORNIA CEMETERY	118, DATE	BURIED 11C	SIGNATURE OF PERSON	I, IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cem. 3751 Market St.	113.	2-98	11 and	
7007	San Diego, CA 92102	112	- 1	the sole	-
S S S S S S S S S S S S S S S S S S S	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B DATE	CREMATED 12C.	SIMINATURE OF PERSON	I IN CHARGE OF CRA
CREMATION			1		
# TOTAL TOTA					
5	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RE	CEIVING REMAINS 13B. DATE	RECEIVED 13C.	SIGNATURE OF PERSON	N IN CHARGE OF FACILITY
SCIENTIFIC					
d USE			1		
a	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		148. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHAP		
TRANSIT			OF PLACING WITH		CARRIER
TRANSIT			-		
Marie Committee of the	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER	DESCRIPTION SUF- 158, DATE	OF 150	SIGNATURE OF PERSON	N IN 15D. LICENSE NUMBER
SCATTERING AT SEA OR	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		OSITION	CHARGE OF DISPOSITIO	
DISPOSITION OTHER THAN IN A CEMETERY			1		-IF APPLICABLE
THE REPORT OF THE PERSON NAMED IN COLUMN 1					

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Lathermill Mortues	Address: 6322 el Cajo	Date: 10	Len Dugo	92115
in full Payment of Market	an litting tee	tr		
Lot 148 Grave	RowS	ection	Division Block	12
Acct. No. W.O. E - 1173? BALANCE DUE Pre-Need Lot	NOTVALID FOR PURPOSESTATED UNLESS STAMPED "PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Misc. Fees Pre-Need Trust	87007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77185 100 77185	600
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY J Wildlen	Sales Tax TOTAL PAID	78390 \$ \Q 3	00

INTERMENT ORDER

City of San Diego

Date 19-1-98

or MINNIE BOL	Funeral, date, time MON.	7 1:00
Church, Chapel, Graveside CH V ACH		Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge	of \$150.00
will be applied and billed to undersigned		
Lot 43 Grave 1 Row	Section Division/8	Hook 1a
Grave space & Care Fund		895.00
		שב מח
		190 00
		וווכ הח
		HE DO
		111 72
RTUARY TO	Total Due	11/11/22
ING CHECK	Paid receipt number 50030	16647
	Balance du	" D
I hereby certify I am the	DAMESTO TO	named decedent
and this is your authority to make dispo	sition of remains as above indicated. I cert zation and I agree to hold Mt. Hope Cemete	ity and represent
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	2/
Signature of recorded holder of deed	X cas all control	Ze Code
	Reloptione	
F 44800	Invoice #	
Work Order # E 14733	Acct. #	

per Debbie burial cancelled to 12-9-98.

INTERMENT ORDER

01-1-18

President Man 12-7 1500

375,00 190.00

145.00

45.00

Sales inter 14.73 HORTUARY TO

1664.73 BRING SHECK

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Freezion And Femili Fox Distosition of Homain Remain

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

1A. NAME OF DECE	DENT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			TE OF DEATH 4. SEX
Minnie Ola		Bolton	Bolton		30/1998 F
5A CITY OF DEATH		58. COUNTY OF DEATH-	-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL MAILING A	ADDRESS AND 3P CODE
	Diego	San Diego		Rickie L. Bolton, S	ion
	ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON			454 S. 65th St.	
Anderso	n-Ragadale Mort.; 5050 Feder San Diego, CA 921	ar prog.		San Diego, CA 92114	pynd RR DATE SIGNED
ACKNOWLEDGMENT OF	I I have advented as suffered that the mount of	specifico stated terror to one of the d	aspositions authorized by	Park III	12/02/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. WITE THE PERMIT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00	12/08/1998		SISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT	7H— 9E ADDI # 08		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	•
10. AUTHORIZED DIS	POSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'	S USE ONLY
B. CREMATION	N OF CREMATED REMAINS OTHER CEMETERY	E TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIL	THE	L DISPOSITION PENDIN (Name and Address)	G-REMAINS LOCATED AT
BURIAL	Mt. Hope Cemetery; 3751 M San Diego, CA	arket St.	118. DATE BURIED	TOME IN	CHARGE OF BURIAL
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN C	CHARGE OF CREMA
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIVE	13C SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPPED	14C ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND GA DIST		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD. UCENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

Digestrated of points of Martine Coville

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-98

or Goldia Josephia	ne Klein	TUS. 12-8	2:00
in a double black	Funeral, date, tin	ne THUR 12-3	
Church, Chapel, Graveside		LouisColonial	Mortuary.
All Funeral cars must arrive before 300 p	.m. of regular work of	lay or an extra charge of	\$
will be applied and billed to undersigned.			
Lot <u>4/12</u> Grave Row	Section	Division/Bloc	k_10_
Grave space & Care Fund			-
Additional spaces and care tund			1000
Opening/Closing & Setup			375.00
Burial Container			380.00
Handling Fees			320.00
Flower vases - Marker setting fee	say of Fac		1,000.00
Recording and filing fee			45,00
Sales taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		29.45
		Total Due	2149.4
P	aid receipt number _	50600	2149.45
		Balance due	0
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any flability on account of said authorization.	ation and I scree to h	of the above nan bove indicated. I certify a cold Mr. Hope Cemetery b	and represent
I hereby authorize the interment in lot I hold under deed.	Signature 4146 Address	ad XX X Com	st.
Signalure of recorded holder of dood	City 619 Telephone	688-1759	73103 Ep Code
E 14794	Invoice #_		
Work Order # E 14/34	Acct. #		



THE CITY OF SAN DIEGO E- 4734

AUTHORITY TO DISINTER, REMOVE OR REINTER

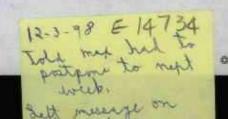
DISINTERMENT & REINTERMENT

December 1, 1998 MONTH YEAR

disinter the ren	- Italia or.	MARTHA J. COVII	LE			
from Lot 412	Grave	Section	Row	Block		•
Division 10	And to rem	nove the same to	and reinter said	remains in Lo	t_412	
Grave	Section	Row	Block	Division _	10	
CemeteryN	AT. HOPE CEMET	ERY	B Company			
hold Mount He authorization,	ope Cemetery disinterment,	harmless from a removal, and rei	ny liability on nterment.	account of sa	id	10300
Signature		Relation to de	eceased A	ddress		
I hereby author	rized the above	disinterment:				
nioroby datio						
	ust sign if not le	and a set office of		Date		



Mt. Hope Cemetery
Real Estate Assets • Public Warks • 3751 Market Street • San Diego, CA 92102 Tel (619) 527-3400



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/		The same of the sa	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX
54	CITY OF DEATH		58. COUNTY OF DEATH		6. NAME, RELATIONSHIP, FULL I OF INFORMANT	MAILING ADDRESS AND ZIP CODE
7.A	LEWIS COL 3051 EL C	ODRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON / ONIAL/BENBOUGH MORTUARY AJON BLVD., SAN DIEGO, CA 92 DE LA SAN DIEGO, CA 92 DE LA SAN DIEGO, CA 92	CTING AS SUCH 7B. CAL	IF, LICENSE NUMBER APPLICABLE 480 dispositions authorized by	4142 MARYLAND S SAN DIEGO, CA 9	ET
	OCAL REGISTRAR	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS POINT GIVES NO RIGHT OF REPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	12/01/19 P Valent	98	OCAL REGISTRAR ISSUING PERMIT
SCHITTIC DESCRIPTION OF DEATH— SAN DIEGO 7A. TYPED MANE AND ADDRESS OF CALFORNA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TR. CALF. LICENSE RIANGER — PAPALCARLE — PAPALCARL						
10	B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO	RNIA	L DISPOSITION	PENDING-REMAINS LOCATED AT
	BURIAL	MT HOPE CEMETERY, 3751 MARK		118. DATE BURIED	110. SIGNATURE OF PER	ISON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	12B DATE CREMATI	ED 12C. GONATURE OF PER	SON IN CHARGE OF CREMATION
LL APPLICA	CONTRACTOR OF THE PARTY OF THE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	PED 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT			14B. DATE SHIPPE		
9	OR DISPOSITION OTHER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC	HER DESCRIPTION SUF- LT OF DISPOSITION			

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12- 2-98

I to a la	MANSEC		
n a	_ Funeral, date, time FRi	12-4	10:00
Church, Chapel, Graveside GRAVES	IDE FEATHE	RINGILL	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an e	xtra charge of	\$
will be applied and billed to undersigned.			
ot 85 Grave 7 Row_	Section 2	Division/Blee!	19
stave space & Care r und	PRE-NEED E-	443	-0-
Additional spaces and care fund	-57		275 10
Opening/Closing & Setup			1000
Burial Container	AIL		190.00
landling Fees	DEC 0 2 1998		145.00
lower vases - Marker setting fee			11- 17
Recording and filing fee	HOPE CEMETERY		45 00
Sales taxes	OF SAN THE WAR		14.13
	Total Due	g	769.7
Pa	id receipt number V	4 -	7697
11 1		Balance due	Q
hereby certify I am the and this is your authority to make dispestit hat I have the right to make this authorization liability on account of said authorization.	ion of remains as above indic-	the above namated. I certify a pe Cemetery h	ind represent
	X (Gustel.	4 1	enter.
hereby authorize the interment in lot I old under deed.	Signature 4338 A	Leeler o	we .
ignature of recorded holder of deed	Chy 263-4	1966	92113 TO Code

& Printed on recorded pages

REA-104 (7-96)

This information is available in alternative formats upon request.

€- 14735

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

81

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAI	AILY)			DATE OF DEATH 4	4. SEX
Marjorie		L.		manser		11/21/1917 11	/29/1998	F
5A CITY OF DEATH				F DEATH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAILIN	G ADDRESS AND ZIP	CODE
San Diego			San Di		Cryst	al Taylor, dau	ghter	
		IA-FUNERAL DIRECTOR OR I			7.0	Keeler Ave.		
The second secon		ry 6322 El Caj	on Blvd	IF APPLICABLE	San &	Hego, CA 92113		
San Diego,	CA 92115			FD1083		ATURE OF APPLICANT—Ferum I		SIGNED
ACKNOWLEDGMENT OF A	PPUCANT I hereby a Section 10	acknowledge as applicant that the pro 0376 of the Health and Safety Code, and	sposed disposition stated berson is o d was authorized pursuant to Section	ne of the dispositions authorized by 7100 of the Health and Safety Code.	1	Levelo4	Intosto	098
PERMIT	THIS PERMIT IS ISSU	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFETY	PROVI- 9A, AMOUNT OF	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	A STATE OF THE PARTY OF THE PAR		REGISTRAR ISSUING F	PERMIT
ALITHORIZATION OF	AND IS THE AUTHORIT	TY FOR THE DISPOSITION SPI	ECIFIED	WO 100 SEE TO 100 SEE	2000	9817424		
LOCAL REGISTRAR		IO RHOHT OF DESPOSAL OUTSIDE OF CA	LEDIMA \$7.00	C. Lathre	m.	>		-
ANY CHANGE IN DISPOSE			F DEATH-					
PERMIT TO SHOW FINAL			CA	it somewhat is to see	114 (111)	PHONE WISHINGS MY, SCHOOL SHIFTING		
ALITHORIZATION OF LOCAL REGISTRAR AND IS THE ALITHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT ONE IN DISPOSITION OF LOCAL REGISTRAR OF DISTRICT OF DEATH— ANY CHANGE IN DISPOSITION. ANY CHANGE IN DISPOSITION. BY DADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA PO BOX 85222 San Diego, CA 12/02/1998 9817424 \$7.00 C.Lathtem DE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO GCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO BOX 85222 San Diego, CA SET TEMPORARY ENVAULTMENT B. CREMATION B. CREMATION C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY D. SCIENTIFIC USE 112/02/1998 9817424 12/02/1998 PO BOX 85222 San Diego, CA PO BOX 85222 San Diego,								
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONE	R'S USE ONLY	
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T & CREMATION			T F DISINTERME	NT				Mayocto
		AINS OTHER	G. SHIP IN TO	CALIFORNIA				
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			CONTRACTOR OF THE PARTY OF THE	THE PART BUILD		DISTRIBUTION OF PERSON	NI CHARGE OF BUR	
acceptant and a second		Cemetery 3751		TIB. DATE BUHR	1 110	SIGNATURE OF PERSON	IN CHANGE OF BURI	ME
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60		, CA 92102	A DESCRIPTION OF THE PROPERTY	177	0 1	10011 -c	N CHARGE OF CREA	ATION
S COEMATION	12A. NAME AND A	DDRESS OF CALIFORNIA O	CHEMATORY	12B. DATE CREMA	JED 120	SIGNATURE OF PERSON I	N CHANGE OF CHEM	ATION
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Name of the state					1>			_
Section 1	13A. NAME AND AL	DDRESS OF CALIFORNIA F	FACILITY RECEIVING REM	AINS 13B. DATE RECE	IVED, 130	SIGNATURE OF PERSON	IN CHARGE OF FACI	LITY
SCIENTIFIC					1			1
# 500								-
9		DORESS IN RECEIVING STA		E 14B. DATE SHIPE	ED 140	. ADDRESS AND SIGNATUR		HARGE
TRANSIT	HEMAINS OH	CREMATED REMAINS ARE	TO BE SHIPPED		- 1	OF PLACING WITH THE C	AHMEH	
TRANSIT								
SCATTERING AT SEA	15A. ADDRESS, NEA	AREST POINT ON SHORELINE	OR OTHER DESCRIPTION	SUF- 15B. DATE OF	150	SIGNATURE OF PERSON		
OR	FICIENT TO IDE	ENTIFY FINAL PLACE AND C	A DISTRICT OF DISPOSITIO	N DISPOSITIO	N	CHARGE OF DISPOSITION	OE CREMATI	ED RE-
DISPOSITION OTHER THAN IN A CEMETERY					1.		-# APPLICA	
The state of the s							1	

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

CITY OF SAN DIEGO, CALIFORNIA

WHITE TO CUSTOMER

PINK AUDITOR	MOUNT HOPE CEMETERY		
	527-3400	12-29	98
- TINSTAL TON	OV 433X VO	OPPOR NUO SI	02711
From Halenta though	SL MAN TO	aur Ave. Su	0611
9111	4 10/100	Pollars (\$ 25.	18
In Payment of Out	Junizea Hower J	rape tor	
	lar love aman	iec.	
Lot 85 Grave	7 RowSe	Division	12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184	1
Acct. No. 117	DAID	80% Sales 100 of Lota 77184	
wo. = 14035	PAID	Opening/ 100 Closing 77181	0
BALANCE DUE	DEC 0 tooo	Buriat 100 Containers 77182	06
BALANCE DUE	DEC 2 9 1998	Handling Fee 77185	00
Pre-Need Lot At Need On Aces	MT/HOPE CEMETERY	Recording & 100 Misc. Fees 77183	
Pre-Need Lot At Need On Acet	CONTO SAN PLEGO CALLET	Pre-Need 63033 Trust 9022	78
2101	ISSUED BY THE STATE OF THE STAT	78390	118
AC-212 (Rev. 5-94)		TOTAL PAID \$ 23	1X

MT/HOPE CEMETERY INTERMENT ORDER

City of San Diego

17648/982

Date 12-2-98

1010110	
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
a Ernest Lopanne	ME# 98-2108
ina liner	Funeral, date, time Fri. Dec. 4 12:0
Church, Chapel, Graveside deliver	: MONEY Mortuary.
All Funeral cars must arrive before 3:50 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
1 1111 10	1 10
Lot 44 Grave 12 Row_	Section Division/Block 4
Grave space & Care Fund	/ 795.00
Additional spaces and care fund	/ _
Opening/Closing & Setup	1100 4 375.00
Burial Container	2-1 Jaune 190.00
Handling Fees	145.00
Flower vases - Marker setting fee	/ x E esta -
Recording and filing fee	1051 x 200 97 45,00
Sales taxes	16.7 20 0 0 0 1 14. 73
marco De datoba	2 1564.7
P. A	receipt number R-50737 1564-7
8 P-17 com arothers	Balance due
I hereby certify I am the	of the above named decedent
that I have the right to make this authorization	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization a	and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
nod drog deed.	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
	Activities and the second seco
F 14726	Invoice #
Work Order # = 14/30	Acct. #
REA-104 (7-86) This informa	ation is available in alternative formats upon request.

@ Printed on recycled paper

E-14736

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 2. DATE OF BIRTH IB. MIDDLE 4. SEX 1A NAME OF DECEDENT-FIRST (GIVEN) IC LAST (FAMILY) MONTH OUNDAR MONTH, DAY, YEAR Emest 0 Lopanne 09/02/1923 11/16/1998 58 COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH ENTER STATE Diego OF INFORMANT Lemon Grove Marco DeLaToba-P. A 7A TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF, LICENSE NUMBER 5201-A Ruffin Rd. -IF APPLICABLE San Diego, CA 92123 Mayer Mortuary, 2859 Adams Ave., San Diego, CA FD1424 BA. SIGNATURE & APPLICANT—Personaling spirit, 88. DATE SIGNED hereby acknowledge as applicant that the proposed discounten stated hereon 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. ACKNOWN FORMENT OF APPLICANT 12/03/1998 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9A. AMOUNT OF FEE PAID, 98. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT. 12/05/1998 NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA LOCAL REGISTRAR SE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CAUFORNIA TION REQUIRES A NEW San Diego, P.O.Box 85222, San Diego, CA PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 FOR CORONER'S USE ONLY 10 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMBMENT) (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA ENAN IN A CEMETERY HL TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11C SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED Mt. Hope Cemetery BURIAL 3751 Market St. San Diego, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13B. DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE

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

THAN IN A CEMETERY

MT. HORE SEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-98

You are hereby authorized and instructed, sul	oject to your rules and regulations,	to inter the remains
ina liner	funeral, date, time MOD	12-7 10:0
Church, Chapel, Graveside CellVen	J MAVEY	Mortuary.
All Funeral cars must arrive before 3:80 p.m.	of regular work day of an extra cha	The second second
will be applied and billed to undersigned.		
Lot 48 Grave 9 Row	Section Divisio	on/ Dloc k_13
Grave space & Care Fund		1210 M
Additional spaces and care fund		
Buriel Container PA	(1)	50.00
Opening/Closing & Setup	299	
Flower vases – Marker setting fee	- 9 1 1	
Recording and filing fee		IIE AD
Sales taxes		
	Total Due	3860
Paid	eceipt number	
	Balance	due
I hereby certify I am the	of the abo	ove named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cen	certify and represent netery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
The state of the s	Addrass	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
	Invoice# 308209	
Work Order # E 14737	Acct. # 000953	
WORK Order II - III III	Acct. W	

E-14737

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH MONTH, DAY, YEAR MONTH, DAY, YEAR Michael White 11/17/1998 07/30/1951 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE Diego OF INFORMANT San Diego Nancy Hobbs-P. A. 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 5201-A Ruffin Rd -IF APPLICABLE San Diego, GA 92123 Mayer Mortuary, 2859 Adams Ave., San Diego, CA FD1424 SA SIGNATURE OF APPLICANT -PARTITION DATE, SB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 12/02/1998 o 10376 of the Health and Salety Code, and was pulled gut pursuant to Section 7100 of the Health and Salety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID . 9B. DATE PERMIT INSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT 12/03/1998 NOTE: THIS PERINT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL San Diego, P.O.Box 85222, San Diego, CA DISPOSITION 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS X A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery BURIAL 3751 Market St., San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE OR MAINS DISPOSER DISPOSITION OTHER --- IF APPLICABLE THAN IN A CEMETERY

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

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOLCE

E-14737

EDI REF NO: 065-000952-303209 YELLOW-RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.

P.O.BOX 2289 SAN DIEGO, CALIFORNIA 92112 PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO PUBLIC ADMINISTRATOR 5201 RUFFIN ROAD A SAN DIEGO CA 92123 ACCT MO 000952

----TREASURERS USE ONLY-

PAYHENT 02 -02-99 DATES BY: CACK IF ED 779796 PAYMENT REF NO

AMT PAID: 386.00

INVOICE DATE 12/14/98

PAYMENT DUE 01/13/99

PERIOD CUVERAD NOVEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT: SUE SHACKELTON REF NO: (8-14737 DEPT: R.E.A.-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

1000 775 MICHAEL WHITE SEVICES LOT 48 GR 9 SEC 1 DIV 12 OPENING/CLOSING 1 TNFR RECURDING FEE

146.00 165-00 50.00 45.00

TOTAL DUE 386-00 NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10. WHICHEVER IS GREATER. INTEREST OF 18 PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. INV NO. JOSETT AC-22 (REV - 10/95)

RETURN WITH PAYMENT

MT. HOPE CEMETERY

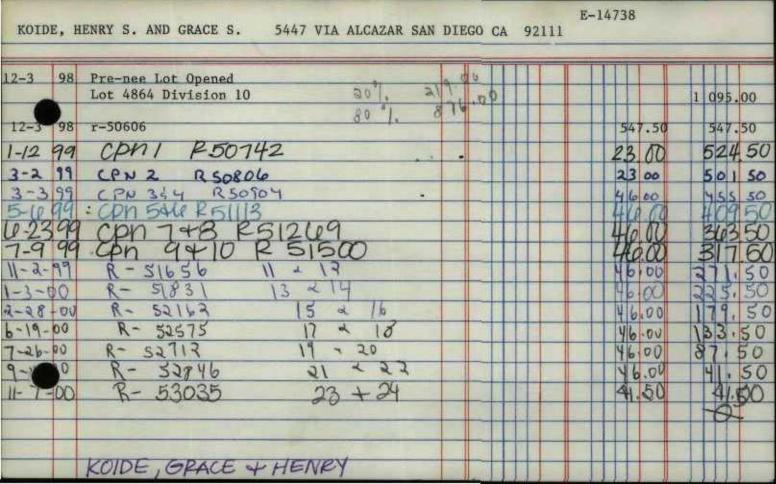
INTERMENT ORDER

City of San Diego

Date 12-3-98

in a	Funeral, date, time	
Church, Chapel, Graveside		Mortuary,
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of	rs
will be applied and billed to undersigned		
Lot 4804Grave Row	Section Division/Bla	10
Grave space & Care Fund	•	1095.0
Grave space & Care Fund	, V	_
Opening/Closing & Setup	LV	
Opening/Closing & Setup	7,	_
Handling Fees	~	_
Flower vases - Marker setting fee	2200	
Recording and filing fee		-
Sales taxes		-
Paid	Total Due	1095.0 547.5 547.5
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot I hold under deed.	X Strygtt	CARAR
Signature of recorded holder of deed	X3AN DIFCO 92 X(619) 277-698	111-44 00 7 Zip Code
Work Order # E 14738	Invoice #	

preneed



Send or bring one coupen with each remittance COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14738 Prenced Lot

Henry & Grace Koide

5447 Vis Alcozor

San Diego, GA 92111

(4864-10) Month and Day Due Indicated Below

MAY JUN JUL AUS SEP OCT NOV DEC JAN FEB MAR APR IO.

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

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

23.00

NAME HENRY + PACE KOIDE ADDRESS STUT VIA ALCAZAR CITY SAN DIEGO STATE CA ZIP 92/11

□ check (✓) if this is new address

ACCOUNT No. E-14738 Preneed Lot Henry & Grace Kolds

5447 Ván Alcasar San Diego, CA 92111

(4864-10)

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

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

Amount due if paid more than days safer due date above

NAME HENRY AND BRACE KOIDE

ADDRESS STATE SAN DIESO STATE CA ZIP 92/11

☐ check (/) if this is new address

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

ACCOUNT No. E-14735 Proposed Lee

Henry & Grace Kolds 5447 Van Alconne

San Diego, CA 92111

(4854-10) Month and Day Due Indicated Below

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

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

after due date above.

Amount due if paid more than days

23,00

NAME HENRY + STACE KOLDE

ADDRESS 5447 VIA ALCAZAR ZIP 92/11

CITY SAN DIESO STATE GA I check (/) if this is new address

DO AC Be 54 Sa	NOT COUN	MAIL T No.	E-Gra	E BOO	K 34 Eos ar 92	Prode	Ton	d L	36	1	3
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DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14738 Premond Lor

Heary & Grace Rolds 5447 Vos Alcagar San Diego, GA 92111

(4864-18)

Month and Day Due Indicated Below FFR MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN 3.0

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

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

NAME HEURY + GRACE POIDE

ADDRESS 5447 VIA ALGAZAR CITY SAN DIEGO STATE CA ZIP 9411

☐ check (y') if this is new address

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J. W.			th an								
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CITY SAU DIEGO STATE CA ZIP 94/11

Send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. Henry & Grace Loide 5447 Van Alesnor San Diego, Ca 92111 (4864-10) 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. Amount due if paid more than, days after due date above

NAME HENRY AND GRACE KOIDE

ADDRESS STYT VIA ALCANA

CITY SAN DIEGO STATE A ZIP FINI

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

(4864-10) 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

ACCOUNT No.

Amount due if paid more than after due date above.

San Bingo, Ca-

NAME HENRY + GRACE KOIDE

ADDRESS 5447 VIA ALCAZAR

CITY SAN DIEGO STATE CA ZIP92111 check (/) if this is new address

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send or bring one coupon with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. S447 was alleafor E-14738 Sen Diegoga GA 97111 (4064-10) 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 allove Amount due if past more offer due date above Amount Received \$ ____ NAME HELRY - GRACE KOIDE ADDRESS 5447 VIA ALCAZAR CITY SAN DIEGO STATE CA 2IP 92/11

MOUNT HOPE CEMETERY (619) 527-3400

From Gree Roile Soly Sig In part Payment of S	Address: 5147 Via Octo	agas de	ollars (\$ Y	16.00	111
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OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52712

From Dince Voids	527-3400 Address: 5447 Via Wea	Date: 7-	Diero	92111	BO
In part Payment of BA	- hud dot		Pollars (\$	16.00)
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OFFICIAL RECEIPT

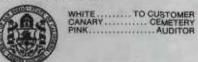


CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

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MOUNT HOPE CEMETERY 527-3400

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OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

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OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

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other for

MT. HOPE SEMETERY

INTERMENT ORDER

City of San Diego

Date_ 12-7-98

OF GRACE MITCH		5
Type of Buriot Contained	_ Funeral, date, time WED 12-	9 1,00
Church, Chapel, Graveside	GRAVO DE CYPRESS VIE	Mortuary.
All Funeral care must arrive before 3:60 p.	m. of regular work day or an extra charge	ors 150.00
will be applied and billed to undersigned.	X 22 hm	
22	,	7
Lot Grave _ 3 Row_	Section 3 Division/Bi	ock
Grave space & Care Fund	(ve-pring C-3666	-0
Additional spaces and care fund		-
Opening/Closing & Setup		375.00
Buria Contained		250.00
Handing Fees		185.00
Flower vases DMOkensollin 1998		
Recording and filing fee	· · · · · · · · · · · · · · · · · · ·	45.00
Sales CITY of SAN DIEGO, CALIE		14.39
	Total Due	8/4.30
Pa	nid receipt number R-50613	014.30
X BROTI	Balance due	
I hereby certify I am the	of the above n tion of remains as above indicated. I certif	amed decedent
that I have the right to make this authorization any liability on account of said authorization	tion and I agree to hold Mt. Hope Cemeter	harmless from
any national of sale authorization	X George E. In	etebelh
I hereby authorize the interment in lot I hold under deed.	Signature	^ -
7010 01100 0000	Address = 154 Not	DRIVE
Signature of recorded holder of deed	SAN DIECO	Zip Code
	(419) 223-62 Februaria	14
	Invoice #	HOLE A
E 44890		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 18. MIDDLE IC LAST (FAMILY) 1A. NAME OF DECEDENT-FIRST (GIVEN) MONTH, DAY, YEAR MONTH, DAY, YEAR 04/05/1909 12/04/1998 MITCHELL GRACE WILLTAMINA 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH-OUTSIDE CALIF... 5A CITY OF DEATH OF INFORMANT ENTER STATE SAN DIEGO SAN DIEGO GEORGE MITCHELL - BROTHER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 1156 MOANA DR -IF APPLICABLE CYPRESS VIEW/BONHAM BROTHERS MORTUARY SAN DIEGO, CA 92107 FD-670 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 BA SIGNATURE OF APPLICANT-Person taking sernit, 88. DATE-SIGNED I berefy achieved an applicant that the proposed disposition stated beroin is one of the dispositions authorized by ette valete ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 12/07/1998 98. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 12/07/1998 9817642 PERMIT 12/07/1998 AUTHORIZATION OF IN THIS PERMIT \$7,00 MOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CILLIFORNIA. P Valentine LOCAL REGISTRAR BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUPORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL VITAL RECORDS...PO BOX 85222 DISPOSITION SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMBMENT) W (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL MT HOPE CEMETERY, 3751 MARKET ST. BURIAL SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12-7-98

n a Type of Buriul Container	a.	uneral, date, tim	BTHUR 13 -	10 11:0
Type of Bunul Container Church, Chapel, Graveside	naves	and the second second second	H umphrey	Mortuary.
All Funeral cars must arrive before				A STATE OF THE PARTY OF THE PAR
will be applied and billed to und		at tedoro work o	ay or an extra charge	0.0
viii be applied and billed to und	arsigned.			
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Additional spaces and care fund	1	W 1		-
Opening/Closing & Setup				
Burial Container	******************		1)	-0
Handling Fees	***************************************	14	- 11	-0
Flower vases - Marker setting f	ee			
Recording and filing fee				
Sales taxes				0
	************************		Total Due	-0-
interfered, = 18-90	A COP		Total Due	
	Paid	eceipt number _	PARTIES OF THE PARTIE	
			Balance due	
hereby certify I am the and this is your authority to mai	ke disposition	of remains as al	of the above r	named decedent
that I have the right to make this	s authorization	and I agree to h	old Mt. Hope Cemeter	y harmless from
my nathrity on account or said a	autionzación a	ald automient		
hereby authorize the intermen	t in lot I	Signature		
hold under deed.		Address		
	15-5			
Signature of recorded holder of deed				Zip Codi
Signature of seconded bolder of deed		City		
Signature of recorded holder of deed		Telephone		
Signature of recorded bolder of deed				

G Printed as recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEA	
	CATHERIN	TE .	LAVINA	T	URNER	04/16/1915	12/06/199	
54	CITY OF DEATH	Chula Vi	sta	58. COUNTY OF DEATH	n Diego	6 NAME, RELATIONSHIP, FULL OF INFORMANT Carolyn R. Hoh		
100	Humphrey Cl	DORESS OF CALIFORNIA hula Vista D	-FUNERAL DIRECTOR OR PERSON A	CTING AS SUCH , 7B. CA	LIF. LICENSE NUMBER F APPLICABLE	5525 Elgin Ave San Diego CA SA SIGNATURE OF APPLICANT-	92120	
	ACKNOWLEDGMENT OF A		nawledge as applicant that the proposed dispo- 6 of the Health and Safety Code, and was author			· Quidith &		2/08/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORITY IN THIS PERMIT.	D IN ACCORDANCE WITH PROVI- RNIA HEALTH AND SAFETY CODE FOR THE DISPOSITION SPECIFIED INNET OF DISPOSAL OUTSING OF CALFORNIA.	\$7.00	12/08/199 J.E. Kin	9817740	OCAL PEGISTRAR IS	SUING PERMIT
1	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	Vital Recor		1 0		OF DISTRICT OF DISPOSITION- II IN ANOTHER DISTRICT IN CAUS		•
10	A BURIAL (INCLU		E	E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DENIA		RONER'S USE O N PENDING REMAIN Address)	
	BURIAL		mess of California CEMETER emetery - 3751 Mar CA 92102		12409	IIIC. SIGNATURE OF PE	RSON IN CHARGE O	F BURIAL
ABLE ITEMS	CREMATION	12A, NAME AND ADD	DRESS OF CALIFORNIA CREMATO	DRY	12B. DATÉ CREMAT	ED 12C. SIGNATURE OF PEI	ISON IN CHARGE OF	CREMATION
APPLICA	SCIENTIFIC USE	N/A	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEN	PED 13C. SIGNATURE OF PE	RSON IN CHARGE O	F FACILITY
COMPLETE	TRANSIT		DRESS IN RECEIVING STATE OR REMATED REMAINS ARE TO BE		14B. DATE SHIPPE	D 14C ADDRESS AND SIG OF PLACING WITH		N IN CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER		EST POINT ON SHORELINE, OR OTH TIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO	OSITION OF MAI	ENSE NUMBER CREMATED RE- INS DISPOSER F APPLICABLE

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

Georgia mas me Aribe on Jotton

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_12-7-98

of LIWI THE W	rilli	es and regulations, to i	inter the remains
ina Double Dupth	Funeral, date, the	me THUR 13-	-10 1170
Church, Chapel, Graveside	Camely	Pagedol	Mortuary.
All Funeral cars must arrive before 3:9	0 p.m. of regular work	day or an extra charge	of\$ 150.0
will be applied and billed to undersigne	d. \		
Lot 102 Grave 12 Ro	w Section	Division/B	tock\\
Grave space & Care Fund	Mrs. Med	E- 11937	
Additional spaces and care fund			778 00
Opening/Closing & Setup	1111		0/200
Burial Container	0 0 4000		. ——
Handling FeesDEC	0.8 1990		
Flower vases - Marker setting fee			
Recording and filing fee MT. HOP CITY of SA	N DIFGO. CALIF		45.00
That		Total Due	420,00
mine	Paid receipt number	0-50178	420 00
12-18-40 Xanal	Tally recognitional	Balance due	-0-
I hereby certify I am the		of the above	named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	rization and I agree to	hold Mt. Hope Cemeter	ry harmless from
I hereby authorize the interment in lot I hold under deed,	Signature 829	Producing to	+/
Signature of recorded holder of deed	E Hu	14 Vista C1 -6064	4 9 1910 zo code
	Tillingmone		
Work Order # E 14741	Invoice #		

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This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DEGE		1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	9 DATE	OF DEATH	4. SEX
Lois	EDENT-FIRST (GIVEN)	William	McBride			MONTH, DAY, YEA 04/04/1932	A MONTH	3/1998	м
A. CITY OF DEATH	(WALLED	58. COUNTY OF DEAT	H-OUTSIDE CALIF.		RELATIONSHIP, FULL	-	21.3222	
E1 Ca	A STATE OF THE PARTY OF THE PAR		San Diego		0.000	DRMANT			
A. TYPED NAME AND	ADDRESS OF CALIFORN	rt.; 5050 XEddez	I Blvd.	LIF. LICENSE NUMBER F APPLICABLE	529	Iam McBrid Park Way / TURE OF APPLICANT	pt, 1		-
ACKINOWLEDGMENT O	I hereby a	an Diego, CA 921 schooledge as applicant that the proposed Min of the Health and Safety Code, and was a	disposition stated herein is one of the		BA SIGNA	TURE OF APPLICANT	—Person twong ;	1	17/199
PERMIT AUTHORIZATION OF	THIS FERMIT IS ISSI SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	USED IN ACCORDANCE WITH PROFONIA HEALTH AND SAFETY CO- TY FOR THE DISPOSITION SPECIFI NO RIGHT OF DISPOSAL OUTSIDE OF CALFORN	9A. AMOUNT OF FEE P			C. SIGNATURE OF	LOCAL REGI		IG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION	9D. ADDRESS OF R	EGISTRAR OF DISTRICT OF DE	222	DRESS OF REGISTRAR DISPOSITION IS TO OCC					
IO. AUTHORIZED DE	SPOSITION(S) CHECK A		-3662			FOR CO	PONER'S	USE ONL	Y
			E. TEMPORARY ENV/					-REMAINS L	
	N ON OF CREMATED REM CEMETERY : USE		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA SIDE OF CALIFORNIA		☐ (Name and			
B. CREMATION C. DISPOSITION THAN IN A D. SCIENTIFIC	N OF CREMATED REM CEMETERY USE	DORESS OF CALIFORNIA CEME Cemetery; 3751 M. San Diego, C	F DISINTERMENT G SHIP IN TO CALES H. TRANSIT TO OUTS ETERY CATRET St.	ORNIA	8			HARGE OF E	
B. CREMATION C. DISPOSITION THAN IN A D. SCIENTIFIC	N ON OF CREMATED REM CEMETERY USE	DORESS OF CALIFORNIA CEME Cemetery; 3751 M	F DISINTERMENT G SHIP IN TO CALED H TRANSIT TO OUTS ETERY CARRET St. A 92102	ORNIA SIDE OF CALIFORNIA	8 -	☐ (Name and	ERSON IN O	_	URIAL
B. CREMATION BURIAL CREMATION SCIENTIFIC SCIENTIFIC SCIENTIFIC LISE	N ON OF GREMATED REM CEMETERY USE 11A. NAME AND A Mt. Hope 12A. NAME AND A	DORESS OF CALIFORNIA CEME Cemetery; 3751 M. San Diego, C	F DISINTERMENT G SHIP IN TO CALIFO H TRANSIT TO OUTS ETERY CARKET St. A 92102 MATORY	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIE 12B. DATE CREMA	8 12C	SIGNATURE OF P	ERSON IN CI	HARGE OF CI	REMATION
B. CREMATION BURIAL CREMATION SCIENTIFIC	N ON OF CREMATED REM CEMETERY USE 11A. NAME AND A Mt. Hope 12A. NAME AND A - 13A. NAME AND A	DORESS OF CALIFORNIA CEME Cemetery; 3751 M San Diego, C DORESS OF CALIFORNIA CREA	F DISINTERMENT G SHIP IN TO CALLED H TRANSIT TO OUTS ETERY CARKET St. A 92102 MATORY LITY RECEIVING REMAINS OR COUNTRY WHERE	ORNIA SIDE OF CALIFORNIA 11B. DATE BURIE 12B. DATE CREMA	NTED 12C	SIGNATURE OF P	ERSON IN CHERSON IN CH	HARGE OF E	REMATION ACILITY

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12 - 7-98

	# 12	100 170
n a Type of Burtal Container	Funeral, date, time Www 12-	10 1800
Church, Chapel, Graveside	dicrevele: Ca Shriel	Mortuary.
All Funeral cars must arrive before 3	9.00 p.m. of regular work day or an extra charg	je of \$ 150.00
vill be applied and billed to undersig	gned.	
	0	
ot 2/5 Grave	Row Section Division	/Block 2
Brave space & Care Fund		795,00
Additional spaces and core fund	MID	
Opening/Closing & Setup	AID	375,00
	C 7 1000	190 00
Donat Victoria Company	EC n 7 1998	145 00
landling Fees	ODE CEMETERY	115
lower vases – Marker seguMTeeH	SAN DIEGO, CALIF	4200
Recording and filling fee		15.00
Sales taxes		14. 73
	Total Due	1564,7
	Paid receipt number R-50613	1564-7
~	Balance d	lue
hereby certify I am the and this is your authority to make d that I have the right to make this autony liability on account of said authority	lisposition of remains as above indicated. I ce thorization and I agree to hold Mt. Hope Cemel prization and interment.	rtify and represent
hereby authorize the interment in lead under deed.	X 6645 Marc	with Rl-
	- Address San Diego	A 92114
Signature of recorded holder of deed	1619-262-3372 Totaphane	
Signature of recorded holder of doord		
Nork Order # E 14742	10/9-262-3372 Totephone Invoice #	

O Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	THE MODERN CONTRACT	LAST (FAMILY)	THIE COTO ON C		2. DATE OF BIRTH 3. DA	TE OF DEATH	4. 8
	CEASAR		E.		SMITH			07/27/1918 12	76471958	M
5A	CITY OF DEATH	ALC: NO				-OUTSIDE CALIF.,		RELATIONSHIP, FULL MAILING	ADDRESS AND Z	DP CODE
	SAN DIEGO				SAN DIE			TH T. SMITH-WIF	E	
7A	CALIFORNIA	A CREMATION	& BURIAL CH	HAPEL	-	APPLICABLE	120000	MARGARITA ROA DIEGO, CA 921	202	
	5880 EL CA	CONTRACTOR OF STREET	SAN DIEGO,			-1357		TURE OF APPLICANT—Ferson take	re permit 88. DAT	TE CIGNES
	ACKNOWLEDGMENT OF AF		cknowledge as applicant that the 176 of the Health and Safety Code				» of	m Walke	1 12/09	9/199
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WORNIA HEALTH AND SAF Y FOR THE DISPOSITION DEBUT OF DISPOSAL OUTSES O	SPECIFIED	MOUNT OF FEE P	98. DATE PERMI 12/09/19 K. WAL	98	© SIGNATURE OF LOCAL RE → 9817814	GISTRAR ISSUIN	IG PERMIT
4	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	VITAL RECO	GISTRAR OF DISTRICT D IN CALIFORNIA RDS - P. O. CA 92186-5	BOX 85222	I IF I			CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA		
10	AUTHORIZED DISPO	DSITION(S) CHECK A		-0				FOR CORONER	'S USE ONL'	Y
	B. CREMATION		AINS OTHER	F. D	EMPORARY ENVA ISINTERMENT HIP IN TO CALIFO RANSIT TO OUTS	VICTOR STATE		L DISPOSITION PENDIN (Name and Address)		OGATED
10-	BURIAL	MT. HOPE	CEMETERY 37	A CEMETERY 751 MARKET	ST.,	12-109	8 110.	SIGNATURE OF PERSON IN	CHARGE OF B	URIAL
SE HEMS	CREMATION	12A. NAME AND AD	DRESS OF CALIFORNI	A CREMATORY	4.03	128. DATE CREMA	TED 12C.	SIGNATURE OF PERSON IN	CHARGE OF CR	EMATION
T OFFICE	SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNI	A FACILITY RECEI	VING REMAINS	13B. DATE RECE	VED 13C.	SIGNATURE OF PERSON IN	CHARGE OF FA	ACILITY
AMELEIGE A	TRANSIT		DRESS IN RECEIVING CREMATED REMAINS A			14B. DATE SHIPP		ADDRESS AND SIGNATURE OF PLACING WITH THE CAR		CWAGE
A	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHOREL NTIFY FINAL PLACE AND			15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. UCENSE OF CREM MAINS D —B APP	NATED RE-

COPY I OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION I 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

	E CEMETERY
- ALADILLA TA INTERMI	NT ORDER
Family to MERMI	San Diego
withess bunal city of	Date 12-7-98
WIIIW	
You are hereby authorized and instructed, subj	ect to your rules and regulations, to inter the remains
or Elizabeth Jean	QUEZUAN AMEZCUA
in a Type of Burgit Communes and Late of Fig.	uneral date time WEQ DEC 9 9 0
Church Chapel Graveside	and Guad I wan Mortuary, or
All Funeral cars must arrive before 3.20 p.m, o	regular work day or an extra charge of \$ 150 . 00
will be applied and billed to undersigned.	J. C.
1100 0	0 10
Lot 50 Grave Row	Section Z Division/Block 12
Grave space & Care Fund	3 20% 895.00
Additional spaces and care fund	
	276 AD
Opening/Closing & Setup	
Handling Fees	-11-97 223.73 14510
Handling Fees	43 115.00
Flower vases – Marker setting fee	nal know 45 17
Recording and filing fee	1473
Sales taxes	Trini 13
30 gay riote	Total Due
Paid re	ceipt number 30119 820 72
V 2	Balance due 002-13
I hereby certify I am the and this is your authority to make disposition of	of the above named decedent fremains as above indicated. I certify and represent
that I have the right to make this authorization a any liability on account of said authorization an	and I agree to hold Mt. Hope Cemetery harmless from
	VICIO
I hereby authorize the interment in lot I hold under deed.	Signaphra
	MINOS BEVEKLY ST.
Signature of recorded holder of deed.	X(619)266-1120
	X(619)266-1120
	- 0111
E 44749	- amar L
Work Order # E 14743	Acct. # 097256
REA-104 (7-96) This informati	ion is available in alternative formats upon request.

O Printed on recycled paper

ACCRECATE TO			and the second	Mary Colde	-
BAT	HOL) E	\sim EM	CT	EDV
DOM: N	\mathbf{n}	-	CEM	-	

w.o. # E 14743

NOTE

832 73	San Diego, California De	cember 7 1998
hirty days after date for value receive	ed, the undersigned maker promises to pay S 2101, the sum of CAH NUMANAH 1, 1998 OF (1999)	an Diego City Treasurer, exorder a
with interest from January	1, 1998 04 (1999)	on the unpaid principa
at the rate of 12 percent per annum, p	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.

authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

ADDRESS

JURN A. GUEZADA SIGNATURE

ADDRESS

JIOS BEVERLY ST. San Didgo CA 92114

CALIFORNIA DRIVER LICENSE NUMBER

VS144 875

SSN SS2-97-9484

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

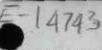
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

14	NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY) OUEZADA			3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR 12/06/1998 F
5.A	CITY OF DEATH	01830	SB. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MAI OF INFORMANT ALBERTO QUEZADA-	ILING ADDRESS AND ZIP CODE
7A	GUAD	ORESS OF CALFORNA FUNERAL DIRECTOR OR PERSON ALJIPANA MEM.OCHAPEL & MORT. IMPERIAL AVE., SAN DIEGO, (-	F APPLICABLE	1105 BEVERLY ST. SAN DIEGO, CA 92	
	ACKNOWLEDGMENT OF AF	PLICANT I hereby acknowledge as applicant that the proposed drug Section 10375 of the Health and Safety Code, and was puth			Vancy Too	12/08/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT SINS NO MOST OF DISPOSAL OUTSDE OF CALIFORNIA.	\$ 7.00	NANCY LOP		AT REGISTRAR ISSUING PERMIT
1	LY CHANGE IN DISPOSI- ION RECURES A NEW PRAIT TO SHOW FINAL DISPOSITION.	DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 853 SAN DIRGO, CA 92186-5222-	1 111		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORN	ex
10	AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORO	NER'S USE ONLY
	B. CREMATION	The state of the s	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO THE TRANSIT TO OUTS	FINIA	L DISPOSITION P	ENDING—REMAINS LOCATED
	BURIAL	MT. HOPE CEMETERY, 3751 MAI SAN DIRGO, CA 92102		118 DATE BURIED	TAN G	ON IN CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMATES	D 12G. SIGNATURE OF PERSO	ON IN CHARGE OF CREMATION
IL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	PRECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERSO	ON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	14C. ADDRESS AND SIGNAT OF PLACING WITH THE	TURE OF PERSON IN CHARGE E CARRIER
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		158. DATE OF DISPOSITION	15C SIGNATURE OF PERSO CHARGE OF DISPOSIT	

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



CITY OF SAN DIEGO, CALIFORNIA GENERAL INVOICE



WHITE - CUSTOMER

EDI REF NO: C65-097256-308666 YELLOW RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O.BOX 2289 SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

JUAN A. QUEZADA 1105 BEVERLY STREET SAN DIEGO CA 9211 4 ACCT NO 097256

PAYMENT

BY: CA CKT F ED 1590

AMT PAID: 832.73

12/15/98

LES TES

ABOVE.

PAYMENT DUE 01/14/99 PERIOD COVERED NOVEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-14743
DEPT: R.E.A.-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

ELIZABETH QUEZADA SERVICES
LOT 150 GR 9 SEC 2 DIV 12
DPENING/CLOSING
LINER
HANDLING FEE
RECORDING FEE
TAX DN LINER
LESS R-50614

375.00 190.00 145.00 45.00

308666

895.00

14.73 832.00-

INV NO.

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

RETURN WITH PAYMENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_12-7-98

a LINER	F	uneral, date, tir	ne THO	W 15 -	10 15:4
Tyse of Burial Contains: Church, Chapel, Graveside	morch G	WARRENDE	CAP	URIAL	Mortuary
Il Funeral cars must arrive be	fore 3:00 p.m. o	of regular work	day or an e	xtra charge	of \$ 150.0
ill be applied and billed to un					
ot 93 Grave 9	Row	Section	3	Division/94	12
rave space & Care Fund		12.27 3	0/3		795.00
dditional spaces and care fur	id	***************************************			_
pening/Closing & Setup	60	ρ.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	375.00
pening/Closing & Setup	1-	70_/			190.00
andling Fees				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	145.00
ower vases - Marker setting	fee		******		-
					HE OO
ecording and filing fee			************		45.00
		······································			14. 73
	782.57		Total Due		14.73
	782.37	eceipt number			14.73 1564.7 782.7
	782.37	-			14.73 1564.7 782.7 782.7
A CHECK X	~ 782,57 ~ July ~ Lly	eceipt number	Total Due	037 Balance due	
nereby certily I am the at I have the right to make the	ake disposition is authorization	eceipt number	Total Due	P37 Balance due	y and represen
nereby certily I am the at I have the right to make the	ake disposition is authorization	eceipt number	Total Due	P37 Balance due	y and represen
nereby certify I am the not this is your authority to mat I have the right to make the ny liability on account of said	ake disposition is authorization au	eceipt number	Total Due	P37 Balance due	y and represen
nereby certify I am the not this is your authority to mat I have the right to make the ny liability on account of said	ake disposition is authorization au	of remains as a and I agree to Ind interment.	Total Due	P37 Balance due	y and represen
nereby certify I am the not this is your authority to mat I have the right to make the right to make the nereby authorize the intermedid under deed.	ake disposition is authorization au	of remains as and I agree to Ind interment.	Total Due	P37 Balance due	y and represen y harmless from
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nereby certify I am the not this is your authority to mat I have the right to make the right to make the nereby authorize the intermedid under deed.	ake disposition is authorization au	of remains as and I agree to Ind interment.	Total Due	P37 Balance due	y and represen y harmless from
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PIGI (619) 234-3272 Fax:(619) 286-2674 E- 14749

E-14744 ou 12-7-98 THEODORE & TAYLOR JA MALL HO LINEA CHURCH GANGOLD CA BURNAL STATE 13 795.00 375.00 190.00 145.00 45.00 1564-73 REING CHECK Total Our

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY-MAKE	NO ERASURES, WI	HITEOUTS OR OTH	ER ALTERATIONS	12-04-90	
1A. NAME OF DECEDE		TAYLOR.	TD	2. DATE OF BIRTH MONTH, DAY, YEAR 09/29/1948	3. DATE OF DEATH MONTH, DAY, YEAR 12/05/1998	4. SEX
THEODORE 5A CITY OF DEATH LA MESA	ROBERT	5B. COUNTY OF DEATH ENTER STATE SAN DIEG	ATH-OUTSIDE CALIF., 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CO.			
7A. TYPED NAME AND AL CALIFORNI	DRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON A CREMATION & BURIAL CHAPEL	ACTING AS SUCH TEL CAL	F. LICENSE NUMBER	4677 HOMES AVE SAN DIEGO, CA	NUE #67 92105	
ACKNOWLEDGMENT OF A	I have transfer a unique that he revered don	solition started herein is one of the	dispositions authorized by	SIGNATURE OF APPLICANT	Ferson taking permit, 8B. DAT	9/1998
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT EMEN NO RIGHT OF DEPOSAL ONTINE OF CALFORNIA. PDC ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IS DEATH OCCURRED IN CAUFORNIA. VITAL RECORDS — P. O. BOX & SAN DIEGO, CA 92186—5222	\$7.00 9E. ADD	K. WALKE	98		G PERMIT
A. BURIAL (INCLU	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA	RNIA	11000000	PENDING REMAINS LO	S. Calling
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETER MT. HOPE CEMETERY 3751 MAR SAN DIEGO, CA 92102	RKET ST.M	13-10-98	11C. SIGNATURE OF PER	ISON IN CHARGE OF BI	JIRIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREMATED	12C SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY -	RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PER	ISON IN CHARGE OF FA	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		15B DATE OF DISPOSITION	15C SIGNATURE OF PER CHARGE OF DISPO		NATED RE- DISPOSER

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

Transfer of lother

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-7-98

10 I della come	
in a Type & Burial Container	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 of \$
will be applied and billed to undersigned	
70 304	0 10
ot O Grave Arow	Section Division/Block
Grave space & Care Fund D - 1	109
Additional spaces and care fund	\
Opening/Closing & Setup	\
Burial Container FYOM:	ANGENSON -KUYSQUL-
landling Fees	\
Flower vases - Marker setting fee	
Recording and filing fee	4500
recording and raing ree	10.00
	7
	Total Due 45.00
Sales taxes	Total Due 45.00
Sales taxes	
Paid	Balance due
Paid I hereby certify I am the and this is your authority to make disposition	Balance due of the above named decedent
Paid Paid Phereby certify I am the and this is your authority to make disposition	Balance due of the above named decedent n of remains as above indicated. I certify and represent an and I agree to hold Mt. Hope Cemetery harmless from
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	Balance due of the above named decedent of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization in liability on account of sald authorization hereby authorize the interment in lot I	Balance due of the above named deceden n of remains as above indicated. I certify and represen in and I agree to hold Mt. Hope Cemetery harmless from
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization thereby authorize the interment in lot I noted under deed.	Balance due of the above named decedent of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization in liability on account of said authorization hereby authorize the interment in lot I nold under deed.	Balance due of the above named deceden n of remains as above indicated. I certify and represen and I agree to hold Mt. Hope Cemetery harmless from and interment. Signature Address
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization thereby authorize the interment in lot I noted under deed.	Balance due of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment. Signature Address
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	Batance due of the above named decedent of the above named decedent of and i agree to hold Mt. Hope Cemetery harmless from and interment. Signature Address City

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12 - 7 - 98

You are hereby authorized and instructed, subjection of the control of the contro	oct to your rules and regulations, to inter the remains
1	neral, date, time
Church, Chapel, Graveside	Mortuary
All Funeral cars must arrive before 3:30 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 18 Grave 4 Row	Section 2 Division/Block 12
Grave space & Care Fund	<u> </u>
Additional spaces and care fund	
Opening/Closing & Setup	10/20/0
Burial Container	nackori
Handling Fees	
Flower vases - Marker setting fee	<u> </u>
Recording and filing fee	
Sales taxes	
	Total Due
Paidrec	eipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and	of the above named decedent remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from I interment.
I hereby authorize the interment in lot I hold under deed.	Signature
Signature of recorded tickler of deed	
	Teleghone
	Invoice #
Work Order # E 14746	Acct, #

MT. HOPE CEMETERY

INTERMENT ORDER

Transfer of lot owner

City of San Diego

Date 12-7-98

na	Funeral, date, time
Type of Bunul Container Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3	:30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersig	ned,
ot 78 Grave 3+4	RowSection 2 Division/Block 12
Grave space & Care Fund	-9109
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	Anderson-Ragsdate =
Flower vases - Marker setting fee	WORTHAN
Recordes and Angle D	90.00
DEC 07 1998	Paid receipt number
MT. HOPE CEMETERY and this is your authority to make distant I have the right to make this authority in the said authority in the sa	Balance due Balance due Original des la proposition of fremains as above indicated. I certify and represent norization and I agrée to hold Mt. Hope Cemetery harmless from rization and interment.
hereby authorize the interment in lo hold under deed.	Sporting Sporting Sport Address & Martin
	- Dan Duego (472102
deed 12234	Felephone (619) 263-3141



THE CITY OF

527-3400

Real Estate Assets Department

MT. HOPE CEMETERY . 3751 MARKET STREET . SAN DIEGO, CALIFORNIA 92102 Business hours 8 a.m. to 4 p.m. Monday through Friday • Gates open daily

E-14.741

QUITCLAIM DEED

In consideration of	
I/WeAnderson-Ragsdale Mo	rtuary
DO HEREBY REMISE, RELEASE, AND QU Michelle Lucious	///CLAIM to Teatessa Dean and
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 _78	tion _2 Division/Block _12
	described quitclaimed property unto the said successors and assigns forever.
WITNESS my/our hand this 7th d	ay of December 0 98
EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:	Catina in TAVallone
Deblie Whelean	
Frances & Martin	
Witnesses W. H. R.	Dele 3



BRINGS US ALL TOGETH



I Printed as recycled preser

THE CITY OF

SAN DIEGO

E-14747

DIVERSIT BRINGS US ALL TOGS

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400 Monday through Friday • Gates open daily

QUITCLAIM DEED

In consideration of	
I/We Anderson-Ragsdale Mortuary	
DO HEREBY REMISE, RELEASE, AND QUITCLAIM	1 to Tearessa Dean and
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 _28 Grave _ 3 Row _ Section 2	_ Division/Block 12
TO HAVE AND TO HOLD THE above described	quitclaimed property unto the said s and assigns forever.
WITNESS my/our hand this 7th day of Dece	ember 10 98
EXECUTED IN THE PRESENCE OF CAT	ina my Avallone
Debbu Wellen	
Frances & Martin	
Witnesses A. Radele	

MT. HOPE CEMETERY

INTERMENT ORDER

	- CEMETER.	
INTERM	ENT ORDER	
reneed on	of San Diego	10 1 18
THIST	Date	12-7-98
Ilnoi		
You are hereby authorized and instructed, su of AIEX MUNCHWEIL	oject to your rules and reg	ulations, to inter the remain
in a INEV	uneral, date, time	
Church, Chapel, Graveside	7	Mortuan
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an e	extra charge of \$
will be applied and billed to undersigned.		
		0
Lot SUT Grave Row	Section	Division/Bleek
Grave space & Care Fund Prene	ed B7112	<u>8</u>
Additional spaces and care fund		
Opening/Closing & Setup	***************************************	3/5/
Burial Container		190.
Handling Fees		145.0
Flower vases - Marker setting fee		
Recording and filing fee		45.0
Sales taxes		14.13
	_Total Due	709.
Paid	eceipt number £ 50	021 769:
		Balance due
I hereby certify I am the	ol	I the above named deceder
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicand I agree to hold Mt. Ho	cated. I certify and represe
I hereby authorize the interment in lot I hold under deed.	Signature	
made deduc	Address	
Signature of recorded holder of deed	ON	Zip Co
	A STATE OF THE STA	2000
	Telephone	
E AARAS	Invoice #	A CONTRACTOR OF THE PARTY OF TH
Work Order # E 14748	Acct. #	

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This information is available in alternative formats upon request.

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTERMENT

Date 12-9-98

You are hereby authorized and instructed, sul	bject to your rules and regulate 1161938	tions, to inter the remains
In a Type of Burisi Container		12-11 10:0
Type of Bursal Confision Church, Chapel, Graveside	MEDICA	
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extr	a charge of \$
will be applied and billed to undersigned	The state of the s	
Lot 110 Grave 4 Row	Section _ a	ivision /Block
Grave space & Care Fund		Marie Committee
Additional spaces and care fund		
Additional spaces and care fund Opening/Closing & Setup	as D	
Burial Container	TACKL"	
rlandling Fees	V	
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
	Total Due	
Paid	receipt number	
	Ba	lance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	of remains as above indicate and I agree to hold Mt. Hope	e above named decedent dd. I certify and represent Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
note under deed.	Address	
liignature of recorded bottler of deed	City	Sp Code
	Teleutione	770000
Work Order # E 14749	Invoice #	
REA-104 (7-98) This	12-11-98	rmats upon request.
	matterday.	

and the vecale as so sen tom williams



County of San Diego

HRIAN D. BLACKHOLIRNE, M.D. MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER

HARRY J. BONNELL, M.D. CHIEF DEPUTY NEDICAL EXAMPLE

5555 OVERLAND AVE. BLDG 14, SAN DIEGO, CALIFORNIA 92123-1219. TEL (019) 034-2896 FAX: (618) 495-5956

December 8, 1998

Cemetery Manager Mr. Hope Cemetery 3731 Market St San Diego, CA 92102

Dear Cemetery Manager:

On August 30, 1993, this office investigated the death of a John Doc skull, case #93-1699. The skull was subsequently released to Berge Roberts Monuary for intermment at your cometery by authority of the San Diego County of San Diego Public Administrator. The authorization number was 1161938.

Recently, additional skeletal remains have been found in the proximity of where the skull had been found. We believe the skull may belong with this recent find. Our investigation has also provided us with a probable identification.

in an effort to complete this in estigation, it will be necessary for as to have the John Doc skull 93-1699, disinterred for additional examination. Therefore, under California Government Code 27491.4, Authority to Take Possession of Body: Exhumation Postmortem Examination or Autopsy, and Health and Safety Code \$7502, Disinterment, Transportation and Removal of Remains Under Chapter 4, we are kindly requesting that the skull be exhumed.

I would like to attend the exhumation for documentation purposes. Therefore, when a date and time has been scheduled, please notify me immediately so I can arrange my schedule. I can be reached at 694-2905, or my home number is 287-0208.

Should you have any questions, do not hesitate to call. Thank you for your kind assistance.

Sincerely:

Damel L Matticks, MS

Medical Examiner Investigator

mattiche



Medical Examiner's Office 5555 Overland Avenue Bldg. 14 San Diego, CA 92123

County of San Diego

Fax

□ Urge	ent	omment	x Please Reply
Re:	[Click here and type subject of fax]	CC:	[Click here and type name]
Phone:	619-527-3400	Pages	13
Faxt	519-527-3403	Dates	December 8, 1998
To:	Mt. Hope Cemetery	From:	Daniel L. Matticks, MS

•Comments: Thanks Sue for your help with this case. If you need anything else, please let me know. Look forward to meeting you.

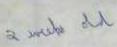
Dan

ATTENTION: Sue Shackleton

						OF DE	ATH						-
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	RI DEATH WAS GA				LINE POP					DE WAR S	N/A	-	1 N
CAUSE	CAUSE UN	Undeter	mined	. (Skull	only)			▶ 133	aknowa		E4		X N
OF DEATH	QUE TO IM						>		The second second	ren .	AND CO.	☐ NO	
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PHYSI- CIAN'S CEPTIFICA- TION	CERTAY THAT TO THE OCCUPANT AT THE MC CAUSES STATES OF A DECEMBER ATTE MONTH, DAT, Y	NORD MINCE DATE	NOR STATE	SEEN ALVE	1 3	THOPHS PHYSIC			DORESS	EY'S LICENS!	Number	278. GAT	r Sonep
	I CERTIFY THAY IN M. THE HOUR DATE AND SYATED	FLACE STATED I	DOGUME NOW THE	D AY CHURCH		地起了	Section on	beauty 5	Deputy	ERRIES	er of	HL DATE :	1993
COMONEN'S USE ONLY	se Mannes or DEA sight beach, posty in Undetermin	estigation or could not	al. Supplied, the determina	30A PLACE	Jazuer				EN NE	110	TE OF MAR	TAN 31. P	
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PUHERAL DIRECTOR AND LOCAL	Tengorary BU Envenilmen	THE HOPE	CEMI		in Die	go .	- Charles		Not manual	embaln	ed .	1	MODES TON DAT
REGISTRAS	San Diego Co	xinty med		Examined	None	P		1.51					
STATE REGISTRAN	^	9.			D.		W	14 3	**		CHARLE	PRACT	

Dan middicks 694-2905 method cix office to send beller ok per Rebicen MT. HOPE CEMETERY INTERMENT ORDER City of San Diego 5-9-91 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains JOHN DOE P.A.# 1161938 5-10-94 ___ Funeral, date, time AND Church, Chapel, Graveside DELIVERY All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. War time veteran ___ Section 2 Division/Blook // Grave space & Care Fund Additional spaces and care fund Burial Container. Handling Fees Flower vases – Marker setting fee Recording and filing fee Sales taxes..... Total Due Paid receipt number _ Balance due I hereby authorize the interment in lot I Signature hold under deed. Address Signature of recorded holder of deed Zip Code City Telephone 11509 Work Order # PY-593 (Rev. 8-92)





REA-104 (7-96)

MI. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-9-98

18	Funeral, date, time FRi 12 - 11 11.
Type of Burial Coctainer hurch, Chapel, Graveside GR	
	3:30 p.m. of regular work day or an extra charge of \$
ill be applied and billed to unders	
ot 1194 Grave	Row Section Division/Block9
	100.00
Manager and an artist of the second and the second	12500
RESERVANTAGE CONTRACTOR OF THE PARTY OF THE	193.00
lower vases - Marker setting fee	45.00
ecording and filing fee	45.00
	= 50.00
RTUARY TO	Total Due 370.00
is check	Paid receipt number 50040 Z 10.0
20 1201	Balance due
203	
hereby certify I am the	of the above named decedent
nd this is your authority to make nat I have the right to make this au	disposition of remains as above indicated. I certify and represent
nd this is your authority to make nat I have the right to make this au	disposition of remains as above indicated. I certify and represent
nd this is your authority to make at I have the right to make this au ny liability on account of said auth hereby authorize the interment in	disposition of remains as above indicated. I certify and represent uthorization and I agree to hold Mt. Hope Cemetery harmless from horization and interment.
nd this is your authority to make at I have the right to make this au ny liability on account of said auth hereby authorize the interment in	disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hope Cemetery harmless from horization and interment.
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nd this is your authority to make at I have the right to make this au ny fiability on account of said auth hereby authorize the interment in old under deed.	disposition of remains as above indicated. I certify and represent athorization and I agree to hold Mt. Hope Cemetery harmless from horization and interment.
nd this is your authority to make that I have the right to make this au ny liability on account of said authorize the interment in old under deed.	disposition of remains as above indicated. I certify and represent uthorization and I agree to hold Mt. Hope Cemetery harmless from horization and interment.
hereby certify I am the nd this is your authority to make hat I have the right to make this at ny liability on account of said authorize the interment in old under deed.	disposition of remains as above indicated. I certify and represent uthorization and I agree to hold Mt. Hope Cemetery harmless from norization and interment. I lot I Signature Zip Code

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This information is available in alternative formats upon request.

INTERMENT ORDER E-14750

		-9-98
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1737 for earth life the interment or for finite limited limits.	Y 5050 February 810	
	Y dan Singo, Ca 93	
<u>E 14750</u>	Acce at	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

MOD

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	10. LAST (FAMILY)		2. DATE OF BIRTH 3. DA	TE OF DEATH 4, SEX	
Zion	Honêt	Hayes-Ne	xwell	MONTH, DAY, YEAR MONT 11/24/1998 11	1. DAY, YEAR 724/1998 · F	
San Diego		58 COUNTY OF DEATH ENTER STATE San Diego	ENTER STATE OF INF		E RELATIONSHIP, FULL MALING ADDRESS AND ZIP CODE NFORMANT Lon A. Maxwell, Father	
7A. TYPED NAME AND A	DORESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSO		WHEN THE PROPERTY OF THE PARTY	5014 Cresita Dr.	- an Colonia	
Anderson-	Ragsdale Mort.; 5050 Federa	1 Blvd.	ULLETINGEE			
	San Diego, CA 92102	1 F	-1329 BA	San Diego, CA 92115 SIGNATURE OF APPLICANT—Presen taken	POWNIT BE DATE SIGNED	
ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applicant that the progress of Section 10376 of the Health and Safety Code, and was aut	horged purbased to Section 7100 of the	dispositions authorized by Health and Safety Code	Haldre while	12/09/199	
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	The second secon	CONTROL PROPERTY AND ASSESSMENT OF THE PARTY.	SUED 9C. SIGNATURE OF LOCAL RE	THE RESIDENCE OF THE PARTY OF T	
AUTHORIZATION OF IN THE AUTHORITY FOR THE DISPOSITION SPECIFIED		\$7.00 9817888				
LOCAL REGISTRAR	MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		Muleller			
ANY CHANGE IN DISPOSE	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CALIFORNIA			F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUFORNIA		
FERMIT TO SHOW FINAL	Vital Records; P.O. Box 85	5222				
DISPOSITION.	San Diego, CA 921					
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER	'S USE ONLY	
A. BURIAL (INCL)	UDES ENTOMBMENT)	E TEMPORARY ENVA	ULTMENT	1 L DISPOSITION PENDIN	G-REMAINS LOCATED AT	
B. CREMATION		F. DISINTERMENT			(Name and Address)	
C. DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIFO	IRNI4			
D. SCIENTIFIC U		H. TRANSIT TO OUTS	ALL SALES OF THE PARTY OF THE P			
-		The State of the State of				
- Comment	11A. NAME AND ADDRESS OF CALIFORNIA CEMET		118. DATE BURIED	11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL	
BURIAL	Mt. Hope Cemetery; 3751 M		11-11-10	1-1-11-61	_	
0	San Diego, CA 921		1/2/1/90	I COMPAC	-	
COEMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	128 DATE CHEMATED	12C. SIGNATURE OF PERSON IN	CHARGE OF CREM	
CREMATION	_		1	1		
SCIENTIFIC			1	1>		
2	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	TY RECEIVING REMAINS	138. DATE RECEIVE	13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY	
SCIENTIFIC			1	1		
d use						
	14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED 114C, ADDRESS AND SIGNATURE OF PERSON IN CI		OF PERSON IN CHARGE	
TRANSIT			1	OF PLACING WITH THE CAP	RRIER	
TRANSIT			i i			
A STATE OF THE PARTY OF THE PAR	TEN ADDRESS MEADEST SOME ON SUCCESSIVE OR	OTHER DESCRIPTION SUF	15B DATE OF	15C. SIGNATURE OF PERSON IN	15D. UCENSE NUMBER	
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		DISPOSITION	CHARGE OF DISPOSITION	OF CREMATED RE-	
DISPOSITION OTHER	-	=: 1000000000000000000000000000000000000	1	1	MAINS DISPOSER —IF APPLICABLE	
THAN IN A CEMETERY			1		1	

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

MT HOPE EMETI

MT. HÔPE ÉMETERY INTERMENT ORDER

3:15 pm

REA-104 (7-96)

City of San Diego

Date_ 12 -9 -98

na T.S. VANLT	Funeral, date, time	FAI	19-	11 1:0
Church, Chapel, Graveside Church	The second secon	RAC	SSDAL	Mortuary
All Funeral cars must arrive before 3:3	the last the same of the same	y or an e	xtra charge	ofs 150.
will be applied and billed to undersign	ed			
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Grave space & Care Fund				895.0
				_
Additional spaces and care fund				375.00
Opening/Closing & Setup				920.00
Burial Container				ver of
Handling Fees				10 3100
Flower vases - Marker setting fee ,				
Recording and filing fee				45.00
Sales taxes				19.30
TURKY to	<u>T</u>	otal Due	777	1764.3
ve check	Paid receipt number	200	141	17109:
- 1507 ×		1	Balance due	707
hereby certify I am the				amed deceder
and this is your authority to make dist that I have the right to make this author any liability on account of said authori	rization and I agree to hole	ove indic d Mt. Ho	ated. I certify pe Cemetery	y and represer harmless from
I hereby authorize the Interment in lot hold under deed.	X Signature	20	e x	N
Signature of recorded holder of doed	Address	34	TW	e
7,400	City	C	900	Zip Co
	Telephone			
	** 55500000			
	Invoice #			

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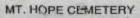
This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

						Found	
AME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)	1C. LAST (FAMILY)		AR MONTH DAY		
Jessie Mae		Southhl	Southhil		MONTH, DAY, YEAR MONTH, DAY, YEAR P 04/23/1938 12/05/1998 F		
SA. CITY OF DEATH		5B COUNTY OF DEATH			ME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE		
San Di	ego		San Diego	100	irginia D. C.	lark. Niec	e
	agsdale Mou	A FUNERAL DIRECTOR OR PER tt.; 5050 Feder Diego, CA 9210	ST DIAG.	F APPLICABLE S	676 Campanil	e Way	
ACKNOWLEDGMENT OF A	PLICANT I hereby a Section 101	chnowledge as applicant that the proposition the Health and Safety Code, and wo	ed disposition stated bergin is one of the as authorized pursuant to Section 71(0) of the	dispositions authorized by	Seple 11/	Man !	12/08/199
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O. AUTHORIZED DISP	OSITION(S) CHECK A	Diego, CA 9218	6-5222		FOR C	ORONER'S USE	ONLY
	JOES ENTOMBMENT)		E. TEMPORARY ENVA	AULTMENT			MAINS LOCATED A
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CREMATION DISPOSITION THAN IN A CREMATIFIC US	OF CREMATED REM. EMETERY SE 11A. NAME AND AD Mt. Hope 12A. NAME AND AD	DRESS OF CALIFORNIA CEI Cemetery; 3751 San Diego,	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS METERY MATKET St. CA 92102 EMATORY	118. DATE BURIED 128. DATE GREMATED	11C. SIGNATURE OF F	d Address) PERSON IN CHARGE	E OF BURIAL
BURIAL CREMATION BURIAL CREMATION SCIENTIFIC	OF CREMATED REM. EMETERY SE 11A. NAME AND AC 12A. NAME AND AC 13A. NAME AND AC 14A. NAME AND AC	Cemetery; 3751 San Diego, DDRESS OF CALIFORNIA CRI	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS METERY Market St. CA 92102 EMATORY CRUTTY RECEIVING REMAINS E OR COUNTRY WHERE	118. DATE BURIED 128. DATE GREMATED	11C. SIGNATURE OF E	PERSON IN CHARGE	E OF BURIAL OF CREMATION E OF FACILITY

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





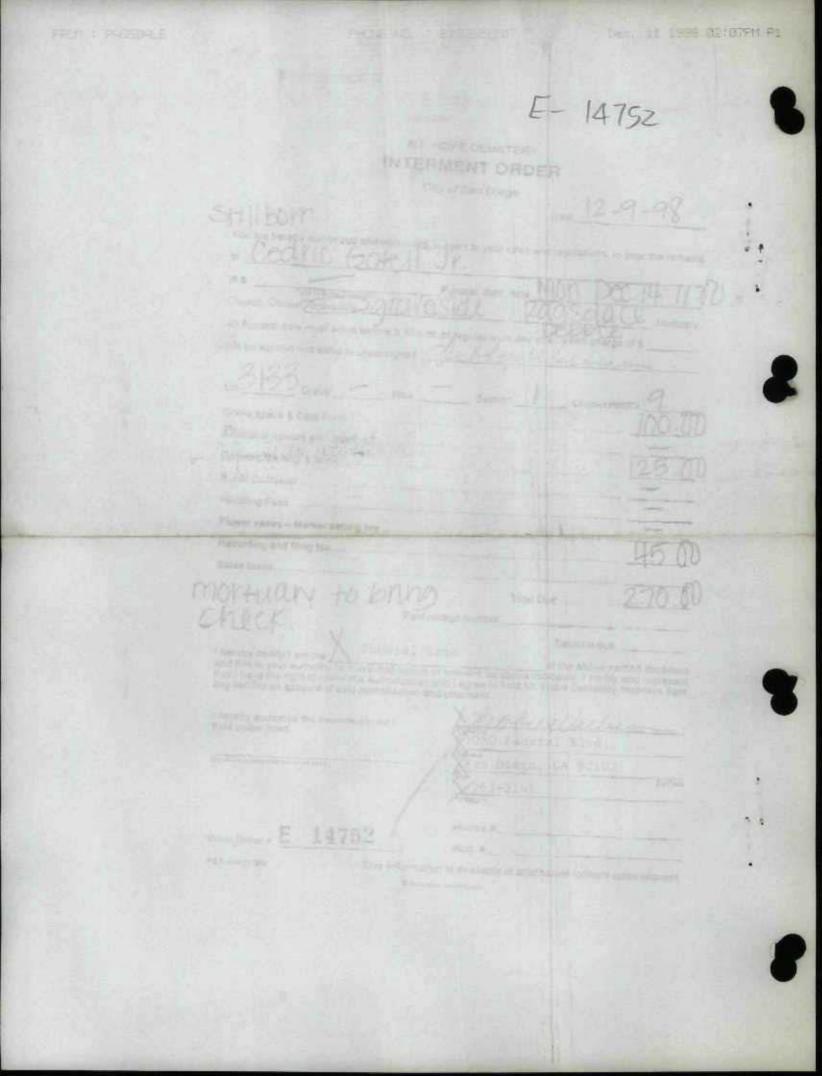
INTERMENT ORDER

City of San Diego

Date 12-9-98

SHILLAM	Date_12_1_1B
You are beselv authorized and instructed sui	bject to your rules and regulations, to inter the remains
" Cedvic Botell J)r.
	Funeral, date, time MON . Dec. 14 11.0
Type of Buried Contiguor	SIDL RASSOLU MORTUBRY
Church, Chapel Graveside OI (UVC)	POOL.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
J_03 33 Grave Row	Section Division/Block 9
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container Pale	aintuii
Opening/Closing & Setup	-14-98
Flower vases – Marker setting fee	
Recording and filing fee	116 (1)
Sales taxes	and the second s
nakling in to band	7 Total Due 270.0
Paid	receipt number 50 U 47 270.07
chick.	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 in and I agree to hold Mt. Hope Cemetery harmless from
t basely a disease the interment to let I	X
I hereby authorize the interment in lot I hold under deed.	Signature
	Address
Signature of recorded holder of deed	Zip Carlo
	Anthone D
	Invoice #
Work Order # E 14752	The state of the s
Work Order #	Acct. II

243-1507 CHICLOT WITH IN



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 35 80 00

1,0	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)				OF DEATH 4. SEX
Cedric Deshoun		Gote	11,JR.		11/13/1998 12/07/1996 M			
5,0	CITY OF DEATH	San Diego		58 COUNTY OF DE ENTER STATE San Dieg	ATH-OUTSIDE CALIF.	OF INFO	RELATIONSHIP, FULL MAKING ADDRESS TO BOWIE, HO	The state of the s
74	TYPED NAME AND AI Anderson-R	agsdale Mon	nt.; 5050 Federal Diego, CA 92102	ACTING AS SUCH 78.	CALIF. LICENSE NUMBER IF APPLICABLE F-1329	5020 San 1	Wightman St. Ap Diego, CA 92105 TURE OF APPLICANT—Form thing	et. 17
	ACKNOWLEDGMENT OF A	PPLICANT hereby a Section 10	scknowledge as applicant that the proposed disp 076 of the Health and Safety Code, and was author	usition stated berrin is one of wired pursuant to Section 7100 o	the dispositions authorized by I the Health and Safety Code	Dalle.	Mahille	12/10/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- PORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID NIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE \$7.00	12/10/19	111000000000000000000000000000000000000	C. SIGNATURE OF LOCAL REG	9817869
-	N CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF DEATH De CALFORNIA Drds; P.O. Box 852 DD Diego. CA 92186	22	ADDRESS OF REGISTRAF F DISPOSITION IS TO OCC		CT OF DISPOSITION— HER DISTRICT IN CALIFORNIA	•
10	AUTHORIZED DISP	OSITION(S) CHECK A		-3666		1	FOR CORONER'S	USE ONLY
	B. CREMATION		AINS OTHER	E, TEMPORARY EN F, DISINTERMENT G, SHIP IN TO CAL H, TRANSIT TO OU			L DISPOSITION PENDING (Name and Address)	PIEMAINS LOCATED AT
	BURIAL	Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102			118. DATE BURIE	18	SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
IBLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			126. DATE CREMA	TED 12C SIGNATURE OF PERSON IN CHARGE OF CRE		
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			I ISB. DATE RECE	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
OMPLETE A	TRANSIT	FIGENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION			14B. DATE SHIPF		ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

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

VS9 (REV. 6/91)

INTERMENT ORDER

who that

REA-104 (7-96)

City of San Diego

Date 12-10-98

in a Type of Build Container	Funeral, date, time	- 12-29	AYI
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an	extra charge of \$	•
will be applied and billed to undersigned			
Lot 76 Grave Row_	Section 4	Division/Block	8
Grave space & Care Fund			
Additional spaces and care fund			
Opening/Closing & Setup		······	
Burial Container			
Handling Fees			
Flower vases - Marker setting fee			
Recording and filing fee			
Sales taxes			0
	Total De	Jo	-0
Paid	receipt number		
		Balance due	3-3
I hereby certify I am the	of remains as above ind	of the above name licated. I certify an lope Cemetery har	d represent
that I have the right to make this authorization			
that I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I			
that I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I	and interment.		
that I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I hold under deed.	and interment.		Zp Code
hat I have the right to make this authorization any liability on account of said authorization hereby authorize the interment in lot I hold under deed.	Signature Address		Zp Code
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization of the said authorization of th	Signature Address City		Zip Code

O Printed on recycled paper

This information is available in alternative formats upon request.

Ashes found by Veterans sign. Per Marco at Public Administrators office Max Haufler did not die in San Diego County. Public Administrators office has no guidelines or jurs. as to procedure. Health & Safety Code 7100 Part B - Cemetery Manager can make decision.

MT. STEMETERY

INTERMENT ORDER

City of San Diego

Date_12 - 11 - 98

All Funeral cars must arrive before 3:60 p.m. of regular work day or an extra charge of \$\frac{1}{2}\$ will be applied and billed to undersigned. Lot \(\frac{1}{2} \) Grave \(\frac{1}{2} \) Row \(\frac{1}{2} \) Section \(\frac{1}{2} \) Division/Glock \(\frac{1}{2} \) Grave space & Care Fund \(\frac{1}{2} \) Additional spaces and care fund \(\frac{1}{2} \) Opening/Closing & Setup. Burial Container \(\frac{1}{2} \) PAID IN FULL \(\frac{1}{2} \) Handling Fees \(\frac{1}{2} \) Flower vases - Marker setting fee \(\frac{1}{2} \) Recording and filling fee \(\frac{1}{2} \) Sales taxes \(\frac{1}{2} \) Total Due \(\frac{1}{2} \) Total Due \(\frac{1}{2} \) Total Due \(\frac{1}{2} \) Hadd receipt number \(\frac{1}{2} \) Total Due \(\frac{1}{2} \)	Mortuary. 50.00
Lot 115 Grave Brow Section Division/Glock Grave space & Care Fund Section Division/Glock Grave Gr	13.00
Cot 11 5 Grave 6 Row Section 2 Division/Block Grave space & Care Fund 89 Additional spaces and care fund Opening/Closing & Setup 119 Burial Container PAID IN FULL 119 Handling Fees 12-18-98 Flower vases – Marker setting fee 12-18-98 Recording and filling fee 19 Sales taxes 119 Total Due 16 Paid receipt number 500001	
Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Recording and tiling fee Sales taxes Paid receipt number Total Due 100 100 Paid receipt number	
Additional spaces and care fund Opening/Closing & Setup. Burial Container. Handling Fees. PAID IN FULL IV Flower vases – Marker setting fee. Recording and filling fee. Sales taxes. SALES TURK! Paid receipt number 500001	
Opening/Closing & Setup. Burial Container. Handling Fees. PAID IN FULL IN Flower vases – Marker setting fee. Recording and tiling fee. Sales taxes. PAID IN FULL IV Total Due. Total Due. Solution 100 Paid receipt number 500001	
Opening/Closing & Setup. Burial Container. Handling Fees. PAID IN FULL IN Flower vases – Marker setting fee. Recording and tiling fee. Sales taxes. PAID IN FULL IV Total Due. Total Due. Solution 100 Paid receipt number 500001	
Burial Container Handling Fees PAID IN FULL III Flower vases – Marker setting fee Paid receipt number PAID IN FULL III Total Due Paid receipt number	0.00
Plower vases – Marker setting fee 12–18–98 Recording and filling fee 4 Sales taxes 119 ANG CHECK Paid receipt number 500001 100	
Plower vases – Marker setting fee 12 – 18 – 9 8 – 18 – 19 8 – 19	5.00
Sales taxes	
Sales taxes	5.00
ANG CHECK Paid receipt number 50001 10	.73
NAG CHECK Paid receipt number 50001 10	04.73
	104.73
✓ Balance due	B
I hereby certify I am the	decedent
and this is your authority to make disposition of remains as above indicated. I certify and that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harm any liability on account of said authorization and interment.	represent nless from
I hereby authorize the interment in lot I hold under deed.	
Authoris — Authoris — —	200
Bignature of recorded holder of deed.	Ziu Code
**************************************	Zip Code
Invoice #	
Work Order # E 14754 Acct. #	

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REA-104 (7-96)

This information is available in alternative formats upon request.

Dag 13-11-98

INTERMENT ORDER

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	8					
2734	T a	DATE	ne i	PEATS	4 1 7	 # S

A. NAME OF DECEDE	NI-THAI (GIVEN) 10. MIDDLE	10. EAST (FAMILY)			DAY, YEAR
Addie	Lee	Toliver		09/23/1911 12/	10/1998 F
SA. CITY OF DEATH	San Diego	SB. COUNTY OF DEATH ENTER STATE SAN Biero	1 - 25 A C S C S C S C S C S C S C S C S C S C	NAME, RELATIONSHIP, FULL MAILING AN OF INFORMANT Deborah J. Appling,	
7A. TYPED NAME AND AD	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO		IF LICENSE NUMBER	4181 Enero St.	Or minimum On a m
Anderson-	Ragsdale Mortuary; 5050 Fed San Diego, CA 92102	eral Blvd.	The state of the s	San Diego CA 92154 SIGNATURE OF APPLICANT—Person trans	permit 88. DATE SIGNED
ACKNOWLEDGMENT OF AP	PLICANT I benefity arknowledge as applicant that the proposed of Section 10376 of the Health and Safety Code, and was aut			Ashelle Wille	12/17/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE THIS PERMIT GYES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00	12/17/199		9818225
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	D. ADDRESS OF REGISTRAR OF DISTRICT OF DEA IF DEATH OCCURRED IN CALFORNIA Vital Records; P.O. Box 85 San Diego, CA 92186	222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALFORNIA	
IO. AUTHORIZED DISPI	DISTION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS OTHER METERY SE	E TEMPORARY ENVA F, DISINTERMENT G, SHIP IN TO CALIFO H, TRANSIT TO OUTS	IRNIA IDE OF CALIFORNIA	(Name and Address)	REMAINS LOCATED AT
BURIAL	Mt. Hope Cemetery; 3751 M San Diego, CA	larket St.	118. DATE BURIED	11C. SIGNATURE OF PERSON IN C	HARGE OF BURIAL
GREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMA	TORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN C	HARGE OF CHEMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILIT	TY RECEIVING REMAINS	13B. DATE RECEIVE	13C. SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE COF PLACING WITH THE CARE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE



INTERMENT ORDER

PERIASE ANALTO

City of San Diego

Date 12-14-98

	LISTER		
in a Type of Burnet Container	Funeral, date, time FR1	12-18	2:00
Church, Chapel, Graveside ChaPEL	PRAVISIDE GREE	Doomn	Mortuary.
All Funeral cars must arrive before 3.60 p.m.	of regular work day or an	extra charge of	\$ 150.00
will be applied and billed to undersigned. ≥	James y 1	N4WW	er_
Lot 363 a Grave How	0		10
	Section	Division/Bloc	*
Grave space & Care Fund PRE-	NEED 0 - 38	A	-0-
Additional spaces and care fund			-1 -
Opening/Closing & Setup	TD	3	75.00
Burial Container			-2 - 6
Handling FeesDEC 1:4	1998		85.00
Flower vases - Marker setting fee			
Recording and filing fee CTTY of SAN DI	EGO. CALIF		45.00
Sales taxes			14.30
	Total Dye		21.30
Paid	receipt number R-3	0090	4.00
*2. 1	1	Balance due	-0
I hereby certify I am the / / / / / / / / / / and this is your authority to make dispositio	n of remains as above indi	f the above nar	med decedent
that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. H	ope Cemetery I	narmless from
• •	X James J	MCano.	iter
I hereby authorize the interment in lot I hold under deed.	Sgnature	_	AVE.
	Address		
TAKEN AND THE WASHINGTON TO SHARE THE PARTY OF THE PARTY	TO ANDIC	COLO Y	2105 403. Zip Code
Signature of recorded horder of steed	The state of the s		
Signature of recorded hooder of deet	19 281	6882-	
Signature of recorded holder of deed	Invoice #	6882-	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

10	NAME OF DECEDE	NT_EIRST COUTES	I IB. MIDDLE	IC. LAST (FAMILY)		2 DATE OF BIRTH 3 DAT	E OF DEATH 4 SEX		
10		TINOT (GIVEN)	Charles and Charle			MONTH, DAY, YEAR MONTH	DAY, YEAR		
-	NORMA CITY OF DEATH		EVELYN	58 COUNTY OF DEAT	AND DESCRIPTION OF THE PARTY OF	NAME RELATIONSHIP, FULL MAILING A	3/1998 F		
-	CALL OF DEATH			ENTER STATE		OF INFORMANT	JUNESS AND AIR OUGE		
-	LEMON GROY			and a few lateral control of the con	THE R. LEWIS CO., LANSING, MICH.	JAMES L. Mc ALLISTE	R - HUSBAND		
ZA					F APPLICABLE	3407 CENTRAL AVENUE			
	GREENWOOT	MORTUARY:	1-805 & IMPER	IAL AVENUE	-	SAN DIEGO, CA 92105			
_		7.72	SAN DIEGO, CA		LU DAY	SIGNATURE OF APPLICANTPerson taking	permit 88 DATE SIGNED		
	ACKNOWLEDGMENT OF A			oed disposition stated hereas is one of the seas authorized ourseast to Section 7100 of th		Marine har Sees	12/16/1998		
'n	PERMIT	THIS PERMIT IS ISSU	JED IN ACCORDANCE WITH P	ROVE 9A AMOUNT OF FEE P.		BUED 9C, SIGNATURE OF LOCAL REG	ISTRAR ISSUING PERMIT		
	UTHORIZATION OF	AND IS THE AUTHORIT	Y FOR THE DISPOSITION SPEC	DIFIED	VICTORIA M	EZA 9818197			
	OCAL REGISTRAR		O RIGHT OF DISPOSAL OUTSIDE OF CALL	FORMA. \$7.00	12/17/199	8 >			
	Y CHANGE BY DISPOSH	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF			DISTRICT OF DISPOSITION-			
	ON REQUIRES A NEW FIMIT TO SHOW FINAL	P.O. BOX				to ourse time bearings to continue bearing			
111	DISPOSITION.		O. CA 92186-52	22			-		
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S	USE ONLY		
1	A BURIAL (INCLI	JDES ENTOMBMENT)		E. TEMPORARY ENVA	MULTMENT	L DISPOSITION PENDING	REMAINS LOCATED AT		
	B. CREMATION			F. DISINTERMENT		(Name and Address)			
i		OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIFO	ORNIA				
	D. SCIENTIFIC U			H. TRANSIT TO OUTS	DE OF CALIFORNIA		186		
200		TVA MANE AND AT	DDRESS OF CALIFORNIA CE	METERY	11B DATE BURNED	11C. SIGNATURE OF PERSON IN C	SHADGE OF BURIAL		
	BURIAL		CEMETERY	mejeri	1 110. DATE BUNIED	The bidintone of rendon in	ANAGE OF BURIAL		
	BOTTIME	-5170 (0.01212-0-0)	KET ST., SAN D	EEGO. CA 92102	112 10 000	in 10 and			
43			DORESS OF CALIFORNIA CR		12B. DATE CREMATED	12C. SIGNATURE OF PERSON INCO	HADGE OF CREMA		
Œ	(0.000.000.000.000.000.000.000.000.000.	12A. NAME WAD WE	DEFECT OF CALIFORNIA OF	SEMPLION	120. DATE CHEMMIED	1 120. SIGNATURE OF PERSON INC.	THE OF THEMPI		
3	CREMATION								
CAB		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			Tion nim promues	I DO COMMENTER OF PERSON IN	WILESE OF FACILITY		
P.	SCIENTIFIC	13A. NAME AND AL	JUNESS OF CALIFORNIA PA	CILITY RECEIVING HEMAINS	138. DATE HECEIVED	1 13C. SIGNATURE OF PERSON IN	HANGE OF FACILITY		
¥	USE								
F	==79919				i	i D	>		
HE	14A. NAME AND ADDRESS IN RECEIV		DRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE C			
P	TRANSIT	Themselves with	entered the transfer of the st	W. M.	1	1			
8					1				
-	SCATTERING AT SEA			OR OTHER DESCRIPTION SUF-	15B. DATE OF	15C. SIGNATURE OF PERSON IN	150. LICENSE NUMBER		
	OR DISPOSITION OTHER	PICIENT TO IDE	INTIFY FINAL PLACE AND CA	DISTRICT OF DISPOSITION	DISPOSITION	CHARGE OF DISPOSITION	OF CREMATED RE		
	THAN IN A CEMETERY						-IF APPLICABLE		





INTERMENT ORDER

City of San Diego

Date 12-14-98

EDANK THO	ed, subject to your rules and regulations, to inter the remains
ina T.S. Valult	Funeral, date, time FR1 13 - 18 11:0
Church, Chapel, Graveside	
	p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned	THE PA
Lot 110 Grave 3 Row	Section 3 Division/Block 12
Grave space & Care Fund	79511
Additional spaces and care fund	
Opening/Closing & Setup	335 375.40
Burial Container	* P V FOLL 250.00
Handling Fees	7 2 99 185 00
Flower vases - Marker setting fee	7-73 (1
Recording and filing fee	45.00
Sales taxes	19:39
	Total Due
	Paid receipt number 500 48
XC.	Balance due DOHO
and this is your authority to make disport that I have the right to make this authorizany liability on account of said authorizany	of the above named decedent position of remains as above indicated. I certify and represent exation and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
I hereby authorize the interment in lot I hold under deed.	* Saytor & Dulloway Signalis 186 Ansey Seco De
Signalure of recorded holder of deed:	Ony 619-479-6772
Work Order # E 14756	Invoice # 310316 Acct. # 097 414
REA-104 (7-96) This in	oformation is available in alternative formats upon request.

Decree		200		C. Saler Line	THE PARTY OF THE
8.0	110	D-E-	000		ERY
DATE:	H()		C - N		
			-	-	

\$ 834.38

PY-1012 (11-89)

w.o. # E 14754

NOTE San Diego, California December 14

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasures	QUIPTIPS I
3751 Market Street, San Diego, CA 92101, the sum of CANT TWU CANTILLY TOWN	BOLLARS
with interest from January 18,1999 on the unpa	id 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 naccrue at the rate indicated above. Principal and interest are payable in lawful money of the United States will be liable and consents to renewals, replacements and extensions of time for payment hereof before maturity, and waives presentment, demand and protest and the right to assert any statute of limitations person who signs this note agrees that recourse may be held against his/her separate property for any contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum amay fix as attorney's fees.	The maker e, at or after s. A married obligation
Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety C authorizes the removal of any remains from a plot for which the purchase price is past due and unp	
PRINT NAME X LAYPON E. GAllowsy SIGNATURE Sayta & Ballo	way
ADDRESS X 786 ARROYD Sees SAN Diego 92114	
CALIFORNIA DRIVER LICENSE NUMBER NO837074 SSN 362-50-61	39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH DAY, YEAR		OF BEATH 4. SEX	
Frank -			Thomas J	Thomas Jr.			MONTH DAY, YEAR MONTH, DAY, YEAR 11/18/1924 12/10/1998 Male			
5/	CITY OF DEATH			58 COUNTY OF DEATH	-OUTSIDE CALIF.,		RELATIONSHIP, FULL MU	ALING ADDI	RESS AND ZIP CODE	
	San D	iego			in Diego	-	Thomas - Br	eather	4	
7,4	TYPED NAME AND AS	DRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERS		IF, LICENSE NUMBER FAPPLICABLE		5 T Street	COLUMN		
		iego Memori			- 1575		DieghoCA 9		1	
-	SZR D	University	Chrowledge as applicant that the proposed	The state of the s	The state of the s	BA. SIGNA	TURE OF APPLICANT-	rson taking pen	nt, 88. DATE SIGNED	
	ACKNOWLEDGMENT OF A	Section 100	376 of the Health and Sufety Code, and was a	authorized pursuant to Section 7100 of th	e Health and Safety Code.	> /14	3de 11 19	ووسا	12/15/199	
	PERMIT	SIONS OF THE CALIF	DED IN ACCORDANCE WITH PRO-	DE		CONTRACTOR OF THE PARTY OF THE	C. SIGNATURE OF LOC	AL REGIST	TRAR ISSUING PERMIT	
A	UTHORIZATION OF	AND IS THE AUTHORIT	Y FOR THE DISPOSITION SPECIFIE	\$7.00	12/15/19 M. Legas					
	OCAL REGISTRAR		D RIGHT OF DISPOSAL OUTSIDE OF CALFORN	MA CONTRACTOR OF		Total rate	9818107		-	
	Y CHANGE IN DISPOSI-	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DE	The state of the s	DRESS OF REGISTRAR	CONTRACTOR STATES	THEE DISTRICT IN CALIFOR	NIA:		
	ERMIT TO SHOW FINAL DISPOSITION.	Vital Re	cords P.O. Box8	81222		52				
	The state of the s		co CA 92186-5222			107				
10	. AUTHORIZED DISPO	OSITION(S) CHECK AF	PLICABLE ITEMS				FOR COR	ONER'S I	USE ONLY	
į	A. BURIAL (INCLU	DES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT		I. DISPOSITION I		REMAINS LOCATED AT	
	B. CREMATION		and the second	F. DISINTERMENT			(Maine ent Ag	aress)		
-	THAN IN A CE		UNS OTHER	G. SHIP IN TO CALIFO						
Į,	D SCIENTIFIC US	E		H. TRANSIT TO OUTS	IDE OF CALIFORNIA					
ï			ODRESS OF CALIFORNIA CEME	TERY	1 118. DATE BURIE	D 11G	SIGNATURE OF PERS	ON IN CH	ARGE OF BURIAL	
	BURIAL	MT. Hope Cemetery			1		10	and O	7	
m		3351 Merl	12/18/1968 > / ///							
TEMS		12A NAME AND AD	DORESS OF CALIFORNIA CREM	MATORY	12B. DATE CREMAT	TED 12C.	SIGNATURE OF PERS	ON IN CHA	RGE OF CREMATICAL	
E 1	CREMATION									
ABE						1				
PLIC	CONTRACTO	13A. NAME AND AD	ODRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B. DATE RECEI	VED 13C	SIGNATURE OF PERS	ON IN CH	ARGE OF FACILITY	
AP	SCIENTIFIC				!	1				
ALL										
1		14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE			14B. DATE SHIPP	ED 14C.	OF PLACING WITH TH			
PLE	TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		1	1	OF FERGRED WITH I	E CAMPIE			
DOME										
	SCATTERING AT SEA		REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION		SIGNATURE OF PERS		ISD, DICENSE NUMBER OF CREMATED RE-	
	OR DISPOSITION OTHER	TICALITY TO TOE	THENE PENCE AND CA DIS	JINIO OF MOPOSITION) Diarodinon	1	Chimae or Diarog	TION !	MAINS DISPOSER	
	THAN IN A CEMETERY				i i			1	TI DITTO TOTAL	

00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

One Hundred Twee		786 AU		7- 15	SD 9	19.77
	rker sotting			Johans (4		
Lot Grave	3	Row	Section		Division Block	2
Invoice No	NOT VALID FOR PURPO "PAID" IN THIS SPACE	SE STATED UNLESS ST	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 63003	12.5	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY	ynd	Pre-Need Trust Seles Tax	9022 — 80101 78390 —	125	00

INTERMENT ORDER

City of San Diego

Date 12-14-98

You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
ina Surier	Funeral, date, time WED 12-16 10:00
Type of Burial Considerer Church, Chapel, Graveside	, amond, and, mile 4-1
	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
1	CELL TO THE RESERVE T
Lot 267 Grave 8 Row_	Section 2 Division/Block 12
Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	AID 375.00
Burial Container DEI	C 1 4 1998 190.00
Handling Fees	145.00
Flower vases - Marker setting CPTY of S	PE CEMETERY
Recording and filling fee	STEERI, CALIFI 45.00
Sales taxes	14.73
	Total Due\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Pai	d receipt number R - 506 4 6 1564 73
X	Balance due
I hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Synham a. Vann Synham Conkt
Signature of recorded holder of deed	City 619-286-2573 Ep Code
	Invoice #
Work Order # E 14757	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3. DATE OF DEATH 2. DATE OF BIATH 4. SEX 1C. LAST (FAMILY) 1A. NAME OF DECEDENT-FIRST (GIVEN) IB. MIDDLE MONTH, DAY, YEAR MONTH, DAY, YEAR Vance, Jr. 12/11/1998 07/28/1923 Pleas 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. OF INFORMANT ENTER STATE National City Sab Diego Thomas A. Vance, Son 74. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF. LICENSE NUMBER 6805 Pahocha Ct. Anderson-Ragsdale Mort .: 5050 Federal Blvd. San Diego, CA 92114 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by ACKNOWLEDGMENT BE APPLICANT 12/14/1998 Section 16376 of the Health and Safety Code, and was authorized parament to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A, AMOUNT OF FEE PAID 9B, DATE PERMIT ISSUED, 9C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9818119 12/16/1998 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. \$7/00 MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIES OF CALFORNIA. LOCAL REGISTRAR SE ADDRESS OF REGISTRAF OF DISTRICT OF DISPOSITION 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TICH REQUIRES A NEW Vital Records: P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT MA. BURIAL (INCLUDES ENTOMBMENT) (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 118. DATE BURIED LLC. SIGNATURE OF PERSON IN CHARGE OF BURIAL Mt. Hope Cemetery; 3751 Market St. BURIAL San Diego, CA 92102 12A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIO 12B. DATE CREMATED CREMATION APPLICABLE 13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13B. DATE RECEIVED SCIENTIFIC LISE COMPLETE ALL 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE ADDRESS AND SIGNATURE OF PERSON IN CHARGE 148. DATE SHIPPED REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT SIGNATURE OF PERSON IN 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MANYS DISPOSER DISPOSITION OTHER

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

THAN IN A CEMETERY

-IF APPLICABLE

INTERMENT ORDER

ok for her on grave	Date 12-14-98	W.
of VIVIANO JASPEV	oject to your rules and regulations, to intenthe remains	7
in a Type of Burest Cornance COLVEN	uneral, date, time 1000 000 15 11.0	1
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charge of \$	
will be applied and billed to undersigned		-
Lot 40 Grave 7 Row_	Section Division/Block 12	300
Grave space & Care Fund	AID 120 00	1
Opening/Closing & Setup	1 5 1998 100.00)
Handling Fees	E CEMETERY 100.00	H
Recording and filling fee	II S M	
sales taxes	Protei Due 500.0	
10rtuary to bring cr	Balance due	_
I hereby certify I am the	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from not interment.	t
I hereby authorize the interment in lot I hold under deed.	Signature 372 FI CASO BI	1
Signature of recorded horder of deed	City 619593 951)	1
Work Order # E 14758	Invoice #	-

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1A NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH DAY, YEAR MONTH, DAY, YEAR 12/02/1919 Viviano 12/06/1998 Jasper 5A. CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE OF INFORMANT San Diego Featheringill Mortuary San Diego 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TO CALIF. LICENSE NUMBER 6322 El Cajon Blvd. -IF APPLICABLE Featheringill Mortuary San Diego, CA 92115 6322 El Cajon Blvd. San Diego, CA 92115 FD 1083 8A. SIGNATURE OF APPLICANT—Person being permit, 8B. DATE SIGNED beetly arknowledge as applicant that the proposed disposition stated besite is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was sufficient pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS IBSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9A. AMOUNT OF FEE PAID 9E DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 12/14/1998 9818001 PERMIT AUTHORIZATION OF IN THIS PERMIT. 7,00 NOTE: THIS PERMIT CIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. C. Lathrem LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CAUFORNIA # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PO BOX 85222 San Diego, CA PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMBMENT) (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 18. DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL BURIAL Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF GALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED OF PLACING WITH THE CARRIER REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158 DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CHEMATED RE-

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

MAINS DISPOSEN

-IF APPLICABLE

DISPOSITION OTHER

THAN IN A CEMETERY





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

P Date 12 - 14-98

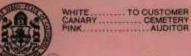
You are hereby authorized and instructed,	subject to your rules and regulations, to inter the remains
of Karay Graves	Or. EVI DEC 18 1121
In a Type of Burtal Container, VO 1/00	Funeral, date, time
Church, Chapel, Graveside	SIGO SD VETTO TO Mortuary.
All Funeral cars must arrive before 3:30 p.r	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Los 2131 Grave Row	Section Division/Block 9
Grave space & Care Fund	1000
Additional spaces and care fund	
Opening/Closing & Setup	[25.00]
Opening/Closing & Setup	, (, , 2
Handling Fees	7-18-10
Flower vases - Marker setting fee	1
Recording and filing fee	116 111
Sales taxes	
study to	Total Due
in a ghear	d receipt number R-50658 270.00
wah	A-
VIII	Balance due
I hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from n and interment
I hereby authorize the interment in lot I	XH. Lines.
hold under deed.	Signature SEAD 5285 Les Anima
Bignature of recorded holder of deed	100 92114 25. D. C 92114
	Telephone 263-1188
E 44MFO	Invoice #
Work Order # E 14759	Acct. #

1 x0 0.11

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS, 94 & 4. SEX 2 DATE OF BIRTH B DATE OF DEATH IA NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR Graves Jr. Randy 2/11/1988 12/11/1998 58. COUNTY OF DEATH-OUTSIDE CALIF... 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH San Diego San Diego Randy Graves Sr. - Father 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 2939 39th Street -IF APPLICABLE San Diego Memorial Chapel San Diego CA 92105 2441 University Aye. BA. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED San Diego CA 92104 FD-1575 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized be ACKNOWLEDGMENT OF APPLICANT ction 10376 of the Health and Salety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A, AMOUNT OF FEE PAID 9B, DATE PERMIT ISSUED 9C. SIGNATURE OF LUCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 12/48/1998 AUTHORIZATION OF IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. M. Legaspi ▶ 9819256 LOCAL REGISTRAR GE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CAUFDRNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION. SAn Diego CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A BURIAL (INCLUDES ENTOMBMENT) TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURNED Mt. Hope Cemetery 3351 Market St. BURIAL San Diego CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B DATE CREMATED CREMATION 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

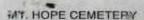


MOUNT HOPE CEMETERY

PINKAUDITOR	527-3400	Date: Oct	19 19 90
From KONON (TYAVE	Address: 125 SUN	Jacini +c	15 20.00)
ot 2131 Grave	RowS	ection	Division 9
Acat. No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 6700 20% Sales Care 7718 80% Sales 10 of Lota 7718 Opening/ 10 Closing 7718 Burlist 10 Containers 7718	400
Pre-Need Lot		Handling Fee 7716 Recording 8 10 Misc. Faes 7718 Pre-Need 5303 Trust 902 Sales Tax 8010	18000
(C-212 (Rev. 5-94)	ISSUED BY AS LA	TOTAL PAID	8000



REA-104 (7-96)



INTERMENT ORDER

City of San Diego

Date 12 - 16 - 98

Ina LINER		Funeral, date, tim	e FA	12-18	1.2
Type of Burist Co Church, Chapel, Gravesid	CHAPEL		CA	BURIAL	Mortuary.
All Funeral cars must arriv			m MR ay or an e	xtra charge of \$	150.0
will be applied and billed t					
Lot 115 Grave	7 Row	Section	3	Division/Weck	13
Grave space & Care Fund				7'	15.00
Additional spaces and car					
Opening/Closing & Setup					75.00
Burial Container				**	90.00
Handling Fees		AID IN	=uL	L y	15.00
Flower vases - Marker se	tting fee	12/18/9	8		_
Recording and filing fee		117.1		4	5.00
Sales taxes				1	4.73
OF MAUTH			Total Due	15	64.73
ine check		Paid receipt number	500	40 1	564.73
				Balance due	0
I hereby certify I am the				the above name	
and this is your authority that I have the right to mai any liability on account of	ke this authoriz	ation and I agree to h			
I hereby authorize the inte	erment in let I	×		9.	
hold under deed.		Signature	Jan.	X	3
Signature of seconded bolder of dood		Address	1	m	
siduatina of secologia popula or mont.		City	0-	la constant de la con	Zip Code
		Telephone			
		Invoice #			
Work Order # E 14	760	Acct. #			

@ Printed on recycled paper

This information is available in alternative formats upon request.

TLAN & MURINE 419 206 2674

INTERMENT OFFER

12-16-90

		Par Ispan
		715.00
		Cinna
		375.00
Chinesiand Figure		190,00
Since Contract		145.00
PLANTA FREE		143,00
Proper verse - Market setting No.		45.00
Record on the land		14.73
		1564.73
	Text diel.	1501:10

CALIBORNIA CREMATION & BURIAL CHAPIL SETY EL CAJON THORK EAM DIEGO, GA 42175

E 14760

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ROSA	NT-FIRST (GIVEN)	IB. MIDDLE	1C. LAST (FAMILY) GUTIERRE	,	2. DATE OF BIRTH MONTH, DAY, YEAR		4. SEX
SAN DIEGO			58. COUNTY OF DEAT ENTER STATE SAN DIEGO	H-OUTSIDE CALIF., 8.	01/13/1951 NAME, RELATIONSHIP, FULL OF INFORMANT RAUL, GUTTERREZ		P CODE
CALIFORNIA	A CREMATION	a FUNERAL DIRECTOR OR PERSON & BURIAL CHAPEL SAN DIEGO, CA 9:	ACTING AS SUCH 7B. CA	F APPLICABLE	4248 ORANGE AV SAN DIEGO. CA SIGNATURE OF APPLICANT	92105	E SIGNED
ACKNOWLEDGMENT OF A	on analog hereby a	december as applicant that the proposed disposed of the Health and Safety Code, and was author			Vim uhes	Car 12/1	7/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DISIGNI OF DEPOSAL OUTSIDE OF CALFORNIA.	Chican Manufactures (Chican	CONTRACTOR AND ADDRESS OF THE PARTY.		OCAL REGISTRAR ISSUIN	G PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D ADDRESS OF RE IF DEATH OCCURRE P. O. BOX SAN DIEGO	85222			F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CAUF		•
10. AUTHORIZED DISP	OSITION(S) CHECK A	PLICABLE ITEMS	*		FOR CO	RONER'S USE ONL	1
B. CREMATION		NAS OTHER	E. TEMPORARY ENV. F. DISINTERMENT G. SHIP IN TO CALIFI H. TRANSIT TO OUT:	DRNIA	I. DISPOSITION (Name and	(PENDING—REMAINS LO Address)	DCATED AT
BURIAL	MT. HOPE SAN DIEGO		RKET STREET,	118. DATE BURIED	11C. SIGNATURE OF PE	RSON IN CHARGE OF B	URIAL
ODELLI TION	12A, NAME AND AL	DRESS OF CALIFORNIA CREMATO	ORY	12B DATE CREMATE	12C. SIGNATURE OF PER	ISON IN CHARGE OF CR	
CREMATION	-			1			EMATION
SCIENTIFIC USE	13A, NAME AND AL	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	D 13C. SIGNATURE OF PER	RSON IN CHARGE OF FA	•
SCIENTIFIC	14A, NAME AND AS	DRESS OF CALIFORNIA FACILITY DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE	COUNTRY WHERE	138. DATE RECEIVE	>	NATURE OF PERSON IN	ACILITY

INTERMENT ORDER

City of San Diego

Date 12-16-98

You are hereby authorized and instructed, sut	oject to your rules and regulations, to inter the remains
or Dora Hall	with and the second
in a They	uneral, date, time FT DCC. [8][0]
Church, Chapel, Graveside	grisial a server Mortuary
All Funeral cars must arrive before 3.30 p.m.	of regular work day or an extra charge of \$ 1200
will be applied and billed to undersigned.	Elizabeth Dipaw
Lot 111 Grave 10 Row_	Section 3 Division/Block 12
Grave space & Care Fund	795.00
Additional spaces and care fund	<u> </u>
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.13
20 day note	Total Due
Paid	eceipt number 5003 4 040.00
	50 0-Batance due 194.
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment
	CI. LAI OLL
I hereby authorize the interment in lot I hold under deed.	ingreating High land wet 6
Signature of recorded habble of deed	San Diego 92115 2014 584-4741 20000
	310330
E 44704	Invoice #
Work Order # = 14761	Acct. # 097422

& Friedel on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

NOTE

\$ 944.7	3	San Diego, California	December	10 1995
Thirty days after of 3751 Market Stre with interest from	et, San Diego, CA 92101, the suit	rsigned maker promises to	pay San Diego City Tre	
at the rate of 12 p	percent per annum, payable on o	demand.		
accrue at the rate will be liable and maturity, and wai person who signs	note not be paid when due, it shall indicated above. Principal and it consents to renewals, replacer ives presentment, demand and its this note agrees that recourse. If any action be instituted on they's fees.	nterest are payable in lawfo nents and extensions of tir protest and the right to as may be held against his/l	ul money of the United S ne for payment hereof sert any statute of limit her separate property f	States. The maker before, at or after ations. A married or any obligation
authorize	Enapter 1, Article 2, Paragraph is the removal of any remains from Elizabeth Di 1233 Highland	ma plot for which the purch	Plizabeth	Dyan
		27379	~X) < 46-2	21-4111
PY-1012 (11-88)	Will bring t	he differ	rence _	
8	12/17/05	omorou)	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

4D

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAM	IILY)	-	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE O	F DEATH 4. S	EX
DORA		LYNN	HABBI'	TT	-	02/16/1958	12/10	/1998 F	
SA. CITY OF DEATH NATIONAL	CTTY -		SB. COUNTY OF ENTER STAT SAN D	1940 made	OF INF	RELATIONSHIP, FULL NORMANT LA CANADO-M		ESS AND ZIP COD	
7A. TYPED NAME AND AD	DRESS OF CALIFORNI	A-FUNERAL DIRECTOR	OR PERSON ACTING AS SUCH			6 LAUREL ST			
CALIFORN	LA CREMATIO	N & BURLAL	CHAPEL	—IF APPLICABLE	SAN	DIEGO. CA	92115		
5880 EL (CAJON BLVD,	SAN DIEGO,	CA 92115	F-1357	-	ATURE OF APPLICANT-		t 88 DATE SIGN	KED
ACKNOWLEDGMENT OF AP	TLICANI Section 10	376 of the Health and Safety Coo	he proposed disposition status herein a or de, and was authorized pursuant to Section 7		N	nuner	1	12/15/19	98
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	IED IN ACCORDANCE V ORNIA HEALTH AND SA TY FOR THE DISPOSITION O MIGHT OF DISPOSAL OUTSIDE	FETY CODE N SPECIFIED	12/16/1 K. WALI	998	9C. SIGNATURE OF LC ▶ 9818127	OCAL REGIST	rafi Issuing Per	MIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	GISTRAR OF DISTRIC D IN CAUFORNIA DRDS - P. O. CA 92186-	BOX 85222	F DISPOSITION IS TO OCCU			RFUA	•)
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS	111			FOR COP	ONER'S U	SE ONLY	
B. CREMATION		AINS OTHER	F. DISINTERME			(Name and A		EMAINS LOCATE	
BURIAL	MT. HOPE		751 MARKET STRE	118. DATE BURIE 1 /2 -/9-9		SIGNATURE OF PER	SON IN CHA	RGE OF BURIAL	
CREMATION	12A NAME AND AI	ODRESS OF CALIFORN	NA GREMATORY	128. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHAP	REPOR CAL	N
SCIENTIFIC	13A NAME AND AC	DDRESS OF CALIFORN	NA FACILITY RECEIVING REMA	ISB. DATE RECEI	VED 130	. SIGNATURE OF PER	SON IN CHA	RGE OF FACILITY	
TRANSIT		DRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	148. DATE SHIPPI	ED 140	ADDRESS AND SIGN OF PLACING WITH T			GE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			ELINE, OR OTHER DESCRIPTION ID CA <u>DISTRICT</u> OF DISPOSITION			SIGNATURE OF PER CHARGE OF DISPOS		SD. LICENSE NUMBE OF CREMATED R MAINS DISPOSEI —IF APPLICABLE	E-



Prend INTERMENT ORDER
Prend + truet Gity of San Diego

Date 12-110-98

You are hereby authorized and instruc	ed, subject to your rules and	d regulations, to inter the remains
of profile IV	· Wright	
In a Type of Burial Container	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:3	p.m. of regular work day or	r an extra charge of \$
will be applied and billed to undersigne	d	
Lot 33 Grave 10 Ro	w Section 3	Division/Block 12
Grave space & Care Fund		795.0
Additional spaces and care fund		
Opening/Closing & Setup	CIAC	3/2/
Burial Container	' אוט	17,0.4
Handling Fees	DEC 1 6 1998	149.00
Flower vases - Marker setting fee . L.	VFULL	TIER
Recording and filing fee	HOPE CEMETERY of SAN DIEGO, CALIF	19792
Sales taxes	of State Sta	14,12
deed #	Tota	10ue 1504.1
12271	Paid receipt number 20	Balance due Balance due
I hereby certify I am the		of the above named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	rization and I agree to hold N	Indicated. I certify and represent
I hereby authorize the interment in lot I hold under deed.	Signature D	elli-Wryld imarino St
completed	To 19	Diego CA, 93114 697-1318
	Invoice #	
Work Order # E 14762	Acct. #	
REA-104 (7-96) This i	nformation is available in a	Iternative formats upon request.

6 Printed on recycled paper

INTERMENT ORDER

City of San Diego

Date 12-10-98

You are hereby authorized and instructed, sub	ject to your rules and regulation	s, to inter the remains
or Clavence Clay to	noump PAI	299432
	uneral, date, time TUCS.	Dec. 22 3.01
Church, Chapel, Graveside OEIVEW	only Merkley	MITCHWERTHERY.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra o	harge of \$
will be applied and billed to undersigned		100000000000000000000000000000000000000
1		10
Lot 52 Grave 5 Row_	Section Divi	sion/Block
Grave space & Care Fund		124.00
Additional spaces and care fund		
Opening/Closing & Setup	.,	105.00
		- 1 NI
Burial Container Handling Fees PA Flower vases – Marker setting fee	17	
Flower vases - Marker setting fee	7-2-11	11-0
Recording and filing fee	y-	
Sales taxes		
	Total Due	380.00
Paid re	eceipt number	
	Balar	ce due
I hereby certify I am the	of the a	bove named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization at	and I agree to hold Mt. Hope Co	I certify and represent emetery harmless from
I hereby authorize the interment in lot I	Signature	
hold under deed.	Address	
Signature of recorded holder of deed	AND THE RESERVE TO TH	
•	CRY	Zip Code
	Telephone	4
	Invoice #_ 310 48	
Work Order # E 14763	Acct. # 0009	57

REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3/

1A. NAME OF DECEDE	INT-FIRST (GIVEN)	IC. LAST (FAMILY		-	2. DATE OF BIRTH		3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX	
CLAYTON CLAYTON			CA	MP		12/27/1916	The second second	/1998	H
5A. CITY OF DEATH	SAN DIEGO		58. COUNTY OF DE	SAN DIEGO	6. NAME, RELATIONSHP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REBECCA BARR - PUBLIC ADMINISTRATOR				
	MERKLEY-MITCH	ELL MORTUARY AN DIEGO, CA 92103	ACTING AS SUCH 7 7B.	CALIF, LICENSE NUMBER —IF APPLICABLE FD~119	5201 SAN	-A RUFFIN ROAD DIEGO, CA 9212 ATURE OF APPLICANT—P	23		•
ACKNOWLEDSMENT OF A	PPLICANT I bereby a Section 10	schnowledge as applicant that the proposed disposers of the Health and Safety Code, and was gather	osition stated herein is one of rigod pursuant to Section 7100	the dispositions authorized by of the Health and Safety Code.	>//n	tous A Mil	tibolo	7 12/22	/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI' IN THIS PERMIT	JED IN ACCORDANCE WITH PROVI- FORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED ID NICHT OF REPOSAL OUTSIDE OF CREFORNIA.	\$7.00	9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PER \$7.00 \$7.00 V.I. MITCHELL					
	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH ID IN CALIFORNIA 222, SAN DIEGO, CA 921		ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU			RNIA		
B. CREMATION		AINS OTHER	E. TEMPORARY EN F. DISINTERMENT G. SHEP IN TO CAL H. TRANSIT TO OIL			L DISPOSITION (Name and A		REMAINS LC	CATED A
BURIAL		DORESS OF CALIFORNIA CEMETER CEMETERY, 3751 MARKET 92102 (SAN DIEGO CO	STREET, SAN	118. DATE BURIE		SIGNATURE OF PER	SON IN CH	ARGE OF BU	JRIAL
CREMATION SCIENTIFIC	12A NAME AND A	DORESS OF CALIFORNIA CREMAT	ORY	128 DATE CREMA	TED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION				
SCIENTIFIC USE	ISA. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 13C. SIGNATURE OF PERSON IN CHARGE OF PACILITY				
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	PED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B: DATE OF DISPOSITION		15G. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

	(****)	100/0	0.73	
310481 01/08/99 000952 E-14763	COUNTY OF SAN DIEGO 100 072 100 072 100 072 67007	02/02/99 CK 779796 77181 000072 77182 000072 77183 000072 77184	386.00 165.00 50.00 45.00 126.00	386.00 PAID IN FULL
NUMBER OF INVOICES PAID TOTAL AMOUNT PAID	436.00			

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

WHITE - CUSTOMER

VELLOW - BETHEN WITH PAYMENT

FOT REE NO: C310481 MAKE REMITTANCE PAYABLE TO CITY TREASURER.

PO BOX 2289 SAN DIEGO, CALIFORNIA 92112 DU SEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO PUBLIC ADMINISTRATOR 5201 RUFFIN ROAD A SAN DIEGO CA 92123 ACCT NO 000952

--- TREASURERS USE ONLY-

DATE: 02-02-99 PAYMENT BY: CA CK IF ED PAYMENT REE NO

386.00 AMT PATD:

INVOICE DATE 01/08/99

PAYMENT DUE 02/07/99

PERIOD COVERED DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT: SUE SHACKELTON REF NO E-14763 DEPT: R.E.A.-MT HOPE CEMETERY 619 527 3400

> DESCRIPTION OF CHARGES KHIGHT.

"HAUDMA

CLARENCE C. CAMP SERVICES LOT 52 GR 5 SEC 1 DIV 12 OPENING/CLOSING LINER RECORDING FEE

126-00 165-00 50-00 45.00

TOTAL DUE 386-00 NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10. WHICHEVER IS GREATER. INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT AC-22 (BERTIONS) ABOVE. INV NO. RETURN WITH PAYMENT

MT. HORE COMETERY

INTERMENT ORDER

City of San Diego

Date 12-17-9 8

You are hereby authorized and instructed,	subject to your rules and regulations, to	inter the remains
or fella Marlin	7 . 10 .	22 10:00
In a Type of Burus Container n \	Funeral, date, time Tubb 12-	10:00
Church, Chapel, Graveside Whepal	namuli: Ragshale	Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge	e of \$ 150.00
will be applied and billed to undersigned.	S	
1 aby - 60 6		1-
Lol 25 d Grave H Row_	Section Olivision	Bleck 17
Grave space & Care Fund		795.00
Additional spaces and care D		
Opening/Closing & Setup		375.00
Burial Container DEC 1.7	1998	190.00
Handling Eng. 1		145.00
ATT HOPE C	EMETERY EGO CALIE	
Recording and filing fee	BGO/C/SIAIS	45.00
Sales taxes		14.73
Odes taxes	**************************************	15 Ly 73
	Total Due	15L4.73
Pa	id receipt number 12- 150655	-0
X 4-1.	Balance du	
and this is your authority to make dispositi	ion of remains as above indicated. I cert	named decedent tify and represent
that I have the right to make this authorization any liability on account of said authorization	ion and I agree to hold Mt. Hope Cemete n and interment.	ery harmless from
	T M X	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Valende MA Congre	JAY
Signature of recorded holder of deed	X Dondreso, CA.	Zip Code
	(619) 262-905	12
	(
E 14764	Invoice #	
Work Order # E 14764	Acct. #	

& printed on respeled paper

REA-104 (7-95)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN) IB. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX
Stella	Lee	Martin	03/04/1934	12/15/1998 P
SA CITY OF DEATH		5B. COUNTY OF DEATH—OUTSIDE ENTER STATE San Diego	OF INFORMANT	MAILING ADDRESS AND ZIP CODE
TA. TYPED NAME AND AS	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON A Ragadale Mortuary; 5050 Federa San Diego, CA 92102	TING AS SUCH 78. CALIF. LICENSE IF APPLICABLE	San Diego, CA	lay .
ACKNOWLEDGMENT OF AS	To the second of the second se	itien stated herem is one of the dispersitions and	hercost by	12/18/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.		TE PERMIT ISSUED 90. SIGNATURE OF L	OCAL REGISTRAR ISSUING PERMIT 9818329
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH # DEATH OCCURRED IN CAUSEONNA Vital Records; P.O. Box 8522 San Diego, CA 92186-	2. # DISPOSITION I	EGISTRAR OF DISTRICT OF DISPOSITIONS 5 TO OCCUR IN ANOTHER DISTRICT IN CASH	
10. AUTHORIZED DISPI	DSITION(S) CHECK APPLICABLE ITEMS		FOR CO	RONER'S USE ONLY
B. CREMATION		E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CAL	(Name and	N PENDING-REMAINS LOCATED AT Address)
BURIAL	NAME AND ADDRESS OF CALFORNIA CEMETER Ht. Hope Cemetery; 3751 Mar San Diego, CA 92	ket St.	TE BURIED , LIC. SIGNATURE OF PE	PRISON IN CHARGE OF BURIAL
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CREMATO	RY 126, DA1	E CREMATED 12C. SIGNATURE OF PE	RSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 138. DA	TE RECEIVED 13C. SIGNATURE OF PE	PRISON IN CHARGE OF FACILITY
TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE S		TE SHIPPED 14C. ADDRESS AND SIG OF PLACING WITH	INATURE OF PERSON IN CHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTH- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		TE OF 15C. SIGNATURE OF PE CHARGE OF DISPO	



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-17-98

Sinin	Funeral, date, time hom	. 12-21 10:0
n a Type of Burnal Contained	- V W	
2.00	Gravende: 1 June	Mortuary.
All Funeral cars must arrive before 3.20 p		tra charge of \$ 150,00
will be applied and billed to undersigned.	X D.N	
3		
ot 55 Grave 8 Row	Section 3	Division/Block 12
Grave space & Care Fund	13 80%	795.00
Additional spaces and care fund		
Opening/Closing & Setup		224 - 2
		100 00
Burial Container		1112 00
landling Fees		143.00
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14-73
- Day Note	Total Due	\364.73
J. 10000	aid receipt number R- 50	656 789.00
		alance due 782, 73
SON		
hereby certify I am the	ition of remains as above indicated and I agree to hold Mt. Hop	he above named decedent led. I certify and represent e Cemetery harmless from
	0 -17	Variety Clark
hereby authorize the interment in lot I hold under deed.	V Algorithms	1
	Address ACIA	WIEW DETTOO
Signature of recorded holder of deed	SAN DIEGO	CA 92/39
	V 619 - 479-	-2796
	310	363
Work Order # E 14765	mivoles #	1 4 4 0
Nork Order # L 11100	Acct. #	1170

O Privated an recycled paper

\$ 782.73

W.O. # E-14765

San Diego, California December 18

NOTE

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order

with interest from
with interest from on the unpaid princips
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 make will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Country 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 Y DAWL D NAJEE-ULLAN SIGNATURE Y Dawid Majee ullas
ADDRESS Y 2865 ALTAVIEW OK #206
CALIFORNIA DRIVER LICENSE NUMBER X7077605 SSN# \$554-06-5239
PY-1012 (11-09)

			1551	L LEME	IEKY			No Statement		DAVM			UNPAID
INV	INV	ACCT	CUSTOMER	NAME	-00	ACCT	J/0	PAYM DATE OPER	BN/E	PAYM REF NO FACILI	AMOUNT APPLIED	AMOUNT BILLED	BALANCE
NU	DATE		FUND	DEPT	ORG	ACCT	1303653		n cv	1045	50.00	782.73	PARTIAL PAYMENT
310363	01/05/99 E-14765	097440	DAWID NA 100 108 100 100	JEE-ULL 072 072 072 072 072	AH	77181 77182 77183 77184 77185 78390	0000	72 72 72 72	y CK	1045	50.00 23.95 12.14 2.87 0.83 9.26		DALANCE
	1/05/99 0'	97440	NAME NAJE			77181 77182 77183 77184			CK 15	5	300.00 - 143.73 72.82 17.25 4.98 55.57 5.65	782.73	PARTIAL PAYMENT

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	NAME OF DECEDE	SOUTH SEATON OF THE SEATON SEA	1B. MIDDLE		IC. LAST (FAMILY)			DAY, YEAR		OF DEATH DAY, YEAR	4. SEX
		RIA	LUCY		CALB	The second secon	05/0	9/1926	12/1	15/1998	F
5A	CITY OF DEATH				5B. COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF. 6.	OF INFORMANT	INSHIP, FULL MA	ILING ADD	RESS AND ZI	P CODE
	San Diego				San Dieg	0		ajeculla	h-Son	1	- 1
7A	Humphrey	Chula Vista	a Mortuary	7	OTING AS SUCH 7B. GA	F APPLICABLE		medy Str Vista, C/			
	855 Broad	way Chula '	Vista CA	91911	1	FD-964	C STEMPT OF STORY	APPLICANT	que takey per	mit 88 DAT	E SIGNED
	ACKNOWLEDGMENT OF AP	Section 10	376 of the Health and Sah	ety Code, and was authorize	bon stated herein in one of the ed pursuant to Section 7100 of th	re Health and Safety Code	171	K1710	Um	12/1	8/1998
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUE SIONS OF THE CALLE AND IS THE AUTHORIT IN THIS PERMIT WITE THIS PERMIT WITE THE	ORNIA HEALTH AND TY FOR THE DISPOS	B SAFETY CODE	9A. AMOUNT OF FEE P	12/18/19		8248	CAL REGIS	TRAA ISSUIN	G PERMIT
71	T CHANGE IN DISPOSI- ION REQUIRES A NEW SIMIT TO SHOW FINAL DISPOSITION.	PD. ADDRESS OF RE	cords P.). Box 852	1 11	DRESS OF REGISTRAR OF DESPOSITION IS TO OCCUR			NIA		•
10	AUTHORIZED DISPO	San Diego		186-5222				FOR CORO	NER'S	USE ONLY	
TITI	A. BURIAL (INCLU B. CREMATION C. DISPOSITION A THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM.	AINS OTHER		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA		DISPOSITION F (Name and Ad		REMAINS LO	OGATED AT
	BURIAL	7-2474-0473/1120-7		7 - 3751 M	arket Stree	118. DATE BURIED	11C. SIGNA	TURE OF BERS	ON IN CH	ARGE OF BI	JRIAL
ABLE ITEMS	CREMATION	12A. NAME AND AL		ORNIA CREMATOR	av	126. DATE CREMATED	12G. SIGNA	TURE OF PERSO	ON IN CHA	VAGE OF CRE	EMSTATIN
ALL APPLICA	SCIENTIFIC USE	13A, NAME AND AL		FORNIA FACILITY I	RECEIVING REMAINS	13B. DATE RECEIVE	D' 13C. SIGNA	TURE OF PERS	ON IN CH	ARGE OF FA	ACILITY
COMPLETE	TRANSIT	14A, NAME AND AL REMAINS OR	CREMATED REMA	VING STATE OR C		14B. DATE SHIPPED		ess and signa acing with th			CHARGE
-	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY		ENTIFY FINAL PLAC	HORELINE, OR OTH E AND CA DISTRIC	ER DESCRIPTION SUF- T OF DISPOSITION	15B. DATE OF DISPOSITION		TURE OF PERS SE OF DISPOSI		15D. UCENSE OF CREA MAINS D —IF APP	ATED RE-



REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

To Be with the City of San Diego

Date 12-18-98

en.		
You are hereby authorized and instruc	of FY (X	regulations, to inter the remain
. ASH VAULT	Funeral, date, time T	HOR 1-7 AY
Church, Chapel, Graveside	RA	GSDALE Mortuary
All Funeral cars must arrive before 3:3	0 p.m. of regular work day of	Arekina Charge of \$ 150.
will be applied and billed to undersigned		
101 1	1	10
Lot A Grave Ro	wSection	Division/Blook
Grave space & Care Fund	meed E	8702
Additional spaces and care fund		100
Opening/Closing & Setup	DAID	1/22.0
Burial Container	D.D	22
	JAN n 6 1999	
Flower vases – Marker setting fee	OF FETERY	115 1
CITY	HOPE CEMETERY	1237
Sales taxes		2109 2
nortuan to	Total R-	50706 269.2
ring check	Paid receipt number	Balance due
I hereby certify I am the X		
and this is your authority to make disp that I have the right to make this authoriz- any liability on account of said authoriz-	rization and I agree to hold M	of the above named deceder indicated. I certify and represer it. Hope Cemetery harmless from
	V YUU	attachea
I hereby authorize the interment in lot hold under deed.	Signature	
	Addrhos	
Signature of recorded holder of deed	City	Zip Cod
	Telephone	
	Invoice #	
Work Order # E 14766	Acct. #	

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This information is available in alternative formats upon request.

Dec. 18 1998 12/14Pm F1 FROM : RAGSDALE E- 14766 MT HUPE CEMETERY INTERMENT ORDER DHY 12-18-98 X Establish Grave space & Cars Fund Pre need E 890 Applifornal apacies and core hand. Opening/Cooling & Setup Burlat Container Handling Fees Flower susua - Marker setting for Recording and filing tee mortuary to bring check E 14766

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DE	CEDENT-FIRST	(GIVEN)	1B. MIDDLE		IC. LAST (FAMI	LY)			2. DATE OF BIRTH	3. DATE C	OF DEATH	4. SEX
Jan	es		Ester		Corl	ey		(187309Y969	12/1	3/1998	H
SA, CITY OF DEA	TH San Dieg	0			San Die	E	SIDE CALIF.	OF INF	RELATIONSHIP, FULL ORMANT Ska Robinso	The second second		PCODE
		e Mort	TUNERAL DIRECT CUATY; 50: Diego, (0 Federa	CTING AS SUCH T		ICABLE	6560 San	Diego, CA	92114		É SIGNED
ACHNOWLEDGMEN	OF APPLICANT				sition stated horses is on used pursuant to Section 7.	100 of the Health	and Salety Code	1.50	buch	Redu -		7/1998
PERMIT AUTHORIZATION LOCAL REGISTE	SIONS OF AND IS THE OF IN THIS PET	THE CALIFO E AUTHORITY RMIT	ED IN ACCORDANC PRINA HEALTH AND FOR THE DISPOSE RIGHT OF DISPOSAL OUT	SAFETY CODE TION SPECIFIED	9A. AMOUNT OF \$7.0	TO SECURE OF THE PARTY OF THE P	8. DATE PERM 2/17/19		C. SIGNATURE OF L	OCAL REGIST	98182	
ANY CHANGE IN DIS TION REQUIRES A IN FERMIT TO SHOW FI DISPOSITION.	EW WATER	Recot	GISTRAR OF DIST	Bex 8522	12				ICT OF DISPOSITION- THER DISTRICT IN CAUF			
10. AUTHORIZED	DISPOSITION(S)	CHECK AP	PLICABLE ITEMS						FOR CO	RONER'S	USE ONLY	
B. CREMAT	NON OF CREMA A CEMETERY IC USE	TED REMA	The second second		E TEMPORARY F. DISINTERMEN G. SHIP IN TO C H. TRANSIT TO	ALIFORNIA OUTSIDE O	F CALIFORNIA	-	L DISPOSITION (Name and	Address)		
BURIAL	ME.	Hope (San Die	3751 Har			7 - 99	D 11C	SIGNATURE OF PE	ASON IN CHA	ARGE OF BI	HIAL
CREMATION	Paci				Crane St.		-28-9	TED 120.	2 9 Per	ISON IN CHAI	RGE OF CRI	EMATION
SCIENTIFIC	13A. NAN	E AND ADI	DRESS OF CALIFO	ORNIA FACILITY	RECEIVING REMA	INS 13	B. DATE RECE	IVED 13C	SIGNATURE OF PE	RSON IN CHA	VAGE OF F/	CILITY
THANSIT			DRESS IN RECEIVEREMATED REMAIN		COUNTRY WHERE SHIPPED	141	B. DATE SHIPE	PED 14G	ADDRESS AND SIG OF PLACING WITH			CHARGE
SCATTERING A' OR DISPOSITION O THAN IN A CEME	THER -				HER DESCRIPTION :		B. DATE OF DISPOSITIO		SIGNATURE OF PE CHARGE OF DISPO		OF CREW MAINS D —IF APP	ATED RE-

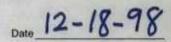
COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
in a They	Funeral, date, time MON. 12-21 11:00
Church, Chapel, Graveside	Mayer Mortuary,
All Funeral cars must arrive before 3:30 p.n	n, of regular work day or an extra charge of \$
will be applied and billed to undersigned	
J _{Lot} 110 Grave 5 Row_	Section 3 Division/Block 12
Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	315.00
Burial Container	JIN THE 190.00
Handling Fees	21 98 145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	1,172
northan to	Total Due
ring chock Pair	d receipt number 50002 1504 15
ring creer	Balance due
I hereby certify I am the X	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	Signgture
hold under deed.	Stringure
Bignature of recorded holder of deed	X we have
	Zip Cadii
	Telephone
	Invoice #
Work Order # E 14767	Acct.#
REA-104 (7-98) This inform	mation is available in alternative formats upon request.

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E-14767

INTERMENT ORDER Day of Nan Dage

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NAME OF THE PERSON ASS.

- 14767

THE PRINCIPAL DEVELOPED IN A PROPERTY WHEN A VANDE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)				3. DATE OF DEATH	4. SEX		
Agu	usto	Del Carpio		Paz			MONTH, DAY, YEAR MONTH, DAY, YEAR 109/12/1935 12/11/1998			
6A. CITY OF DEATH	La Jo	lla	58. COUNTY OF DEATH ENTER STATE	HOUTSIDE CALIF., Diego	OF INFORMAN		LING ADDRESS AND	ZIP CODE		
		9 Adams Ave., San Die	, -11	FAPPLICABLE		31 S. Clark I El Centro, C	Rd., Bldg. 11,	TE SIGNED		
ACKNOWLEDGMENT OF N	PPLICANT I hereby Section 16	acknowledge as applicant that the proposed disp 3376 of the Health and Salety Code, and was pulled	outline stated hereix a one of the orized gurasset to Section 7,000 of the	dispositions authorized by Health and Safety Code.	lau	AM	12/15	5/1998		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	UED IN ACCORDANCE WITH PROVI- FORMA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED TO RIGHT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE PA \$7.00	12/18/19 James 1		18274	AL REGISTRAR ISSU	NG PERMIT		
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURR	EGISTRAR OF DISTRICT OF DEATH ED IN CALFORNIA P.O.Box 85222, San E 92186-5222	IF D	DRESS OF REGISTRAR RISPOSITION IS TO OCCU			64	•		
B. CREMATION		IAINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA		i. DISPOSITION PE (Name and Add	ENDING—REMAINS (tress)	OCATED AT		
BURIAL	NAME OF THE PARTY	Mt. Hope Cemetery Market St., San Diego.	/	118. DATE BURIES	O STATE STATE	ATURE OF PERSO	ON IN CHARGE OF I	BURIAL		
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMAT	TORY	12B. DATE CREMAT	ED 12C. SIGN	ATURE OF PERSO	ON IN CHARGE OF C	REM		
SCIENTIFIC USE				S 13B, DATE RECEIVED 13C, SIGNATURE OF PERSON IN CHARGE OF			FACILITY			
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE		ESS AND SIGNAT LACING WITH THE	TURE OF PERSON I	CHARGE		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDI	AREST POINT ON SHORELINE, OR O'S ENTIFY FINAL PLACE AND CA <u>DISTR</u>		15B. DATE OF DISPOSITION		ATURE OF PERSO	ION OF CRE	MATED RE- DISPOSER PLICABLE		

a my bound - MT. HOPE CEMETERY MILDRED on Doctor INTERMENT ORDER

Date 12-18-98

a de sublement	Funeral, date, time Nm 12- 2	1 11:00
hurch, Chapel, Graveside Capal G	ravalde : Lewis Edonis	A Mortuary,
Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge	of\$ 150.0
II be applied and billed to undersigned.		
ot 483 Grave Row	Section Division/B	lock
rave space & Care Fund 1997	- Nucl E-6872	-0-
dditional apaces, and care fued	1	-
pening/Closing & Set p	<u> </u>	375.00
urial Centainer		
andling Fees DEC 1 0 1990	11 11	-0
ower veses Market PENGENETERY		
ecordin CANIVIOLE SAN DIEGO, CALL	B) w "	45.00
ales taxes	** **	-0
	Total Due	420.00
Paid	receipt number R-5065]	420.00
Dringhter x ?	A Of Balance due	6
nereby certify I am the disposition of this is your authority to make disposition	of the above indicated Logiti	named decedent
at I have the right to make this authorization	n and I agree to hold Mt, Hope Cemeter	y harmless from
	Yan Mand	1
nereby authorize the interment in lot I old under deed.	Solling Por a	an
	Address Darksede	CHUE TO
	X . C / / / / / /	a157-58
gnature of recorded holder of dend	r Can Grego	Zip Gode
initiare of recorded holder of dend	Cov 267 2634	Zlp Gode
inature of recorded holder of dead	Cer 267 2634 Invoice #	Zlp Gods

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	Office and the second second		TE OF DEATH 4. SEX
KENNETH		D.	KISSINGER		TOTAL PROPERTY OF THE PROPERTY	/18/1998 M
5A. CITY OF DEATH			5B. COUNTY OF DEATH	HOUTSIDE CALIF.	B. NAME, RELATIONSHIP, FULL MAILING ,	ADDRESS AND ZIP CODE
SAN DIEGO			CHILDREN SOUTH	DIEGO	JOAN C. ARNOLD - DA	AUGHTER *
7A. TYPED NAME AND AL	DORESS OF CALIFORNI	A FUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 7B. CAL	IF. LICENSE NUMBER	6763 PARKSIDE AVE.	
LEWIS COLON	ILAL/BENBOU	GH MORTUARY			SAN DIEGO, CA 92139	
3051 EL CAL		SAN DIEGO, CA		D-400	BA. SIGNATURE OF APPLICANT—FESON DAIN	e permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	icknowledge as apparent that the or 1976 of the Health and Safety Code, as	raposed disposition stated herein is one of the nd was authorigot pursuent to Section 7100 of th	e Health and Safety Code.	1. // //	12/21/1998
PERMIT	THIS PERMIT IS ISSU	JED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET	PROVI- TY CODE BA. AMOUNT OF FEE P	STREET, STREET	ISSUED 9C SIGNATURE OF LOCAL RE	GISTBAR'ISSUING PERMIT
AUTHORIZATION OF		TY FOR THE DISPOSITION SE		12/21/1	898	N
LOCAL REGISTRAR	Contract Con	NO RIGHT OF DISPOSAL ONTSIDE OF C			· > / - /	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW	IF DEATH OCCURRE		1 10		OF DISTRICT OF DISPOSITION— R IN ANOTHER DISTRICT IN CALIFORNIA	
PERMIT TO SHOW FINAL DISPOSITION	VITAL REC	ORDSP.O. B	OX 85222			
	Control of the Contro	, CA 92186-52	22		-	o uce com v
10. AUTHORIZED DISP		PPLICABLE ITEMS			FOR CORONER	A STATE OF THE PARTY OF THE PAR
	UDES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT	(Name and Address)	G-REMAINS LOCATED AT
B. CREMATION	OF CREMATED REM	AND OTHER	F. DISINTERMENT			
HAN IN A CE	EMETERY	Sittle Officer	G. SHIP IN TO CALIFO			
D. SCIENTIFIC U			H. TRANSIT TO OUTS	IDE OF CALIFORNIA		
12000000		DDRESS OF CALIFORNIA	CEMETERY	1 11B. DATE BURNED	11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL
BURIAL	MT. HOPE	The second secon	water to the same	110 - 0	i Il and	2
92			IEGO, CA 92102	1/2-21-9	The state of the s	Olinor or continuous
TEN TEN	12A, NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	12B. DATE CREMATI	ED 120. SIGNATURE OF PERSON IN	CHANGE OF CHEMATRIE
CREMATION				1	1.	
CREMATION CREMATION SCIENTIFIC	19A NAME AND AC	DODGES OF CALIFORNIA	FACILITY RECEIVING REMAINS	1 138 DATE DECEN	PED 13C. SIGNATURE OF PERSON IN	CHARGE OF EACHITY
SCIENTIFIC	TON. HAME AND M	JUNEOU OF GREE ORIGIN	PAULITT RECEIVING REMAINS	1 130. DATE RECEIV	ED, 100, SIGNATURE OF PERSON IN	CHANGE OF PACIENT
USE				1	1	-
1	TAA MANE AND A	ANDESS IN DECEMBE ST	FATE OR COUNTRY WHERE	14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE	OF DEDSON IN CHARGE
TDANIEST		CREMATED REMAINS ARE		ING. DATE SHIFTE	OF PLACING WITH THE CAP	
TRANSIT				1	1.	
THE RESIDENCE FOR STREET, STRE	15A ADDRESS NEA	REST POINT ON SHOPELIN	E. OR OTHER DESCRIPTION SUF-	15B. DATE OF	15C SIGNATURE OF PERSON IN	150, UCENSE NUMBER
SCATTERING AT SEA OR			CA DISTRICT OF DISPOSITION	DISPOSITION		OF CREMATED RE-
DISPOSITION OTHER THAN IN A CEMETERY				1		-F APPLICABLE
The state of the s						

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_12-18-98

ina Linen	Funeral, date, time THVR 12-	54 11:0
Church, Chapel, Graveside	Only : FEATHERING: 1	L Mortuary.
All Funeral cars must arrive before 3:30 p.m.		
will be applied and billed to undersigned.		
7	THE RESERVE	
Lot 3 Grave 12 Row_	Section Division/S	leak_12
Grave space & Care Fund	~0	126.00
Additional spaces and care fund Opening/Closing & Setup.	17-97	
Opening/Closing & Setup	\) . 5 \\	165.00
Burial Container		POOR
Flower vases – Marker setting fee	MAR	
Recording and filing fee		45.00
Sales taxes		"
BARR	Total Due	3.26.00
C. The state of th		
Paid	receipt number	
	Balance du	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certinal and I agree to hold Mt. Hope Cemeter	named decedent fy and represent ry harmless from
I hereby authorize the interment in lot I	Signature	
hold under deed.	Address	
Signature of recorded holder of deed		
	City	Zip Code
	Telephone 3	
	Invoice # 310573	
	myoree m	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK ONLY-MAKE	E NO ERASURE	S, WHITEOUTS OR C	THER A	TERATIONS	1100	
IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAN			2. DATE OF BIRTH MONTH, DAY, YEAR 06/08/1905	3. DATE OF DEATH MONTH, DAY, YEAR 12/12/1998	
Lucille		-	Jens	DEATH—OUTSIDE CALIF			MILING ADDRESS AND	ZIP CODE
5A. CITY OF DEATH			ENTER STA		OF INF	ORMANT	DILLING ADDITION AND	air oose
San Diego			San J	Diego	Rebe	ca Barr - 1	Public Admir	
7A. TYPED NAME AND AD	DRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH	B. CALIF. LICENSE NUMBER —IF APPLICABLE		-A Ruffin Ro		1171
Featheringi	111 Mortuar	v	1	THE APPLICABLE	San 1	Diego, CA 9	2123	1
		Diego, CA 92115	1	FD 1083	BA SIGNA	TURE OF APPLICANT	erson toleing permit 88. DA	TE SIGNED
ACKNOWLEDGMENT OF AP	berries 2	chrowledge as applicant that the proposed disp 176 of the Health and Safety Code, and was author	esition stated herein in te	ne of the dispositions authorized by	N 401	Butath	LOAT 12212	1/1998
		IED IN ACCORDANCE WITH PROVI-		FEE PAID 9B. DATE PERMI	T ISSUED	C SIGNATURE OF LO	the state of the same of the state of	of the Control of
PERMIT	SIONS OF THE CALIF	ORNIA HEALTH AND SAFETY CODE	SA. AMICONI OF	12/21/19		9818355		
AUTHORIZATION OF	IN THIS PERMIT.	Y FOR THE DISPOSITION SPECIFIED	\$ 7.00		1	3010333		
LOCAL REGISTRAR		O RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	1	C. Lathr		OF OF DISPOSITION		
ANY CHANGE IN DISPOSI	DE ADDRESS OF RE	EGISTRAR OF DISTRICT OF DEATH	- 1	IF DISPOSITION IS TO OCC	CUR IN AND	THER DISTRICT IN CALIFO	RNIA	
TION REQUIRES A HEW FERMIT TO SHOW FINAL	A STATE OF THE STA			Marine 52250 IT IT. 721				158
DISPOSITION.		122 San Diego, CA				•		
10. AUTHORIZED DISPO						FOR COR	ONER'S USE ON	Y
THE PURIAL PRICE	DES ENTOMBMENT)	Г	TE TEMPORARY	ENVAULTMENT		I DISPOSITION	PENDING-REMAINS I	OCATED A
LEAN.	DEO ENIOMBMENTA	-	F. DISINTERME			(Name and A		
B. CREMATION	OF CREMATED REM	AND OTHER		W. C.		770000000000000000000000000000000000000		
HAN IN A CE	METERY	Alles Office	G. SHIP IN TO					
D SCIENTIFIC US	3E	L	H. TRANSIT TO	OUTSIDE OF CALIFORNIA	V .			
	TIA NAME AND AL	DORESS OF CALIFORNIA CEMETE	RY	, 11B. DATE BURI	ED , 110	SIGNATURE OF PER	ISON IN CHARGE OF I	BURIAL
BURIAL	He Hone	Cem. 3751 Market	Sr.	1		10	-11	-
	CONTROL OF THE PARTY OF THE PAR	. Ca 92102	36.	112-24-	981	1 1	MX	
2		DDRESS OF CALIFORNIA CREMAT	ORY	12B, DATE CREMA	ATED 120	SIGNATURE OF PER	SON IN CHARGE OF C	REMAIN
GREMATION	JOSE MARIE PROPERTY	series of street street, street,		1		/		
GREMATION				1	1	1000		
X					1 1		CON IN CUIDOR OF	EACO ITW
- animario	13A, NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REM	AINS 13B. DATE HEGE	INED 13C	SIGNATURE OF PER	ISON IN CHARGE OF I	PAGILITY.
SCIENTIFIC					- 1			
7								
		DDRESS IN RECEIVING STATE OR		E 14B, DATE SHIP	PED 14C		NATURE OF PERSON I	N CHARGE
TRANSIT	REMAINS OR	CREMATED REMAINS ARE TO BE	SHIPPED	I was the same	- 1	OF PLACING WITH	THE CARRIER	
TRANSIT				i	1.			*
3	757		neo propiero	THE THE PART OF	100	SIGNATURE OF PER	COM IN THE COM	F 101110FF
SGATTERING AT SEA	15A, ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE, OR O'S ENTIFY FINAL PLACE AND CA DISTR	ICT OF DISPOSITION	SUF- 158 DATE OF N DISPOSITIO		CHARGE OF DISPO	SITION I OF CRE	EMATED RE-
DISPOSITION OTHER					1			PPLICABLE

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

THAN IN A CEMETERY

EMETERY INTERMENT-ORDER

City of San Diego

Date 12-18-98

You are hereby authorized and instructed, sub	bject to your rules and regulations, to inter th	e remains
of Narvella Morge	211	11 (0)
In a T.S. VAULT F	Funeral, date, time WEQ. DEC. 23	11:00
Church, Chapel, Graveside	Travesia Kagis dall	Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$ _	150.00
will be applied and billed to undersigned.	ON Kal.	
/ 111 0	0	10
Lot 14 Grave Apw	Section Division/Block_	12
Grave space & Care Fund	95 20%	95.00
Additional spaces and care fund		- ~
Opening/Closing & Setup	0	75.00
Burial Container	00	50.00
Handling Fees	10	15.11
The state of the s		_
Flower vases – Marker setting fee	Company of the Compan	500
		a 3X
Sales taxes		1093
300004 11000	Total Due	50 00
Paid	receipt number	04.2
Y SON	Balance due	x
I hereby certify I am the and this is your authority to make disposition	of the above named of remains as above indicated. I certify and	represent
that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemetery ham	nless from
	XO/L. Morca	
I hereby authorize the interment in lot I hold under deed.	Res SS Buis B	1/11 #N8
	Address Pours Co 920	57
Signature of recorded holder of deed	(1909) 940-190	, Zip Code
lifter Hag	Talephone (10 17 17 17 17 17 17 17 17 17 17 17 17 17	
Lif-10	Invoice # 31057 R	
Work Order # E 14770	18 LL LO	
Mon Older # = ZZTTG	Acct. # 011106	
REA-104 (7-96) This informa	ation is available in alternative formats upor	request

& Frested on recycled paper

10-83-00 Per Day - 30 Day note 10-83-00 Per Day - 30 Day note 11 does cremation neight to pay by eresit and or crahier ship to him. 11 he comes in home By talk to him.

Per 100 1 126,55 Bal. due Chap 7 Bankarpty E-14770

MAT LI	ODE	CEM	-	EDV
MT. H	UPE	CEIVI		-11

9109.38

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of NINE hun with interest from Janua 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.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH	
Narvella		Jeanetta	Morgan			03/20/1928	12/17/1991	And the second
SA. CITY OF BEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF., E		RELATIONSHIP, FULL MA	LING ADDRESS AND	ZIP CODE
San Diego			San Diego		The states	THE PARTY OF THE P		
Salaman property to the Contract of the Contra	DDRESS OF CALIFORN	A-FUNERAL DIRECTOR OR PERS	ON ACTING AS SUCH 7B. CA	LIF. LICENSE NUMBER	Keit	h Morgan, Se	on wee	
Anderson-	Ragsdale M	ort,; 5050 Feder	al Blvd.	FAPPLICABLE	rerr	Perris Blvd	1	
		San Diego, C	A 92102 F	THE RESERVE AND ADDRESS OF THE PARTY OF THE	BA. SIGNA	TURE OF APPLICANT-PH	sun taking permit, 88. D	ATE SIGNED
ACHNOWLEDGMENT OF A		chrowledge as applicant that the proposed 376 of the Health and Safety Code, and was			> h	rist host	1 12	/22/199
PERMIT	SIONS OF THE CALIF	DED IN ACCORDANCE WITH PRO ORNIA HEALTH AND SAFETY CO	DE	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	Section 1	C. SIGNATURE OF LOC	A STATE OF THE PARTY OF THE PAR	Control of the Contro
AUTHORIZATION OF	IN THIS PERMIT.	Y FOR THE DISPOSITION SPECIFI	A7 00	12/22/19	98		981840	0
LOCAL REGISTRAR	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	PRINT OF DISPOSAL OUTSIDE OF CALFORD	THE PERSON NAMED IN	DRESS OF REGISTRAR I	DE DISTRI	CT OF DISPOSITION-		
TION REQUIRES A NEW	IF DEATH OCCURRE	D IN CALIFORNIA	1 #1			HER DISTRICT IN CALIFORN	HA	
PERMIT TO SHOW FINAL DISPOSITION.		Diego, CA 92186		-				
10. AUTHORIZED DISPO	THE RESIDENCE OF THE PARTY OF T	The state of the s	-			FOR CORO	NER'S USE ON	LY
X A. BURIAL (INCLU	DES ENTOMBMENT)		E TEMPORARY ENVI	ULTMENT		I DISPOSITION P	ENDING-REMAINS	LOCA
B. CREMATION			F. DISINTERMENT			(Name and Add		
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIF	ORNIA				
D. SCIENTIFIC US			H. TRANSIT TO OUTS	IDE OF CALIFORNIA				
T	11A, NAME AND AL	ODRESS OF CALIFORNIA CEME	TERY	, 118. DATE BURIED	11C	SIGNATURE OF PERS	ON IN CHARGE OF	BURIA
BURIAL	Mt. Hope	Cemetery			1	10	11	
	3751 Mari	cet Street		12-23-9	810	10	VAL	
E COGMATION	12A. NAME AND AL	OPRESS OF CALIFORNIA CREM	MATORY	12B. DATE CREMATE	D 12C	SIGNATURE OF PERSO	IN CHARGE OF	REMATION
CREMATION				1	i	/		
Nec.	-			-		•		
SCIENTIFIC	13A. NAME AND AS	DORESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C	SIGNATURE OF PERS	ON IN CHARGE OF	FACILITY
SCIENTIFIC USE				i	1			·
1 000	-							
ш		DORESS IN RECEIVING STATE		14B. DATE SHIPPE	D 14C	ADDRESS AND SIGNA	TURE OF PERSON	IN CHARGE
TRANSIT	HEMAINS UH	CREMATED REMAINS ARE TO	BE SHIPPED	i	1	OF PLACING WITH TH	E GARRIER	
TRANSIT	-			1				
SCATTERING AT SEA	15A. ADDRESS, NEA	REST POINT ON SHORELINE, OR	OTHER DESCRIPTION SUF-	15B. DATE OF	15C.	SIGNATURE OF PERS		
DISPOSITION OTHER	PROJECT TO THE	ENTIFY FINAL PLACE AND CA DE	STRICT OF DISPOSITION	DISPOSITION	1	CHARGE OF DISPOSIT	I MAINS	EMATED RE-
THAN IN A CEMETERY	-				-			MPLICABLE

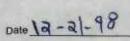


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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego



	LINCR	Funeral, date, time WED 12-33
Church, Chape	yer of Burlist Contamer I, Graveside	EL CAMINO Mortuary.
All Funeral cars	s must arrive before 3	30 p.m. of regular work day or an extra charge of \$
will be applied a	and billed to undersig	ped. PAID
Lot 58	Grave	Row DEC sequipage 2 Division/Block 7
Grave space & Additional spac	Care Fund	MT. HOPE CEMETERY
Opening/Closin	g & Setup	
Burial Containe	я	
Handling Fees	triaid	ement tee 1,000.0
Flower vases -	Marker setting fee	
Recording and	filing fee	
Sales taxes		
Odies taxes		
realiso	trobaryh	
ouglas 7	moraligh	
ouglas 7	mobaligh	
I hereby certify and this is your that I have the r	I am the authority to make dight to make this aut	Paid receipt number VISA 1,000.0
I hereby certify and this is your that I have the r any liability on a	I am the authority to make dight to make this authority account of said authorize the interment in li	Paid receipt number VIS N Balance due of the above named decedent isposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from prization and interment.
I hereby certify and this is your that I have the r any liability on a	I am the authority to make dight to make this authority account of said authorize the interment in li	Paid receipt number 15 h Balance due of the above named decedent isposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from prization and interment. ot I Signature 1278 EI Arugo Rel.
I hereby certify and this is your that I have the r any liability on a	I am the	Paid receipt number 15 h Balance due of the above named decedent phorization and I agree to hold Mt. Hope Cemetery harmless from crization and interment. ot I Signature 2278 EI Anuge Rel. Address Del Mer. (A 92014
I hereby certify and this is your that I have the rany liability on a liberal ball with the reby author hold under deep	I am the	Paid receipt number VIS N Balance due of the above named decedent phorization and I agree to hold Mt. Hope Cemetery harmless from crization and interment. ot I Signature Signature Address Ref. Anage Ref.
hereby certify and this is your that I have the rany liability on a liability of	I am the	Paid receipt number 15 h Balance due of the above named decedent lisposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from prization and interment. ot I Signature Address Addres

O Prixited on recycled paper



THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

1998 MONTH YEAR

You are hereby authorized disinter the remains of:	Abraham Audeh			
from Lot 58 Grave	Section 2 Rov	v Blo	ock	
Division And to	remove the same to and reinter	said remains	in Lot	
Grave Section	Row Block	Divi	sion	
Cemetery El Camin	o memorial park			
The undersigned hereby	certify and represent that the	y are the leg	al custodians	
of the remains and have related to the decedent hold Mount Hope Cemer authorization, disinterm	the right to make this authorizes indicated below. The underly harmless from any liability ent, removal, and reinterment.	zation, and the resigned further on account	hat they are her agree to of said	
of the remains and have related to the decedent hold Mount Hope Cemerauthorization, disinterm	the right to make this authorized indicated below. The undertery harmless from any liability ent, removal, and reinterment. Acustur Relation to deceased	zation, and the resigned further on account	hat they are her agree to of said	
of the remains and have related to the decedent hold Mount Hope Cemerauthorization, disinterm	the right to make this authorized indicated below. The understery harmless from any liability ent, removal, and reinterment. Acualtur Relation to deceased bove disinterment:	zation, and the resigned further on account	hat they are ner agree to of said Amigo Rd	



(This form must be notarized, if not signed in presence of cemetery staff.)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH | 3. DATE OF DEATH | 4. SEX NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C. LAST (FAMILY) 8471471967 0570471960 aka Ibrahim Khalil M Abraham Audeh 5A. CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF., 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE Ellen Saad - DAUGHTER San Diego San Diego 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER E1 Camino Mortuary 5600 Carroll Canyon Rd -- FAPPLICABLE 2278 El Amigo Rd Del Mar CA 92014 FD1260 San Diego CA 92121 BA. SIGNATURE OF APPLICANT—FORSO LANG Serme! 88. DATE SECUED FOR 12/01/1999 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Bealth and Safety Code. ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.

NOTE: THIS PERMIT ISSUED IN ACCORDANCE WITH PROVISIONS OF FEE PAID 98. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT IN THIS PERMIT.

98. AMOUNT OF FEE PAID 98. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT IN THIS PERMIT.

12/21/1998 PERMIT AUTHORIZATION OF LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSI-TION REQUIRES A NEW EERMIT TO SHOW FINAL DISPOSITION. IF DEATH OCCURRED IN CAUFORN VITAL RECORDS P.O. Box 85222 San Diego CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY I DISPOSITION PENDING-REMAINS LOCATED AT A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY

D. SCIENTIFIC USE B. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA I IA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 119 DATE BURIED 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL El Camino Memorial Park 5600 Carroll BURIAL-Canyon Rd San Diego CA 92121 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 14B. DATE SHIPPED TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION TSD. LICENSE NUMSER
OF CREMATED RE
MAINS DISPOSER
—IF APPLICABLE 158. DATE OF ATTERING AT SEA DISPOSITION OR POSITION OTHER AN IN A CEMETERY COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

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

VS9 (REV. 6/91)

4

MT. HAPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-98

You are hereby authorized and instruct	ted, subject to your rule	es and regulations	, to inter the remains
in a T-S. Variable Type of Bural Contains	Funeral, date, tir	ne Wed 1:	1-23 11:00
Church, Chapel, Graveside Chapul	(manual)	sewis Esla	med Monusey.
All Funeral cars must arrive before 3:3	0 p.m. of regular work	day or an extra ch	arge of \$ 150.00
will be applied and billed to undersigne	V	- 1	
Lot 78 Grave 10 Ro	w Section	A Division	on/Blook\
Grave space & Care Fund	he heed	E-5660	-6
Additional spaces and care fund			
Opening/Closine & Beron			375.00
Burial Container PALL			250-00
Handling Fees			185.00
Flower vases - MaDEC ettino fee	Tribu How	n wases	93.86
		······································	45.00
Recording and filing to PE CEME MT. HOPE CEME Sales taxes CFTY of SAN DIEGO.	CALIF	***************************************	19.38
Sales raved Child Or Dor			96824
		Total Due	968 24
	Paid receipt number	-10	100 101
Xe		Balance	due
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	ization and I agree to I	above indicated. I	ove named decedent certify and represent netery harmless from
I hereby authorize the interment in lot I hold under deed.	× 156	58 Ebs	ton are
Signature of recorded hobser of deed	Y Sa 619-	287-38 6	Calpris 7212
F	Invoice #		
Work Order # E 14772	Acct. #		

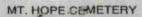
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10

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

17	NAME OF DECEDE	NTLDRED	LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 01/21/1928 12/18/1998 F
5/	CITY OF DEATH		COUNTY OF DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
	LA MESA		SAN DIEGO	JOHN J. FOX - SON
7/	LEWIS COLO	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING NIAL/BENBOUGH MORTUARY JON BLVD., SAN DIEGO, CA 92104 PRILITARE I hereby achaintedge as applicant that the proposed disposition is	S AS SUCH 78. CALIF LICENSE NUMBER IF APPLICABLE FD-480 Just here a line of the dispussions authorized by	5658 EASTON AVE. SAN DIEGO, CA 92120 BA. SIGNATURE OF APPLICANT—Person taking sering, 88. DATE SIGNED
-		Section 10006 of the resets and Street Oct. This will allithorate par		ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT MOTE: DISPOSITION OF CALIFORNIA.	7.00 12/22/97	00 "
113	Y CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— # DEATH OCCURRED IN CALIFORNIA VITAL RECORDSP.O. BOX 8522 SAN DIEGO. CA 92186-5222		OF DISTRICT OF DISTRICT IN CAUFORNIA
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
CONTRACTOR DESCRIPTION	B. CREMATION	OF CREMATED REMAINS OTHER G.	TEMPORARY ENVAULTMENT DISINTERMENT SHIP IN TO CALIFORNIA TRANSIT TO OUTSIDE OF CALIFORNIA	I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
		11A NAME AND ADDRESS OF CALIFORNIA CEMETERY	I 11B. DATE BURIEL	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	BURIAL	MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA	92102 /2-23-9	si 10 ml
BLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATORY	128, DATE CREMATI	ED 12C. SIGNATURE OF PERSON IN CHARGE OF CRE
L APPLICA	SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY REGI	EIVING REMAINS 138. DATE RECEIV	19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
DAMPLETE AL	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRIBUTION OF CREMATED REMAINS ARE TO BE SHIPP		D 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER D FICIENT TO EDENTIFY FINAL PLACE AND CA DISTRICT OF		15C. SIGNATURE OF PERSON IN GHARGE OF DISPOSITION GHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE





INTERMENT ORDER

City of San Diego

Date 12-21-98

in a net Vault	Funeral, da	te, time TH	JR 13-24	AY
Church, Chapel, Graveside		_: Usi	remont	Mortuary.
All Funeral cars must arrive before will be applied and billed to undersign	CONTRACTOR STATE	vork day or a	n extra charge of \$	
Lot 88 Grave 3	Row Se	ction 4	Division/Black	7_
Grave space & Care Fund	Ire- ne	٨		-0
Additional spaces and care fund				
Opening/Closing & Setup	In. Vin	入	14606	0
Burial Container			1	+
Handling Fees	19			+
Flower vases - Marker setting fee .				
Recording and filing fee				0
Sales taxes			16	0
interferent 13-99	Paid receipt num		lue	-6
200-			Balance due _	
I hereby certify I am the and this is your authority to make o that I have the right to make this au any liability on account of said auth	thorization and Lagre	e to hold Mt.	of the above nam dicated. I certify a Hope Cemetery ha	nd represent
I hereby authorize the interment in hold under deed.	X &		2 Store 300 th bay	
Signature of recorded holder of deed	You	619)	9484-8	92129

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

WINNE OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY	O	2. DATE OF BIRTH 3. DATE OF DEATH 4. 5
MARY	DITT THIS I COVERY	JANE	1	DELLARIA	MONTH, DAY, YEAR MONTH, DAY, YEAR 08/29/1918 09/19/1998 F
A. CITY OF DEATH		JANE	5B. COUNTY OF D	EATH-OUTSIDE CALIF.	6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COL
SAN D	IEGO		ENTER STATE	SAN DIEGO	OF INFORMANT NANCY PINCE - DAUGHTER
		A-FUNERAL DIRECTOR OR PE			9489 STARGAZE AVENUE
William Co.	T MORTUARY				SAN DIEGO, CA 92129
4266 MT.		VENUE, SAN DIE			BA. SIGNATURE OF APPLICANT—Person towing person, BB. DATE SIG
ACKNOWLEDGMENT OF A	Section 103	chnowledge as applicant that the propo 376 of the Humith and Safety Code, and w	was authorized oursuant to Section 7100	of the Health and Safety Code.	► Celleres mere 09/22/19
PERMIT AUTHORIZATION OF COCAL REGISTRAR	AND IS THE AUTHORIT	JED IN ACCORDANCE WITH P ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPEC D MIGHT OF DISPOSAL OUTSIDE OF CALL	CIFIED	VICTORIA 09/22/19	IBSUED, 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMEZA 9813895
	9D. ADDRESS OF RE IF DEATH OCCURRED P.O. BOX 8	GISTRAR OF DISTRICT OF	DEATH— SE.		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA
AUTHORIZED DISP	OSITION(S) CHECK AP				FOR CORONER'S USE ONLY
			E TEMPORARY E		I. DISPOSITION PENDING-REMAINS LOCATE
B. CREMATION C DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE		The state of the s	LIFORNIA UTSIDE OF CALIFORNIA	(Name and Address)
C. DISPOSITION	ITAL NAME AND AD MOUNT HOPE 3751 MARKET	DEPOSE OF CALIFORNIA CE CEMETERY STREET, SAN I	G. SHIP IN TO CA	UTSIDE OF CALIFORNIA	(Name and Address)
G. DISPOSITION THAN IN A CI D. SCIENTIFIC U	11A. NAME AND AD MOUNT HOPE 3751 MARKET 12A. NAME AND AD GREENWOOD	DORESS OF CALIFORNIA CE CEMETERY I STREET, SAN I	G. SMP IN TO CAL THANSIT TO O EMETERY DIEGO, CA 9210 REMATORY I-805	118 DATE BURIED	(Name and Address)
G DISPOSITION THAN IN A CI D. SCIENTIFIC U	11A. NAME AND AD MOUNT HOPE 3751 MARKET 12A. NAME AND AD GREENWOOD & IMPERIAL	DORESS OF CALIFORNIA CE CEMETERY STREET, SAN INDRESS OF CALIFORNIA CR	DIEGO, CA 9210	118 DATE BURIED	(Name and Address)
G DISPOSITION THAN IN A CI D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	11A. NAME AND AD MOUNT HOPE 3751 MARKET 12A. NAME AND AD GREENWOOD & IMPERIAL 13A. NAME AND AD 14A. NAME AND AD	CEMETERY I STREET, SAN INDRESS OF CALIFORNIA CREMATORY AVENUE, SAN D	G. SHIP IN TO CALL IN TRANSIT TO O METERY DIEGO, CA 9210 HEMATORY I-805 DIEGO, CA 92102 CILITY RECEIVING REMAINS E OR COUNTRY WHERE	118 DATE BURIED	(Name and Address) 1 IC, SIGNATURE OF PERSON IN CHARGE OF BURIAL 12C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE 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 12-21-98

of JACK MA	KIIN HU	NEA	12-93	11,0
In a Type of Burial Con	islnery F	uneral, date, time WE	I COLLICIU	_
Church, Chapel, Graveside	openy a	mall : FEAT	TEKINOLIMO	luary.
All Funeral cars must arrive	e before 3:30 p.m. o	f regular work day or an ex	dra charge of \$	_
will be applied and billed to	undersigned			-
102 Or 203			10	1
tot Grave _	Dre nee	Section	Division/Block	_
Grave space & Care Fund	pre nee	a = 2803	_&	
Additional spaces and care				
Opening/Closing & Setup		***************************************	200	.00
Burist Container	liner		190.	00
Handling Fees			145-	
Flower vases - Marker set	2	111		
Recording and filing fee	and the same of th	3 - 00		.00
Sales taxes				,73
		Total Due	769	73
	Dold se	ceipt number R-50		73
	raid is		. H. C	73
	X 7.1.1.		Balance due	
I hereby certify I am the and this is your authority to	o make disposition	of remains as above indica	the above named dec ated. I certify and repr	resent
that I have the right to mak any liability on account of s	e this authorization said authorization ar	and I agree to hold Mt. Hop ad interment.	oe Cemetery harmless	s from
		X out	Homa	
I hereby authorize the inter hold under deed.	ment in lot I	Signature	Que # 713	
		10 10 orange	C ALAIL	-
Bignature of recorded holder of deed	1000	Sa Mesa,	A 9194	žip Code
		X 465 -	3090	2000
		Laurence III		
Work Order # E 14	774	Invoice #		
Work Order # E 14	TO A STATE OF THE PARTY OF THE	Acct. #		
REA-104 (7-96)	This informat	ion is available in alterna	tive formats upon rec	quest.

O Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK ONLY-MAKE	NO EHASURES, W	HITEOUTS OR O	THER A	LIEHATIONS		
A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH DAY, YEAR 10/06/1913	3 DATE OF DEATH MONTH, DAY, YEA 12/20/1991	A
La Mesa A. TYPED NAME AND A		A-FUNERAL DIRECTOR OR PERSON A	5B. COUNTY OF DEATH ENTER STATE San Diego ACTING AS SUCH 7B. CAL		Ouita 4395	RELATIONSHIP, FULL MORMANT Honea - Wi 70th St.	ARLING ADDRESS AND	- T-
Featherings 6322 El Ca	on Blvd. S	y an Diego, CA 92115 conceredge as applicant that the proposed dispo- 376 of the Hearth and Salety Code, and was author	FD cition stated becomes tree of the	1083 dopositions authorized by	The second second	ATURE OF APPLICANT		ATE SIGNED
TO AROUSES A NEW PERMIT TO SHOW FINAL DISPOSITION. ID. AUTHORIZED DISPOSITION. B. CREMATION	THIS PERMIT IS ISSISSIONS OF THE CALIF SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT NOTE THE HAMAT SINES IN 9D. ADDRESS OF RI III DEATH OCCURRE PO BOX 852 9218 OSITION(5) CHECK A UDES ENTOMBMENT) OF CREMATED REM EMETERY	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND BAFETY CODE ITY FOR THE DISPOSITION SPECIFIED D RIGHT OF DISPOSAL DUISME OF CALIFORNIA. EGISTRAR OF DISTRICT OF DEATH OF IN CALIFORNIA 22 San Diego, CA 6-5222 PPLICABLE ITEMS	\$ 7.00 9E ADI	DESCRIPTION OF THE PERMIT AND THE PE	P98 P OF DISTRIBUTION AND		ONER'S USE ON	LY
BURIAL	Mt. Hope	Com. 3751 Market S , CA 92102		118. DATE BURIE		SIGNATURE OF PER	SON IN CHARGE OF	BURIAL
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMATO	DRY	128 DATE CREMA	The state of the s	SIGNATURE OF PERS	SON IN CHARGE OF E	CREMATI
SCIENTIFIC	13A, NAME AND A	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	3VED 130	. BIGNATURE OF PER	SON IN CHARGE OF	FACILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	ED 14C	ADDRESS AND SIGN OF PLACING WITH T		IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER		REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		158 DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	HTION OF CR	SE NUMBER EMATED RE- DISPOSER PPUCABLE

MT. HORE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-98

You are hereby authorized and instructed, sub	eject to your rule	s and re	gulations, to	inter the remains
ina T.S. Vault F	uneral, date, tin	na hor	~ 12-	28 1:00
Type of Burnet Contractor	aliena			Mortuary.
All Funeral cars must arrive before 3:00 p.m. will be applied and billed to undersigned.		ay or ar	extra charg	e of \$ 150.00
Lot 99 Grave \\ Row	Section	4	Division/	Bleck 7
Grave space & Care Fund	e-Ned	B-	4710	
Additional spaces and care fund				
Opening/Closing & Setup				375.00
Burial Container		**********		250.00
Handling FeesPAID				185.00
Flower vases - Market Hing tee 1998				
Recdrding and filing fee 2 1 1998				45.00
Sales taxes MT. HOPE CEMETER	7			19.30
CITY of SAN DIEGO, CAL	IE	Total D	ıę	874-35
Paid re	eceipt number _	M	C	874.30
v()			Balance d	ue
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	of remains as a and I agree to h	bove inc	of the above licated. I cer lope Cernet	named decedent tify and represent ery harmless from
any liability on account of said authorization a	nd interment.	*	0 1	AA B
I hereby authorize the interment in lot I hold under deed.	X	6 D	R. W.	liebs.
Signiture of recorded holder of deed	(69)	26	10ja 1	Ca 92113
E 14775	Invoice #			
Work Order # E 14775	Acct. # _			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX 1A NAME OF DECEDENT-FIRST (GIVEN) MONTH, DAY, YEAR MONTH, DAY, YEAR Goodwin 04/27/1909 12/18/1998 Matilda 6 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE SA. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., ENTER STATE National City San Dácco Judy Whitaker, Daughter 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH '78. CALIF. LICENSE NUMBER 416 Radio Dr. -IF APPLICABLE San Diego. CA 92114 Anderson-RagedaleMMort: 5050 Federal Blvd. SA. SIGNATURE OF APPLICANT-Forton taking permit, 8B. DATE SIGNED F-1329 San Diego, CA 92102 I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by 23/1998 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERIMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE

9A. AMOUNT OF FEE PAID 9B. DATE PERIMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT 12/23/1998 9818496 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI-IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL Vital Records: P.O. Box 85222 DISPOSITION. San Diego, CA 92186-5222 FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS *A BURIAL (INCLUDES ENTOMBMENT) E TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO GUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL LIA. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED BURIAL Mt. Hope Cmmetery; 3751 Market St. San Diego, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREA 12B DATE CREMATED CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC LISE 14A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER OF CREMATED RE-15B. DATE OF

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

DISPOSITION

CHARGE OF DISPOSITION

FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

MAINS DISPOSER

-IF APPLICABLE

SCATTERING AT SEA

DISPOSITION OTHER

THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-98

You are hereby authorized and instructed, su	bject to your rules and regulations, to	inter the remains
or DOVIS Faye Carr	THUL DO	0 0 14 IV.W
Type of Burial Container Ap LIVAN	Funeral, date, time IVIVY. DE	MICHELL
Church, Chapel, Graveside GOTIVO	YOUTH MOREICY II	III CM & Awathy).
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge	e of \$
will be applied and billed to undersigned	10 2 4 4 1 4 1	
Lot Grave Row	Section 2 DivisionA	112 00
Grave space & Care Fund	O TIGUIOU VICE	1100.85
Additional spaces and care fund	1 Flower vasc	40.93
Opening/Closing & Setup	DIN EIII	3 15.00
Burial Container	Jag VILL	250.00
Handling Fees	evication Gea	100.00
Flower vases - Marker setting fee	or sorming fee	115 DU
Recording and filing fee		10 28
Sales taxes		101.00
lancy Hobbs	Total Due OXOL	15/2018
	receipt number	12000
reditor's claima	Balance du	ie
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I cert a and I agree to hold Mt. Hope Cemeu	named decedent ify and represent by beamless from
any liability on account of said authorization a	and interment.	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	Oly	Zip Code
	Telephone	
- 2	Invoice #	
Work Order # E 14776	Acct. #	
REA-104 (7-96) This informa	ation is available in alternative forma	ts upon request.

O Printed an recycled paper



THE CITY OF SAN DIEGO



mont ter.

FAX TRANSMISSION

Date	12 24 98
То	Peggy
	phone
	204-1973
Sub	ject Ordening a marker

From	Catini	2	
Telepi Fax	527-3	403	
	: including this		

DORIS FAY CAMPBELL

DATE OF BIRTH: 02/09/1925

DATE OF DEATH: 12/11/1998

Please call 527-3400, if all pages are not received.

Mt. Hope Cemetery

Real Estate Assets • Public Works • 3751 Market Street • San Diega, CA 92102 Tel (619) 527-3400



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	SE BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR OT	HER A	LTERATIONS			
1A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	FLI		2. DATE OF BIRTH MONTH, DAY, YEAR U2/09/1925		OF DEATH DAY, YEAR /1998	4. SEX
SA. CITY OF DEATH		- All	68. COUNTY OF DEATH		OF IN	FORMANT CY HOSBS - PUBL			
	MERKLEY-MITCH	A-FUNERAL DIRECTOR OR PERSON / HELL MORTUARY SAN DIEGO, CA 92103	ACTING AS SUCH 78. CAI	LIF LICENSE NUMBER F APPLICABLE	520 SAN	1 A RUFFIN ROAL DIEGO, CA \$212 ATURE OF APPLICANT—	23		- 4
ACKNOWLEDGMENT OF A	I tereby a	scknowledge as applicant that the proposed dispo- 376 of the Hastin and Safety Code, and was author	sition stated herein it one of the	dispositions authorized by the Health and Saferta Code.	T	T- (1)	416	12/23/	/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT. WOTE THIS PERMIT GIVES A 9D. ADDRESS OF HI IF DEATH OCCURRE	JED IN ACCORDANCE WITH PROVI- CORNA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED TO NIGHT OF DESPOSAL OUTSIDE OF CALFORNIA. EGISTRAR OF DISTRICT OF DEATH ED IN CALIFORNIA.	7.00 BE AD	12/23/1998 12/23/1998 T.C. HITC DRESS OF REGISTRAR O	HELL!	9818515 PRICT OF DISPOSITION—		TRAFISSUIN	G PERMIT
B. CREMATION	SE	AINS OTHER	E. TEMPORARY ENVI F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	ORNIA	j 110	L DISPOSITION (Name and A	ddress)		
BURIAL	SAN DIEGO, G	METERY. 3751 MARKET STI CA 92102	REET.	12-24-95	-	111	WH	1	
CREMATION	12A, NAME AND A	DDRESS OF CALIFORNIA CREMATO	ORY:	128, DATE CREMATE	D 120	SIGNATURE OF PER	SON IN CH	ARBE OF CRE	EMATIO:
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 130	C. SIGNATURE OF PER	SON IN CH	ARGE OF FA	CILITY
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	140	OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR OTH ENTIFY FINAL PLACE AND CA DISTRIE		15B. DATE OF DISPOSITION	150	CHARGE OF DISPOS		OF CREM MAINS D —IF APPL	ATED RE-

4

REA-104 (7-96)

MT. HOPE CHMETERY

INTERMENT ORDER

City of San Diego

Date 12 - 21 - 98

Ina Sur	Funeral, date, time how 12	28 210V
Church, Chapel, Graveside		
All Funeral cars must arrive before 3:30 p.m.		100
	of regular work day or an extra charge	9 01 5
will be applied and billed to undersigned		
Lot 31 Grave 3 Row	Section Division/	Block 13
Grave space & Care Fund		126-00
Additional spaces and care fund	0	
		11500
Buriel Container 3	11	50.00
Unadia Fasa	- 2200	M.
Burial Container	W 3	
Prower vases – marker setting fee		45.00
Recording and filing fee		
Sales taxes		201 00
# overer	Total Due	306-00
Paid	receipt number	
	Balance du	ie
I hereby certify I am the	of remains as above indicated. I cert	named decedent lify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telaphone	
	210839	
Work Order # E 14777	Invoice # 310839 Acct. # 000952	148

@ Printed on empelal paper

This information is available in alternative formats upon request.

1-20-99

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11

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

				television -	-	Total Services Total	white the series !	a maria
1A. NAME OF DECEDE	A STATE OF THE PARTY OF THE PAR	18. MIDDLE	C. LAST (FA				DATE OF DEATH	4. SEX
Rich	nard	*		Armstrong			12/09/1998	M
5A. CITY OF DEATH	San Die	ego		San Diego		RELATIONSHIP, FULL MAILIN FORMANT Katherine How	And the second second second	CODE
7A. TYPED NAME AND A	DORESS OF CALIFORN	IA-FUNERAL DIRECTOR OR	The second secon	7B. CALIF, LICENSE NUMBER -IF APPLICABLE		5201-A Ruff San Diego, C	fin Rd.,	
Mayer		9 Adams Ave., Sa	Marie Company of the	FD1424	BA. SIGN	ATORE OF APPLICANT HEIST		SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	acknowledge as applicant that the pa 1376 of the Health and Safety Code, at	nd was authorized pursuant to Section		> 6	and the	12/23/	1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORY IN THIS PERMIT.	UED IN ACCORDANCE WITH FORNIA HEALTH AND SAFET TY FOR THE DISPOSITION ST NO RIGHT OF DISPOSAL OUTSIDE OF C	PECIFIED \$7.00	F FEE PAID 98. DATE PERMI	198 lale	9818362	. REGISTRAR ISSUIN	3 PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF THE PROPERTY OF THE PR		BE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA		•
B. CREMATION	OF CREMATED REM		F. DISINTERM				ER'S USE ONLY IDING REMAINS LO	
BURIAL		Mt. Hope Cen Market St., San D	netery	118. DATE BURIE	8 1	SIGNATURE OF PERSON	IN CHARGE OF BU	RIAL
CREMATION		DDRESS OF CALIFORNIA		128. DATE CREMA	TED 120	SIGNATURE OF PERSON	IN PRARGE OF CRE	MATION
SCIENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA	FACILITY RECEIVING REM	MAINS 138. DATE RECE	IVED 130	SIGNATURE OF PERSON	IN CHARGE OF FA	CILITY
TRANSIT TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE		RE 148 DATE SHIPP	ED 140	ADDRESS AND SIGNATUR OF PLACING WITH THE		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELIN ENTIFY FINAL PLACE AND (SIGNATURE OF PERSON CHARGE OF DISPOSITIO		ATED RE-

MT. HOPE CEMETERY

INTERMENT ORDER

FIL IIL	City of San Diego	-98
TH 13	V	
I I A A	ed, subject to your rules and regulations, to in	nter the remains
for michael f. or	eggs fr.	110000
in a Type of Burlin Compliner	Funeral, date, time7	us Dec. 2
The state of the s	iroment all:	T WALTHERY
All Funeral cars must arrive before 3:30	p.m. of regular work day or an extra charge	Michael
will be applied and billed to undersigned		
Lot Grave 3981 Roy	w Section Division/B	lock 9
Grave space & Care Fund		100.00
Additional spaces and care fund		
Opening/Closing & Setup		125.00
Burial Container	CATE AND A TOTAL	
Handling Fees	All lootage	
Flower vases - Marker setting fee	12/22/010	
Recording and filling fee		45.00
Sales taxes		-
at mention	Total Due	270.00
de la	Paid receipt number 5007/	270.00
ung our	Balance due	8
I hereby certify I am the		named decedent
and this is your authority to make disport that I have the right to make this authori any liability on account of said authorize	osition of remains as above indicated. I certification and I agree to hold Mr. Hope Cemeter atton and interment.	y and represent y barmless from
I hereby authorize the interment in lot I	4-1	
hold under deed.	3675 Mento Ave	
Signature of recorded holder of doed	- Sun Diego CA	92105 Zip Code
	(14) 284-052 Telephone	Zip Code
	Invoice #	
Work Order # E 14778	Acct. #	BRIE
DEA 104 IZ DEL	nformation is available in alternative format	e unon roquest

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE IC LAST (FAMILY) 2. DATE OF BIRTH MONTH, DAY, YEAR MONTH, DAY, YEAR 06/15/1998 12/17/1998 Michael Joseph Grages Jr. 5A CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF... B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Tamara L. Cash - Mother San Diego
7A. TYPED NAME AND XDDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 3675 Menlo Ave. -IF APPLICABLE San Diego, CA. 92105 San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104 FD-1575 BA. SIGNATURE OF APPLICANT-Person taking permit, BB. DATE SIGNED I hereby acknowledge as produced that the proposed deposition stated becomes me of the dispusition authorized by ACKNOWLEDGMENT OF REPUCANT Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVE 9A AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 12/21/1998 AUTHORIZATION OF IN THIS PERMIT HOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA. LOCAL REGISTRAR \$7,00 Legaspi 9818347 90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CAUFORNIA IF DEATH OCCURRED IN CAUFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL Vital Records: PO Box 85222 DISPOSITION San Diego, CA. 92186 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC LISE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURSED Mt. Hope Cemetery; 3351 Market St. BURIAL San Diego, CA. 92104 12-22-98 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158 DATE OF 15C. SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE-MAINS DISPOSER DISPOSITION OTHER JE APPLICABLE

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

THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-21-98

of JIMMY	MORTON	
ina T-S Van	Funeral, date, time T1	125 12-29 1,00
Type of Buriet Cor Church, Chapel, Gravesid	tuings v \ . An h	work . Mortuary.
	e before 3:30 p.m. of regular work day or a	n extra charge of \$
will be applied and billed to		
will be applied and billed w	, undersigned.	
Lot 17 5 Grave_	7 Row Section 2	Division/Block 12
		895.00
Grave space & Care Fund		
Additional spaces and car		375.00
Opaning/Closing & Setup.	DEC \$1 1998	250.00
Burial Container	1	185.00
Handling Fees		103.00
Flower vases - Marker se	CITY of SAN DIEGO, CALIF	
Recording and filing fee		45.00
Sales taxes		19.30
	Total D	Jue 1769.30
	Pard receipt number	C 1769.38
P	111	Balance due
Thereby certify I am the	of the same	of the above named decedent
and this is your authority	o make disposition of remains as above in the this authorization and I agree to hold Mt.	dicated. I certify and represent
any liability on account of	said authorization and regree to hold with	riope Cometery namicos nom
	× Costo	men years
I hereby authorize the inte- hold under deed.	rment in lot I	Sivinglemy
	Address Address	Olora Cary
Signature of seconded bolder of dual	Y LAME	JA CA 91941
	X 466-	4586
E 4	Invoice #	
Work Order # E 14	Acct. #	

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REA-104 (7-06)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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					110				
14	NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH		OF DEATH	4. SEX
	JIMMIE	DON	MORTON			06/17/1948	Shadler Shart Sh	/1998	M_
5A	CITY OF DEATH		5B. COUNTY OF DEATH	H-OUTSIDE CALIF.		RELATIONSHIP, FULL N	MAILING ADD	RESS AND ZI	P CO09
	LA MESA			SAN DIEGO	227/2015/2	MORTON - W	TWE		
7A	TYPED NAME AND AS	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A		IF. LICENSE NUMBER	The second second	COLDEN RID	Committee of the Commit		
	EL CAJON 1	MORTUARY		PATE LISTINGE	LAKE	SIDE, CA 92	040		
_	684 S MOL	LISON AVE/EL CAJON, CA 92020		-1022	BA. SIGNA	TURE OF APPLICANT	Feston taking po	mit BB. DAT	E SIGNED
	ACKNOWLEDGMENT OF A	Section 1937s in the result and Street Cook, and was allowed			10	will day	OFF	121	28/1958
ī	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	BA. AMOUNT OF FEE P		The state of the s	C. SIGNATURE OF LO		TRAF ISSUIN	G PERMIT
A	UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.		12/28/1	252 1.	9818580			
L	OCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSEST OF CALFORNIA.	\$7.00	BRENDA B	ELL	OF OF DISDOCTION			-
	Y CHANGE IN DISPOSE	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- # DEATH OCCURRED IN CALIFORNIA		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	PROPERTY AND INCOME.	THER DISTRICT IN CALIFO	ORNIA		4
	RMIT TO SHOW FINAL DISPOSITION.	P O BOX 85222	4			-			- 0
10		SAN DIEGO, CA 92186-5222 OSITION(S) CHECK APPLICABLE ITEMS				E00 C05	ONED'S	USE ONLY	-
14									
ļ		UDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT		I DISPOSITION		HEMAINS LO	CATED AT
ŀ	B. CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT			20/11/20/00/20			
1	D. SCIENTIFIC U	EMETERY	G. SHIP IN TO CALIFO						
R.	D. SCIENTIFIC D	SE	H. TRANSII TO OUT	THE OF GALIFORNIA	-		-		
	10000000	MOUNT HOPE CEMETERY		1 118 DATE BURIE	D 11C	SIGNATURE OF PER	ISON IN CH	MARGE OF BI	JAIAL
	BURIAL	3751 MARKET ST/SAN DIEGO, O	A 02101	12-29-9	vei.	11/11	SHU		
ş		12A NAME AND ADDRESS OF CALIFORNIA CREMATO		Miles Company of the	OUTSIGNATE AND IN	SIGNATURE OF PER	SON IN CH	OTTE OF CR	CMATI
TEMS		TER. NAME AND ADDRESS OF CALIFORNIA CHEMATO		I STATE OFFERNA	120	SIGNATURE OF PER	3011 117 5151	with the series	-matt
E	CREMATION	N/A		i	1				
ğ		13A NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEI	VED 13C	SIGNATURE OF PER	SON IN CH	ARGE OF F	ACILITY
pp.	SCIENTIFIC			1					
4	USE	N/A	47	1	1				
E Al		14A. NAME AND ADDRESS IN RECEIVING STATE OR C	OUNTRY WHERE	14B. DATE SHIPP	ED 14C.	ADDRESS AND SIGN	NATURE OF	PERSON IN	CHARGE
E	TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE S	HIPPED			OF PLACING WITH 1	THE CARRIE	A	
OPPE O	TO TO TO SELECT	N/A		!	1				
0	SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH		15B. DATE OF		SIGNATURE OF PER		150. LICENSE	
	OR DISPOSITION OTHER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC	T OF DISPOSITION	DISPOSITION	1	CHARGE OF DISPOS	BITION	MAINS D	
	THAN IN A CEMETERY	N/A DEEL VEST		1 0			1	—IF APP	LICABLE.

MT. HOPE CEMETERY

INTERMENT ORDER



City of San Diego

Date_/2-21-98

	wed 12-2	3-98
		The second second second
conteside G	Accountion & Busin	Mortuary.
of regular work da	y or an extra charge o	of \$
Section	2 Division/Blo	ock 12
0-9051	***************************************	0
6-0	054	0-
11		-
b		0
		-
		•
7	Total Due	
receipt number	D-9051	E 1
	Balance due	-0
	of the above no	amed decedent
n of remains as ab	love indicated. I certify	and represent
and interment.	a mi ropo somosi j	Hallings C.W.
Signature		
Address		
City		Zip Cod
Telephone	THE REAL PROPERTY.	
Invoice #		
	Section	of the above in of remains as above indicated. I certify in and I agree to hold Mt. Hope Cemetery and interment. Signature Address City

O Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDER		MIDDLE	C. LAST GRAME.	n	2 DAT	E OF BIRTH	3 DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHARLES 5A. CITY OF DEATH		ETTA	GANT 58. COUNTY OF 1 ENTER STATE TMPKRI		6 NAME, RELATION OF INFORMAN		12/20/1998 ILING ADDRESS AND Z	P COD€
7A. TYPED NAME AND AD CALIFORNIA	ORESS OF CALIFORNIA FU A CREMATION & AJON BLVD., SA	BURIAL CHAER	EL i	CALIF LICENSE NUMBER —IF APPLICABLE F-1357	1575 BR SAN DIE	RIDGEVIEW 2GO, CA		E SIGNED
ACKNOWLEDGMENT OF AP	PPEICANT I hereby acknowled Section 19376 of fi	dge as applicant that the propose be Hoalth and Safety Code, and wa	ed disposition stated herein is one is authorized pursuant to Section 710	of the dispositions authorized by 30 of the Health and Safety Code	tin	Wick	ES 12/2	2/1998
AUTHORIZATION OF	THIS PERMIT IS ISSUED IN SIONS OF THE CALIFORNIA AND IS THE AUTHORITY FOR IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO HIGHT	R THE DISPOSITION SPECI	FIED	12/22		NATURE OF LOC	AL REGISTRAR ISSUIT	IG PERMIT
THE PERSON NAMED IN COLUMN 2 I	9D. ADDRESS OF REGISTI # DEATH OCCURRED IN A VITAL RECORDS EL CENTRO, CA	RAR OF DISTRICT OF E	DEATH- 9E	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCCU VITAL RECORD SAN DIEGO. C	S 9 P. O.	BOX 852		
10. AUTHORIZED DISPO	OSITION(S) CHECK APPLICA	Chromosophic Control of the Control				ARCHITECTURE CONTRACTOR OF THE PARTY OF THE	MER'S USE ONL	
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMAINS	OTHER	F. DISINTERMENT G. SHIP IN TO CO. H. TRANSIT TO	,		DISPOSITION P (Name and Add	PENDING FREMAINS Li	DCATED AT
BURIAL	MT. HOPE CER	METERY 3751	MARKET STREE	T, 118 DATE BURIE		TURE OF PERS	ON IN CHARGE OF B	URIAL
CREMATION	12A. NAME AND ADDRES	SS OF CALIFORNIA CRE	EMATORY	12B. DATE CREMA	The second secon	ATURE OF PERSO	ON IN CHARGE OF CA	EMATION
SCIENTIFIC USE	13A. NAME AND ADDRES	SS OF CALIFORNIA FAC	OUTY RECEIVING REMAIN	NS 13B DATE RECEI	VED 13C, SIGNA	TURE OF PERS	ON IN CHARGE OF F	ACILITY
TRANSIT	14A, NAME AND ADDRES REMAINS OR CREM	SS IN RECEIVING STATE MATED REMAINS ARE TO		148. DATE SHIPP		ESS AND SIGNA LACING WITH TH	TURE OF PERSON IN E CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER	Sommittee in the second		OR OTHER DESCRIPTION S DISTRICT OF DISPOSITION	UF 15B. DATE OF DISPOSITION		ATURE OF PERS	TION OF CRE	NUMBER MATEO RE- DISPOSER PLICABLE

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

INTERMENT ORDER

City of San Diego and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Mortuar All Funeral cars must arrive before 3.30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. 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 Paid receipt number I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of dead

Significant Disco Ca 92/
Say Card 2/blo 7/10/09 2/p Code

negnane

Invoice #_____

Work Order # E 14781

This information is available in alternative formats upon request.

MT. HOPE CEMETERY	w.o. # E 14781
	NOTE
1134.38	San Diego, California December 21 1998
hirty days after date for value received, the unc	ndersigned maker promises to pay San Diego City Treasurer, or order at
3751 Market Street, San Diego, CA 92101, the with interest from	sum of ONO HOUSANA OPENUNAYON THINTY BELLARS TO ON the unpaid principal
at the rate of 12 percent per annum, payable or	on demand
accrue at the rate indicated above. Principal and will be liable and consents to renewals, replace maturity, and waives presentment, demand an person who signs this note agrees that recour	shall thereafter bear interest on the principal. Interest after maturity will and interest are payable in lawful money of the United States. The maker coments and extensions of time for payment hereof before, at or after and protest and the right to assert any statute of limitations. A married are may be held against his/her separate property for any obligation in this note, the undersigned promise(s) to pay such sum as the Court
	ph 7528 of the State of California Health and Safety Code from a plot for which the purchase price is past due and unpaid.
PRINT NAME X DOWNA MARIE BA	HER SGNATURE WOONDAM GOEKER
ADDRESS 5400 1910X DR	- San Diego, CA 92114
CALIFORNIA DRIVER LICENSE NUMBER NO	636010 SSN# \$ 554 06 0551
PY-1012 (11-69)	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX
Mary	Louise	Crenshaw		07/28/1928	12/20/1998 F
SA. CITY OF DEATH		5B. COUNTY OF DEATH	-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL M OF INFORMANT	AILING ADDRESS AND ZIP CODE
San Biego		San D	dego n	onna Baker, Day	ohter
	oress of California—Funeral Director or Person agadale Mort. 5050 Federal San Diego. CA 92102	Plant -	F APPLICABLE S	450 Lenox Dr. an B iego, Calii	The second secon
ACKNOWLEDGMENT OF AF	I have be acknowledge of applicant that the proposed the	position stated herein is one of the period guespant to Section 7105 of the	dispositions authorized by Health and Safety Code.	That lung	12/22/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THE PERMIT GIVES NO BIGHT OF DISPOSAL OUTSIDE OF CREFORNIA.	BA. AMOUNT OF FEE PA	AND REPORT OF THE PARTY OF THE	ACCOMPANY TO THE OWNER OF THE PARTY OF THE P	CAL/REGISTRAR ISSUING PERMIT 9818401
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	PO ADDRESS OF REGISTRAR OF DISTRICT OF DEAT P DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85 San Diego, CA 92186-52	9E ADE		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFOR	RNIA
10. AUTHORIZED DISPO	DISTION(S) CHECK APPLICABLE ITEMS			FOR COR	ONER'S USE ONLY
B. CREMATION		E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	FINIA	(Name and A	PENDING—REMAINS LOCATED AT
BURIAL	Mt. Hope Cemetery; 2751 Ma San Diego, CA 9210	arket St.	118 DATE BURIED	1000	SON IN CHARGE OF BURIAL
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA		12B. DATE CREMATED	12C. SMINATURE OF PERS	ON IN CHARGE OF CRE
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEIVE	13C. SIGNATURE OF PERS	SON IN CHARGE OF FACILITY
TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OF CREMATED REMAINS ARE TO BE		148. DATE SHIPPED	14C, ADDRESS AND SIGN. OF PLACING WITH TO	ATURE OF PERSON IN CHARGE HE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A, ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DISTI		15B. DATE OF DISPOSITION	15C, SIGNATURE OF PERI CHARGE OF DISPOS	

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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date /2-22-98

or Matilda Hatter	000+			
In a ASK VENT	Funeral, date, ti	ime Sunda	12-2	7-98 23
Church, Chapel Graveside Caroles	4 :			Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work	day or an extra	charge of \$	
will be applied and billed to undersigned				
Lot 28 Grave 3 Row	Section	8 DI	vision/Diper	_5
Grave space & Care Poid A	ec.			0
Additional spaces and care fund				
Opening/Closing & SDEC 2.2.1998				0
Rurial Container MT. HOPE CEMETER	56			0
Handling Feerity of SAN DIRECTOR	1.00			
Flower vases - Marker setting fee				
Recording and filing fee	ared			+
Solve tower ON exhant Charge -	Swanter San	w. cog		210,00
		Total Due		210.00
Paid	receipt number	R-50 66	9 .	210.00
			ance due	0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n and I agree to	above indicated	d. I certify at	ed decedent nd represent armless from
I hereby authorize the interment in lot I hold under deed.	Signature	2000 /5 402-42	ind st	rup
Signature of recorded horder of deed	Address City X Telephone	on Dieg	0 CA P3-SU	92/05 7.p Code 32

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

7	A. NAME OF DECEDE	ENT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX
1	MATILDA	-	HATTENDORF	09/06/1903 12/18/1998 F
5	A CITY OF DEATH		68 COUNTY OF DEATH—OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
	SAN DIEGO		SAN DIEGO	
7	and the same of th	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 7B. CALIF. LICENSE NUMBER —IF APPLICABLE	3402 42ND ST
		EMATION SERVICES OF S.D.	1	SAN DIEGO, CA 92105
_	P.O.BOX 7	11036 S.D. CA 92171-9972	i FD-1516	BA. SIGNATURE OF ARPLICANT Person taking primit, 88. DATE SIGNED
	ACKNOWLEDGMENT OF A	Section 10376 of the Health and Safety Code, and was suffi	position stated ?en is one of the dispositions authorized by serged pursuant to Section 7100 of the Health and Safety Code	12/10/1938
7	PERMIT	SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	10/91/	IT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
	UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	The same of the same of the	
1	OCAL REGISTRAR	NOTE: THIS PERMIT WIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALFORNIA. BD. ADDRESS OF REGISTRIAN OF DISTRICT OF DEAT	T T T T T T T T T T T T T T T T T T T	AVA AR OF DISTRICT OF DISPOSITION—
9	NY CHANGE IN DISPOSI-	F DEATH OCCURRED IN CAUFORNIA P.O.BOX 85222		CUR IN ANOTHER DISTRICT IN CALIFORNIA
	PERMIT TO SHOW FINAL DISPOSITION.	SAN DIEGO, CA 92186-5222	_	
11	AUTHORIZED DISPI	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
	B. CREMATION		E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETE MT HOPE CEMETERY		1000
		3751 MARKET ST SAN DIEGO,	The second secon	13 /1/2
TEMS		12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY 128. DATE CREM	ATED 120. SIGNATURE OF PERSON IN CHARGE OF COMMA
1	CREMATION	CYPRESS VIEW CREMATORY	12/01/	and land of
SAB!		3953 IMPERIAL AVE S.D., CA		18 De Chen
ILL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY N/A	Y RECEIVING REMAINS 136. DATE REC	EIVED 13C AGNATURE OF PERSON IN CHARGE OF FACILITY
COMPLETE /	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE N/A		PED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRING N/A	THER DESCRIPTION SUF- INCT OF DISPOSITION 158. DATE OF DISPOSITION	DN CHARGE OF DISPOSITION I 13D. LICENSE MAMBER OF CREMATED REMAINS DISPOSER — IF APPLICASEE

COPY_I 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.

INTERMENT ORDER

City of San Diego

Date 12-22-98

Pre need lots 619

in a Type of Buriot Container	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra cha	arge of \$
will be applied and billed to undersigned.		5 0
92, 93, 94, 95, 96, Lot Grave [10 &	97, 98, 99, 100 Section Division	Muslim
Grave space & Care Fund 10 &	550.00)	5,500.0
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee		
Sales taxes		
	Total Due	5,500.0
	50070	5500
Paid	receipt number	
Paid	Balance	due due
I hereby certify I am the	Balance of the abo of remains as above indicated, I and I agree to hold Mt. Hope Cen	ove named decedent
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization	Balance of the abo of remains as above indicated, I and I agree to hold Mt. Hope Cen	ove named decedent
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization is I hereby authorize the interment in lot I hold under deed.	Balance of the abo of remains as above indicated, I and I agree to hold Mt. Hope Cen	ove named decedent
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as I hereby authorize the interment in lot I hold under deed.	Balance of the abo of remains as above indicated, I and I agree to hold Mt. Hope Cen	ove named decedent

INTERMENT ORDER

City of San Diego

Date 12-24-98

You are hereby authorized and instru	cled, subject to your rules ar	d regulations, to int	er the remains
in a Church, Chapel, Graveside	Funeral, date, time	Ned May	12 10:3 Mortuary.
All Funeral cars must arrive before 3:	30 p.m. of regular work day	or an extra charge o	18
will be applied and billed to undersign	ned.		
Not 70 Grave 37 R	ow Section	Division/Blo	rek_ \\
Grave space & Care Fund	In- Need D.	3082	4
Additional spaces and care fund			
Opening/Closing & Setup	TX.	11	-
Burial Container			
Handling Fees			
Flower vases - Marker setting fee			117
Recording and filing fee			45.00
Sales laxes			- W. Carlotte
Darghy	Paid receipt number R	al Due	45.00
	Lain teneth ununer 17	Balance due	10
I hereby certify I am the		of the above na	med decedent
and this is your authority to make dis that I have the right to make this auth any liability on account of said author	orization and I agree to hold	e indicated. I certify	and represent
I hereby authorize the interment in lo hold under deed.	Bignature AA55 Addigan	Pow Lon	a Ave
Signature of recurded holder of deed	SAN D	223-8625	92107 2th Code
	Invoice #	SELFF	
Work Order # E 14784	Acct. #		
REA-104 (7-96) This	information is available in a	alternative formats	upon request.

th Printed on respected paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A NAME OF DECEDI	ENT-FIRST (GIVEN)	IB. MIDOLE	IC. LAST (FAMILY) KRENNI	NG	10/01/1904 05/07	OF DEATH 4. SEX
A. CITY OF DEATH SAN SIE	30		ENTER STATE		NAME, RELATIONSHIP, FULL MAILING AD OF INFORMANT CSD SCHOOL OF HEDICI	
	DCSD SCHOOL	OF MEDICINE NE. LA JOLLA. CA		-IF APPLICABLE	UCSD SCHOOL OF MEDIC LA JOLLA, CA 92037	
ACHICALEDGMENT OF A	new water 1 benefity a	cknowledge as applicant that the proposed 376 of the Health and Safety Code, and was	disposition stated herses is one of I	he dispositions authorized by	4. Shuoma	05/15/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU. SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.		OF FEE	PAID 98. DATE PERMIT	SUED, 9C. SIGNATURE OF LOCAL REGIS	STRAR ISSUNG
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION,	P.O. BOX 8	5222			F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORNIA	
	OSITION(S) CHECK A	CA 92186-5222 PPLICABLE ITEMS	E. TEMPORARY EN	AULTMENT	FOR CORONER'S L DISPOSITION PENDING (Name and Address)	CONTRACTOR
A BURIAL ONCL	OSTION(S) CHECK A UDES ENTOMBMENT) OF CREMATED REM. EMETERY SE	PPLICABLE ITEMS	F. DISINTERMENT G. SHIP IN TO CALE H. TRANSIT TO OUT		I DISPOSITION PENDING	REMAINS LOCATED A
B. CREMATION C. DISPOSITION THAN BY A C D. SCIENTIFIC U	OF CREMATED REM. EMETERY SE 11A. NAME AND AL	AINS OTHER DORESS OF CALIFORNIA CEME	F. DISINTERMENT G. SHIP IN TO CALE H. TRANSIT TO OUT	FORNIA SIDE OF CALIFORNIA 118 DATE BURIED	L DISPOSITION PENDING (Name and Address)	HARGE OF BURIAL
B. CREMATION C. DISPOSITION THAN BY A C	OF CREMATED REM. EMETERY SE 11A. NAME AND AL	PPLICABLE ITEMS AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALE H. TRANSIT TO OUT	FORNIA SIDE OF CALIFORNIA	L DISPOSITION PENDING (Name and Address)	HARGE OF BURIAL
A BURIAL ONCL B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL	OF CREMATED REM. EMETERY SE 11A. NAME AND AC 12A. NAME AND AC 13A. NAME AND AC	AINS OTHER DORESS OF CALIFORNIA CEME DORESS OF CALIFORNIA CREA DORESS OF CALIFORNIA FACIL OL. OF MEDICINE	F. DISINTERMENT G. SHIP IN TO CALE H. TRANSIT TO OUT	FORNIA SIDE OF CALIFORNIA 118 DATE BURIED 128 DATE CREMATED	L DISPOSITION PENDING (Name and Address)	HARGE OF BURIAL
A BURIAL ONCL B. CREMATION C. DISPOSITION THAN IN A C D. SCIENTIFIC U BURIAL CREMATION SCIENTIFIC	OF CREMATED REM. OF CREMATED REM. EMETERY SE 11A. NAME AND AC 12A. NAME AND AC UCSD SCHOOL LA JOLLA. 14A. NAME AND AC	AINS OTHER DORESS OF CALIFORNIA CEME DORESS OF CALIFORNIA CREA DORESS OF CALIFORNIA FACIL OL. OF MEDICINE	F. DISINTERMENT G. SHIP IN TO CALE H. TRANSIT TO OUT ETERY MATORY LITY RECEIVING REMAINS OR COUNTRY WHERE	FORNIA SIDE OF CALIFORNIA 118 DATE BURIED 128 DATE CREMATED	L DISPOSITION PENDING (Name and Address) 11C. SIGNATURE OF PERSON IN CO. 12C. SIGNATURE OF PERSON IN CO. 13C. SIGNATURE OF PERSON IN CO.	HARGE OF BURIAL WAGE OF CREMATION HARGE OF FACILITY

CERTIFICATE OF DEATH USE BLACK INK ONLYING ERASURES, WHITEOUTS OR ALTERATIONS VS.11 IREV. 7/97) STATE FILE NUMBER LOCAL REGISTRATION NUMBER 1. NAME OF DECEDENT-FIRST (GIVEN) 2. MIDDLE 3. LAST (FAMILY) STELLA MAY KRENNING MONTHS DAYS HOURS MINUTES 7. DATE OF DEATH MM/DD/CCYY 4. DATE OF BIRTH MM/DD/CCYY 5. AGE YRS. 10/01/1904 93 F 05/07/1998 2115 9. STATE OF BIRTH IO. SOCIAL SECURITY NO. 11. MILITARY SERVICE 12. MARITAL STATUS 13. EDUCATION-TEARS COMPLETES DECEDENT PERSONAL X MO 488-16-9821 WIDOWED DATA YES 14. RACE 15, HISPANIC-SPECIF 16. USUAL EMPLOYER X No CAUCASIAN SELF-EMPLOYED Yes 17. OCCUPATION 18. KIND OF BUSINESS 19. YEARS IN OCCUPATION HOMEMAKER OWN HOME 60 20. RESIDENCE-ISTREET AND NUMBER OR LOCATIONS 3235 28TH STREET USUAL RESIDENCE 21. CITY 22. COUNTY 23. ZIP CODE 24. YRS IN COUNTY 25. STATE OR FOREIGN COUNTRY SAN DIEGO SAN DIEGO 92104 56 CALIFORNIA 27. MAILING ADDRESS INTREET AND NUMBER OR RUNAL ROUTE NUMBER, CITY OR TOWN, STATE, 219) 26. NAME, RELATIONSHIP INFORMANT UCSD SCHOOL OF MEDICINE UCSD SCHOOL OF MEDICINE, LA JOLLA, CA 92037 28. MAME OF BURVIVING SPOUSE-FIRST 29. MIDDLE 30. LAST (MAIDEN NAME) SPOUSE 31. HAME OF FATHER-FIRST 32. MIDDLE 33. LAST 34. SINTH STATE PARENT OZRO GOLD MO INFORMATION 35. NAME OF MOTHER-FIRST 36. MIDDLE 37. LAST (MAIDEN) PAULINE BISHOP MO 40, PLACE OF FINAL DISPOSITION 39. DATE M M / D D / C C Y Y DISPOSITION(S) 05/15/1998 UCSD SCHOOL OF MEDICINE, LA JOLLA, CA 92037 41. TYPE OF DISPOSITION(S) 42. BIGNATURE OF EMBALMER 43. LICENSE NO. FUNERAL SU DIRECTOR NOT EMBALMED LOCAL 44. NAME OF FUNERAL DIRECTOR 48. SIGNATURE OF LOCAL REGISTRAR 45. LICENSE NO. 47. DATE MM/DD/CCYY REGISTRAR UCSD SCHOOL OF MEDICINE NONE 101. PLACE OF DEATH 102. IF HOSPITAL SPECIFY ONE 103. PACILITY OTHER THAN HOSPITAL 104, COUNTY CONV. PLACE IP ER/OP DOA SAN DIEGO OWN HOME OF 105, STREET ADDRESS-(STREET AND NUMBER OR LOCATION) 106, CITY DEATH 3235 28TH STREET SAN DIEGO TIME INTERVAL BETWEEN ONSET AND DEATH 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. C. AND D) 108. DEATH REPORTED TO CORONER X YES IMMEDIATE CARDIAC ARREST 5-114 MIN CAUSE (A) 109. BIOPSY PERFORMED DUE TO (8) CONGESTIVE CARDIOMYOPATHY MOS YES 110. AUTOPSY PERFORMED CAUSE DUE TO (0) ATHERSCLEROTIC HEART DISEASE YRS DEATH 111. USED IN DETERM INING CAUSE DUE TO (D) YES 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 PARALYSIS DUE TO GILLIAN-BARRE, HTN, ATRIAL FIBRILLATION 1 13. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1121 IS VER LIST TYPE OF OPERATION AND DATE. NONE E14. I CERTIFY THAT TO THE BEST OF MY MOONL EDGE DEATH OCCURRED AT THE HOOR, DATE AND PLACE STATED FROM THE CAUSES STATED, DECEDENT ATTENDED SINCE OCCUPY LAYS BEST ALLYE M M / D D / C C Y Y N M / D O / C C Y Y IGHT HAY TITLE OF CERTIFIE 116. LICENSE NO. 117. DATE MM/DD/CCY PHYSI-G067338 05/15/1998 TO'S NAME, MAILING ADDRESS, ZIF CIAN'S CERTIFICA-TION 04/29/1998 12/09/1994 MARC GEHR MD, 2017 1ST AVE., SAN DIEGO, CA. 92101 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 120. INJURY AT WORK 121, INJURY DATE M M/D D/C C YY 122, HOUR 123, PLACE OF INJURY YES 119. MANNER OF DEATH 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) NATURAL BUICIDE HOMICIDE CORONER'S PENDING DETERMINED

127, DATE MM/DD/CCYY

128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

CENSUS TRACT

FAX AUTH. #

USE ONLY

STATE REGISTRAR 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, EIP)

126. SIGNATURE OF CORONER OF DEPUTY CORONER

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

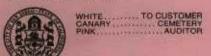
USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

93

1/	Stella	NT-FIRST (GIVEN)	May	IC LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4.	SEX P
5/	San Diego			SB. COUNTY OF DEA	n-outside calif. 6.	NAME, RELATIONSHIP, FULL IN OF INFORMANT DOTOTHY Shumwa		DOE
71	Lola J. He	ernandez -	Curator Cine, La Jol	the transmitted that the same of the same	IF APPLICABLE	4455 Point Lon San Diego, CA SIGNATURE OF APPLICANT	a Ave. 92107	GNED
	ACKNOWLEDGMENT OF A	PPEICANT I hereby a Section 10	cknowledge as applicant that the 376 of the Health and Safety Cod	he proposed disposition stated herein is one of the and was authorized purposed to Section 7300 of	e dispositions authorized by the Jimshib and Safety Code		1	
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE W OFINIA HEALTH AND SAI Y FOR THE DISPOSITION O RIGHT OF DEPOSAL OUTSIDE I	FETY CODE N SPECIFIED	AID 98. DATE PERMIT IS	SUED, 9C. SIGNATURE OF LO	ICAL REGISTRAR ISSUING PE	RMIT
At I		D. ADDRESS OF RE	GISTRAR OF DISTRIC	T OF DEATH— 9E AS		F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CAUPO	MINI	
The Company of the	B. CREMATION	OF CREMATED REM		E TEMPORARY ENV F. DISINTERIMENT G. SHIP IN TO CALIF H. TRANSIT TO OUT.			PENDING REMAINS LOCAT	ED AT
200	BURIAL	Mount Hop	DORESS OF CALIFORN C Cemetery, CA 92102	3751 Market St.	5-12-99	Verman	Ferance	
BLE ITEMS	GREMATION	12A. NAME AND AL	ODRESS OF CALIFORN	MA CREMATORY	12B. DATE CREMATES	the second of the second secon	SON IN CHARGE OF CREMA	TION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	OORESS OF CALIFORN	MA FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PER	SON IN CHARGE OF FACILI	TY
COMPLETE A	TRANSIT		DORESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHA	ARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			LINE, OR OTHER DESCRIPTION SUF- ID CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO		SER

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

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From Dorothy Shume	Address: 4455	Pt. Loma Ave	50 92107
In full . Payment of b	and %00 -	Dollars	Krenning
Lot 70 Grave	3.7 Row_	Section 2	Division Block
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS - PAID' IN THIS SPACE.	SSTAMPED CREDIT 5700 20% Sales Care 7718 80% Sales 10 of Lots 7718 Opening/ 10 Closing 7718 Buriel 10 Containers 7718 Handling Fee 7716	10 14 10 11 11 12 12
Pre-Need Lot		Recording & 10 Misc. Fees 7718 Pre-Noed 632 Trust 932 Sales Tax 6010 7839 TOTAL PAID	13

INTERMENT ORDER

City of San Diego

Date 12 - 24-98

0-1- m	structed, subject to your rules and regulations, to inter the remains
or spaybara "	anc 1-1-1-2-07
In a Type of Burial Container	Funeral, date, time
Church, Chapel, Graveside	variable: Goodbray Mortuary.
All Funeral cars must arrive before	e 3.60 p.m. of regular work day or an extra charge of \$
will be applied and billed to unders	signed.
Lot 6 4 0 Grave	Row Section 5 Division/Blook 8
Grave space & Care Fund	Bre-rud 8-3474 0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	PAID 190.00
Handling Fees	IAN 0 2 1000
Flower vases - Marker setting fee	JAN 0.5 1999
Recording and filing fee	THOPE CEMETERY 45.00
Sales taxes CIT	Y of SAN DIEGO, CALIF! 14.73
dand - 95 - 7001	Total Due
iner a	Paid receipt number VISA 764. 73
Livertuis	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make that I have the right to make this a any liability on account of said aut	disposition of remains as above indicated: I certify and represent uthorization and I agree to hold Mt. Hope Cemetery harmless from horization and interment.
I hereby authorize the interment in	n lot I Sanature
hold under deed.	2119 BRUMBACK
Signature of recorded bolder of deed	- BOISE 1D 83702
	CITY 208-344-3987 740 COURS
	Telophone
and the second	Invoice #
Work Order # E 14785	Acct. #
REA-104 (7-96)	his information is available in afternative formats upon request.

O Printed on recycled paper

Jil meil - 4876. .

CHA

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 4 SEX 1A. NAME OF DECEDENT-FIRST (CIVEN) 18. MIDDLE IC. LAST (FAMILY) MONTH DAY, YEAR MONTH, DAY, YEAR 06/08/1912 12/23/1998 MERIT RAPRAPA 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A, CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF. OF INFORMANT ENTER STATE SAN DIEGO SAN DIEGO BRIAN JOHN MERIT - NEPHEW 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7E. CALIF LICENSE NUMBER 2119 BRUMBACK STREET -IF APPLICABLE GOODBODY MORTUARY: 5027 EL CAJON BLVD TD SAN DIEGO, CA 92115 FD-790 SA. SIGNAPURE OF APPLICANT—Person taking permit, 88. DATE SIGNED I tereby acknowledge as applicant that the proposed disposition stated terein is one of the dispositions authorized by ACKNOWLEDGMENT DE APPLICANT on 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 98. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9A. AMOUNT OF FEE PAID PERMIT VICTORIA MEZA AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED **AUTHORIZATION OF** IN THIS PERMIT 7.00 99 NOTE: THIS PERSON GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. BOX 85222 DISPOSITION. SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY LIC SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED BURIAL MOUNT HOPE CEMETERY 3751 HARKET STREET, SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CRARGE OF CREMA 2B. DATE CREMATED CREMATION PPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN 150 LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OF CREMATED RE-DISPOSITION CHARGE OF DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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

INTERMENT ORDER

City of San Diego

Date 12 - 28 - 98

na LINER	Funeral, date, t	ime WED	12-30	1-98
Church, Chapel, Graveside GRAVE		WELCH-		Mortuary
All Funeral cars must arrive before 3:30 p		day or an ext	ra charge of \$	2.
will be applied and billed to undersigned.				
				1000
Lot 1537 Grave Row			Division/Block	8
Grave space & Care Fund	E-NEED	6-00	48 _	0
Additional spaces and care fund				
Opening/Closing & Setup		******************	3	75.00
Burial Container			<u> Y</u>	90.00
Handling Fees Pau	aunt	WI		45.00
Flower vases - Marker setting fee	2/30/99	X		-
Recording and filing fee				15.00
Particular III			1	4.73
805 - 966 - 0513		Total Due	7	69-73
1e 805 965-5145 P	aid receipt number	5008	3 7	49.73
TUNKY TK.		Ba	lance due	2
hereby certify I am the		of th	e above name	ed deceden
and this is your authority to make dispos that I have the right to make this authoriza any liability on account of said authorizat	ation and I agree to	above indicat hold Mt. Hope	ed. I certify an e Cemetery ha	d represen
I have been a local to a thin intermed to but I	×			
hereby authorize the interment in lot I hold under deed.	Signature	200	1.8	0
	Address	P.W	The same	
Signature of recorded holder of deed	CRY	0		Zip Cod
	Telephone			
	Invoice	#.		

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REA-104 (7-96)

This information is available in alternative formats upon request.

City of San Diego

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or FLORENCE TATE MG	ir rules el	nd secudelless to to	
OF THENCE TATE MA	& N	D V Inter the remains	
Track Company of the Fundament of the		ED 19-30-98 .	9
Compact Chandaide D. L. A. B. C. B. B.	1		
All Funeral care must arrive before 3:30 p.m. of regular w	1. 20	CH-RYCE- Mortuary.	
to undersigned.	on day a	an oxira charga or \$	
Lat 1537 Grave Flow Section			
Grave space & Care Fund PRE- NEED	The same of	DOY8 0	
Additional spaces and care fund	1	4040 -	
Opening/Closing & Satup	1		
Burisi Container	. francisco	375.00	
Buripi Container	·	190,00	
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A STATE OF THE PERSON ASSESSMENT OF THE PERSON	1	The state of the s	
	A CONTRACTOR OF THE PARTY OF TH	11 . D	
Salps taxes	-	14.73	
	Total D	769-73	
Paid receipt number,		1	
I hereby centry i am the X 500 and this is your authority to make this authorization and i spray for any liability on account of cold authorization and increase for increase authorization and intermediate in the cold authorization authorization authorization authorization authorization and intermediate in the cold authorization authorizat	bove ind	Dalance due If the above named decedent called J certify and represent pp Constant namigas from	
I hereby authorize the interment in for t	111	1. 1at	,
×97.5	Les	oneca Salina	1 14
San Y San	BX	Enchara GRAX	-9
100 (B)	116	85-7386 Andrews	
	1		
Nork Order # E 14786 Involce #	1-11	1	-
	1		
This information is available in Opinion in revelopper	alternal	romate upon request.	
Darrell B. Tate 915 Veronica Springs Road			

Santa Barbara, CA 93105 (805) 687-7386

Western Ryce-Hunder frameral Chapers

Some Island Som Stock - 2 Some Islander L. CANDIUL S SISSONS SHARE

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F14-312-3431

THE REAL PROPERTY.

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

3. DATE OF DEATH 1A. NAME OF DECEDENT - FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 4. SEX 12/26/1998 MARY FEMALE FLORENCE MAC NEIL 01/07/1910 5A. CITY OF DEATH 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH OF INFORMANT SANTA BARBARA SANTA BARBARA DARRELL TATE, SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA --- FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CA LICENSE NUMBER 915 VERONICA SPRINGS --- IF APPLICABLE WELCH-RYCE-HAIDER SANTA BARBARA, CA, 93105 15 E SOLA ST, SANTA BARBARA, CA, 93101 FD303 BA. SIGNATURE OF APPLICANT -- Person taking permit 8B. DATE SIGNED I hereby acknowledge as applicant that the proposed deposition stated herein is one of the depositions authorized by Section 10375 of the Health & Safety Code, and was authorized pursuant to Section 7100 of the Health & Safety Code. ACKNOWLEDGMENT OF APPLICANT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR \$ 7.00 12/29/1998 FAX Authorization # 1055457 THE DISPOSITION SPECIFIED IN THIS PERMIT. **AUTHORIZATION OF** NOTE- THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE LOCAL REGISTRAR SARA BULL OF CALIFORNIA 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -IF DEATH OCCURRED IN CALIFORNIA 9E, ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ANY CHANGE IN DISPOSI-TION REQUIRES A NEW SANTA BARBARA COUNTY HEALTH CARE SERVICES 345 CAMINO DEL REMEDIO SANTA BARBARA, CA, 93110 SAN DIEGO COUNTY DEPARTMENT OF HEALTH 3851 ROSECRANS ST SAN DIEGO, CA, 92110 PERMIT TO SHOW FINAL DISPOSITION. SAN DIEGO, CA,

10. AUTHORIZED DISPOSITION(S)

BURIAL (INCLUDES ENTOMBMENT)

FOR CORONER'S USE ONLY

88

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA	118. DATE BURIED	11C. SIGNATURE OF RERSON IN CH	ARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN CH	ARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CH	ARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PLACING WITH THE CARRI	PERSON IN CHARGE
SCATTERING 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 THE CREMATED REMAINS.

INTERMENT ORDER

720 776 City of San Diego

Date 12 -28-98

	113 mg/1/2011		
You are hereby authorized and instructed, subj			inter the remains
		e 1-8-99	The state of the s
Ghuroh, Chape Graveside Constant			Mortuary.
All Funeral cars must arrive before 3:30 p.m. of			A. 100
will be applied and billed to undersigned.			
Lot 51 Grave Row		ODE	23
Lot 51 Grave Row	NEED	TOOP	Block
Grave space & Care Fund	MEEV		
Additional spaces and care fund	UECK	2 357.38	
Opening/Closing & Setup	MEED	E. Idad	
Burial Container			
Handling Fees			
Flower vases - Marker setting fee		- 10	
Recording and filing fee			
Recording and filing fee			
		Total Due	
Paid re	ceipt number _		*
		Balance de	
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization any liability on account of said authorization and the said authorization are said authorization and the said au	and I agree to h	of the above bove indicated. I cer old Mt. Hope Cemet	named decedent tify and represent ery harmless from
	De	na hi. B	Same
I hereby authorize the interment in lot I hold under deed.	Signature		7
	Address		
Signature of recorded holder of deed	Guy		Zip Code
	Telephone		
	Invoice #_		
Work Order # E 14787	Acct. #		

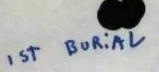
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88

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

TA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		1	MONTH, DAY, YEAR MONTH,	E OF DEATH 4. SEX
Waenita 5A CITY OF DEATH		Ethel	SR COUNTY OF hea	-	THE REAL PROPERTY.	02/25/1910 12/ RELATIONSHIP, FULL MAILING AL	28/1998 F
Highland			Sen Berne	MADOMARSON MICHEST	OF INF	DRMANT	
7A TYPED NAME AND AC VICTOR VS	lley Mortu	a-funeral Director on Pers ary, Inc. Victorville, CA	ON ACTING AS SUCH 78 C	ALIF LICENSE NUMBER IF APPLICABLE	P.O. Pino	Box 720776 Box 1111s, CA 923 TURE OF APPLICANT—Person toking	72
ACKNOWLEDGMENT OF A	L borete a	cknowledge as applicant that the proposed 376 of the Health and Safety Gode, and was a	freezention stated becomes one of t	te dispositions authorized by the Health and Safety Cods	1/4	the Rolling	interfere
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIFIED ORBITS OF DISPOSAL OUTSIDE OF CALLFORM	S7.00	PAID 9B. DATE PERMIT 12/29/	1998		ISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	351 Mt. V	EGISTRAR OF DISTRICT OF DE D IN CALFORNIA 1ew Avenue rdino, CA 92415	P	DORESS OF REGISTRAR DISPOSITION IS TO OCCU .O. Box 8522 an Diego, CA	R IN ANOT	THER DISTRICT IN CAUFCRINIA	
10. AUTHORIZED DISP	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN					FOR CORONER'S	USE ONLY
B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIF			(Name and Address)	- REMAINS LOCATED AT
BURIAL	Mt. Hope	Cemetery ket Street, San		118. DATE BURIES	110.	SIGNATURE OF PERSON IN C	HARGE OF BURIAL
CREMATION	Victor V	oness of California CREM Alley Memorial P Street, Victor	ark	128 DATE CREMAT	ED 12G	SIENATURE OF PERSON IN CI	HARGE OF CREMATI
SCIENTIFIC USE	N/A	DDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIV	/ED 19C	SIGNATURE OF PERSON IN C	CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 14C.	ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA <u>DIS</u>		15B. DATE OF DISPOSITION	15C	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED HE MAINS DISPOSER —E 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.



REA-104 (7-96)

MY. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-48-98

in a DOUBLE DE	HTS	_ Funeral,	date, time	VED	12-30	11:0
Church, Chapel, Graveside	hurch	GRAN	eside RA	es d	VIE	Mortuary.
All Funeral cars must arrive be	efore 3:30 p.	m. of regula	ar work day o	r an extra	a charge of \$	150.00
will be applied and billed to un						
Lot 3057 Grave_	Row		Section	D	ivision/ Blac k_	10
Grave space & Care Fund	PRE-	Need	E-I	1469		0
Additional spaces and care fu	8.8.ez. bn		7	383		
Opening/Closing & Setup	PRE-	NEED	ES	20		0
Burial Container	- 1	14	**			-
Handling Fees		and the second second		•		0
Flower vases - Marker setting) fee					
Recording and filing fee			**************			0
Sales taxes		*1	*************	r		0
aterfano			Tota	I Due		0
nonder 99	Pa	aid receipt n	umber			
X				Bal	ance due	
I hereby certify I am the				of the	above name	decedent
and this is your authority to n that I have the right to make th any liability on account of said	nis authoriza	tion and I ag	gree to hold	indicate Mt. Hope	d. I certify and Cemetery han	represent nless from
I hereby authorize the interme	ent in lot I	X	gnature		1	1
hold under deed.		X	dress	رور	200	
Signature of recorded holder of deet		×	WATE:	3 X	2	
		1	tephone	000		Zip Code
		in	voice #			

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This information is available in alternative formats upon request.

All Funeral constraints and accomplished \$100 plan of / go for early day to an early charge and the applied Recording and filling less

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

86

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	10. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH DAY, YEAR	4. SEX
Napoleo	n	Al	Jones, S			07/22/1912		6/1998	-M
SA. CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF.		RELATIONSHIP, FULL MORMANT	AILING ADI	DRESS AND Z	IP QODE
San Di			San Diego		1.111	ie Jones, W	ife		
Anderson-R	agsdale Mo	dtuary; 5050	Federal Blvd.	F APPLICABLE	3086 San	Loggn Ave.	2113	*	
		n Diego, CA 9		THE PERSON NAMED IN	BA SIGNA	TURE OF APPLICANT—P	ecous taking pa	emi, 88. DAT	E SIGNED
ACKNOWLEDGMENT OF A	Section 10	0176 of the Health and Safety Code, a	proposed disposition stated herein is one of the and was authorized pursuant to Section 7100 of t	te Health and Safety Code	Mu	Gullet	-	12/29	/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORS IN THIS PERMIT.	LIED IN ACCORDANCE WITH FORMA HEALTH AND BAFE ITY FOR THE DISPOSITION S NO BIGHT OF DISPOSAL OUTLINE OF	\$7.00	12/30/19		C SIGNATURE OF LO		9818747	
TION REQUIRES A NEW PERMIT TO SHOW FEMAL DISPOSITION.	Vital Rec	EGISTRAH OF DISTRICT OF ED IN CALIFORNIA Ords; P.O. Bo Diego, CA 92	x 85222	DRESS OF REGISTRAR DISPOSITION IS TO OCCUR			RNIA		1
IO. AUTHORIZED DISPO			100-3222 -			FOR COR	ONER'S	USE ONLY	4
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	SE	DDRESS OF CALIFORNIA	G. SHIP IN TO CALIFI THE TRANSIT TO OUTS		11C	Name and A		HANDE OF BI	URIAL
BURIAL	Mt. Hope	Cemetery; 37: San Diego, CA	51 Market St.	12-309	1	Den	11/	_	-
CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA	CREMATORY	12B. DATE CREMATE	12C.	SIGNATURE OF PERS	ON IN CR	ANGE OF CH	EMATIC
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVE	ED 13C.	SIGNATURE OF PER	SON IN C	HARGE OF FA	ACILITY
TRANSIT	14A NAME AND A REMAINS OR	DDRESS IN RECEIVING ST CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPPEI	D 14C.	ADDRESS AND SIGN. OF PLACING WITH TO			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NE/ FICIENT TO IDI	AREST POINT ON SHORELIN ENTIFY FINAL PLACE AND	NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	16B. DATE OF DISPOSITION	15G.	SIGNATURE OF PERS CHARGE OF DISPOS		15D. LICENSE OF CREA MARIS D —IF APP	AATED RE-

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

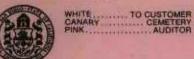


E-14788 INVERMENT ORDER S Con at Charles

- 12 38.98 ALH GRAFTIT RAGS DALE Indian name partial village. Remorting and living lan-** 14788

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



MOUNT HOPE CEMETERY 527-3400

From Mapoleon a. Jones	Address: 11956 Demon	A144 TANA AM	9.78
In Payment of	are proposed for	Div	Primer Poel
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	NOT VALID FOR PURPOSESTATED UNLESS STAMPED PAID' IN THIS SPACE.	CREDIT	10 00 13 00 13 5 00

MT. HOPE CEMETER TO

INTERMENT ORDER

family city	of San Diego Date 12/28/98
The bund you are hereby authorized and lostructed, so Linda Watson	ubject to your rules and regulations, to inter the remains
TIMBLE ALGORI	Funeral, date, time Thuy, Dec. 31 1:00 Mortuary
All Funeral cars must arrive before 6.30 p.m. will be applied and billed to undersigned.	n of regular work day or an extra charge of \$ <u>150.00</u>
V Lot 52 Grave 2 Row Grave space & Care Fund DA	Section 2 Division/8 12 895.00
Additional spaces and care fund	190.00
Handling Fees	FGO, CALIFI
Sales taxes	Total Due 14.73
I hereby certify I am the Maller and this is your authority to make disposition	of the above named decedent on of remains as above indicated. Lostify and represent on and I agree to hold Mt. Hope Cemetery harmless them
I hereby authorize the interment in lot I hold under deed.	198 W Orang one Shelmo Watson
Signature of recorded holder of deed	Ellerto Calf City 352- H993 Teleptone
E 14789	Invoice #

REA-104 (7-96)

W.O. # E 14789

NOTE

\$832.73	San Diego, Californ	December 28 199
hirty days after date for value received, 3751 Market Street, San Diego, CA 9210 with interest from Porualy 1		
3751 Market Street, San Diego, CA 9210	of the sum of the little	TOOLLAR
with interest from POYMAN I	, 1999	on the unpaid principal
at the rate of 12 percent per annum, pay	rable 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.

HINT NAME X 7	14x1	-ma	WAISO	no	SIGN	ATURE X	I felmo water
DDRESS X198	24	Osan	geane	EL	1 FuTro	Pales,	92243
CALIFORNIA DRIV	ER LICE	NSE NUMB	K BO	812	476	7	SSN# 431-32-2021

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

189

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEA	
Linda -			Watson		09/02/194	
SA. CITY OF DEATH			5B. COUNTY OF DEATH	-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP CODE
Ban	Diego	1	San Diego		Helen Avery,	Aunt
	ODRESS OF CALIFORNIA—FUNERAL D			F. LICENSE NUMBER APPLICABLE	138 Old Oak D	r.
	San Diego	, CA 92102	F	-1329 8/	San Diego, CA A SIGNATURE OF APPLICANT	-Person taking permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A		icant that the proposed disposits of Safety Code, and was puttorized			Lebbertake	12/30/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDING OF THE CALIFORNIA HEALTH AND IS THE AUTHORITY FOR THE DISTORTED FOR THE DISTORTED FOR THE DISTORT OF DISPOSE NO RIGHT OF DISPOSE.	AND SAFETY CODE POSITION SPECIFIED	\$7.00	12/30 1199		LOCAL REGISTRAR ISŞUING PERMIT 9818806
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION:	PD. ADDRESS OF REGISTRAR OF IF DEATH OCCURRED IN CALIFORNI Vital Records; P	IA	2	HESS OF REGISTRAR O	F DISTRICT OF DISPOSITION IN ANOTHER DISTRICT IN CAL	
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITE	MS SZIOU	3666		FOR CO	DRONER'S USE ONLY
B. CREMATION			E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	FINIA	Oisposmo (Name and	ON PENDING—REMAINS LOCATED AT
BURIAL	Mt. Hope Cemeter			118. DATE BURNED	11C SIGNATURE OF P	ERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF C	SECURITY OF THE PARTY OF THE PA		12B. DATE CREMATES	12C. SIGNATURE OF PI	ERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF C	ALIFORNIA FACILITY R	ECEIVING REMAINS	13B. DATE RECEIVE	D 10C SIGNATURE OF P	ERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RE REMAINS OR CREMATED RE			148. DATE SHIPPED	14C. ADDRESS AND SI OF PLACING WITH	GNATURE OF PERSON IN CHARGE * H THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT O FICIENT TO IDENTIFY FINAL F			15B. DATE OF DISPOSITION	15C. SIGNATURE OF P CHARGE OF DISP	

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



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

		Date: 5-17	1999
From Milme Without	Address: 3530 Vanuis		The 202 800
15 a sent placet	100	Dollars (\$ 23 78
InPayment of	alvanged flower a	المرم	6
Lot 52 Grave	fa Row_	Section 3	Division 12
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED - PAID IN THIS SPACE:	CREDIT 87007 20% Sales Care 77184 30% Sales 100 of Lois 77184	3
W.O. E - 147.89	MY LY THE	Opening/ 100 Closing 77181 Burial 100 Containers 77182	10 00
BALANCE DUE	10 1 7 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Handling Fee 77185 Recording & 100 Misc. Fees 77183	13 00
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	111111111111111111111111111111111111111	Pre-Need 63033 Trust 9022 Sales Title 60101 78390	78
AC-212 (Rev. 5-94)	ISSUED BY 1 MANAGEMENT	TOTAL PAID \$	23 78

INTERMENT ORDER

City of San Diego

Date 12 - 29 - 98

na LINER	Funeral, date, time WED 12-30 1:0
Church, Chapel, Graveside Chapel	GRAVES: P. CA BURIAL , Mortuan
All Funeral cars must arrive before 3:80 p	m. of regular work day or an extra charge of \$ 150
will be applied and billed to undersigned.	X
Lot 113 Grave 5 Row	Section 3 Division/Block 12
Grave space & Care Fund	795.00
	375.00
	190.00
	145.01
	45.00
Sales taxes	14.73
- DAY	Total Due
	aid receipt number P 500 87 782.
TUANY to X	Balance due 182
hereby bertily I am the	of the above named decede
and this is your authority to make disposi-	ition of remains as above indicated. I certify and represe ation and I agree to hold Mt. Hope Cemetery harmless fro
any liability on account of said authorizati	ion and interment.
I hereby authorize the interment in lot I	X
hold under deed.	X Signature
	Address
Signalure of recorded holder of dead	City Sup City
	Telephone
	~ 6 7 4
	Invoice # 310 927

1-28-99 E-14790 Dorothy washington called to ptate that one is not going to pay the balance of E14790. paid the paid the mortuary the full amount on the day of pervice and they was pigning.

30 MT. HOPE CEMEYERY NOTE December 1 5 78 7-73 Tology days of the contention abuse received, tou write columns or promise at the pay San Diego City Treasular the unpaid orinolpal 1-31-9 Should this note not be production doesn't so all thereafter hour interest on the principal, interest after multiply will opprovide the rate indicated above. From the and interest are payethed taken I money of the United States. The maker All he liable and consents to renewalk, repleter on the and extensions of timp for payment hereof before, at or after maturity and walves presentment, demand and your ill and the right to assert any statute of hiphanona. A married person who signs this note agrees that recourse may be nell against life her separate property for any obligation contained herein. If any action be instituted on the trule the undersigned promise in to pay such com as the Court Part R. Chapter I, Article 2, Passgraph 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. CALIFORNIA DRIVER LICENSE NUMBER

W.O. # E- 14790

NOTE

\$ 784-73		San Diego, California	ndmesea	29	1998
3751 Market Street, with interest from	e for value received, the ur San Diego, CA 92101, the \-3\-99	ndersigned maker promises to pay sum of SEVEN HUNDAED EX	San Diego City	Treasurer	DOLLARS id principal
accrue at the rate in will be liable and co maturity, and waive person who signs to	dicated above. Principal and ansents to renewals, replains presentment, demand a his note agrees that recount any action be instituted of	shall thereafter bear interest on the nd interest are payable in lawful no cements and extensions of time and protest and the right to asser arse may be held against his/her on this note, the undersigned pro	noney of the Uni for payment her t any statute of separate prope	ited States. reof before limitations erty for any	The maker, , at or after. . A married obligation
		ph 7528 of the State of Califor from a plot for which the purchas			
PRINT NAME *		SIGNATURE Y			
ADDRESS X					
CALIFORNIA DRIVER I	ICENSE NUMBER	SGN	. X		

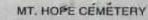
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE		IC. LAST (FAMILY)			2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX		
WEST		WASHINGT	ON	05/05/1920	12/23/1998 M		
A. CITY OF DEATH		58. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL MA	AILING ADDRESS AND ZIP CODE		
NATIONAL	CITY	SAN DIEG		LINDA M. FAMBRO	UGH-DAUGHTER		
	ODRESS OF CALIFORNIA FUNERAL DIRECTOR OR PET			5609 N.E. 32ND			
The second section of the second section is	A CREMATION & BURIAL CHAP	EL	1957	The second secon	7211		
5880 KL 0	CAJON BLVD., SAN DIEGO, CA	Marie Committee		SIGNATURE OF APPLICANT-P	roon taking permit, 8B. DATE SIGNED		
ACKNOWLEDGMENT OF A	Section 10376 of the Realth and Salety Code, and wo	a sulherized pursuant to Section 7100 of th	Hisatth and Salichi Code.	Jun / Cach	12/28/199		
PERMIT AUTHORIZATION OF LOGAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PS SIONS OF THE CALIFORNIA HEALTH AND SAFETY O AND IS THE AUTHORITY FOR THE DISPOSITION SPECI IN THIS PERMIT WILL NO MIGHT OF DISPOSAL OUTSEE OF CALIF	FIED	98 1894599 K. WALKE	98 9818745	CAL REGISTRAR ISSUING PERMIT		
INTO REPORT STATE OF THE STATE	9D. ADDRESS OF REGISTRAR OF DISTRICT OF I IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BO SAN DIEGO. CA 92186-522	DEATH— SE AD # 1	DRESS OF REGISTRAR OF	F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFOR	NIA		
O. AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS		-	FOR CORC	ONER'S USE ONLY		
A. BURIAL ONCLE	JDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	L DISPOSITION I	PENDING-REMAINS LOCATED AT		
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US		G. SHIP IN TO CALIFO					
BURIAL	NT. HOPE CEMETERY 3751 SAN DIEGO, CA 92102	MARKET STREET,	118. DATE BURIED	TIC SIGNATURE OF PERS	ON IN CHARGE OF BURIAL		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CRI	EMATORY	128. DATE CREMATED	12C. SIGNATURE OF PERS	ON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FAC	138. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO	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, OF FICIENT TO IDENTIFY FINAL PLACE AND CA. I		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERS CHARGE OF DISPOSI			
THE RESERVE THE PARTY OF THE PA			The second secon				

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





INTERMENT ORDER

City of San Diego

Date 12-29-98

You are hereby authorized and instructed, or Puth Brown	subject to your rules and regulations, to inter the remains
ina linev	Fungral, date, time MON . Jan. 4 1:0
Church, Chapel, Graveside 970VO	side Mayer Mortuary.
All Funeral cars must arrive before 3:30 p.n	n, of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 108 Grave 4 Row_	Section 2 Division/Black
Grave space & Care Fund	Ca E 115 10 &
Additional spaces and care fund	
Opening/Closing & Setup	CO 6 12 10 0
Burial Container	CTA E 112 10 X
Handling Fees Prend	CA E 115 10 B
Flower vases - Marker setting fee	d cuedo 🐱
Recording and filing fee	y Elipio
Sales taxes PC/IC	DE 15 10
	Total Due
Pai	d receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I	Signature
hold under deed.	Address
Signature of recorded holder of deed	
	Telephone
E 44804	Invoice #
Work Order # E 14791	Acct. #
REA-104 (7-96) This inform	mation is available in alternative formats upon request.

A Printed on recycled paper

281-7587

E- 14791

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	BE BLACK INK ONLY-	MAKE NO ERASU	RES, WHI	TEOUTS OR OT	HER AL	TERATIONS	81		
IA. NAME OF DECED	IC. LAST (F	Adding to	own		2. DATE OF BIRTH MONTH, DAY, YEAR 03/08/1909		OF DEATH DAY, YEAR	4. SEX		
5A. CITY OF DEATH	58. COUNTY ENTER S	of DEATH	OUTSIDE CALIF., 9		RELATIONSHIP, FULL M	ALING ADDE	IESS AND ZI	CODE		
	Diego, CA	ACTING AS SUCH 7B. CALIF. LICENSE NUMBER —# APPLICABLE			Karen Shell-P. A. 5201-A Ruffin Rd., San Diego, CA 92123					
ACKNOWLEDGMENT OF	Appropriate bereby a	ecknowledge as applicant that the prop 376 of the Health and Safety Gods, and	sed disjustion stated herein o		ouscors authorized by	1	A	C	112/31/	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GIVES N	JED IN ACCORDANCE WITH F CORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SPE IS MIGHT OF DISPOSAL OUTSIDE OF CALL	CODE \$7.00		12/31/199 James H	98 ale	9818868	CAL REGIST	TRAR ISSUM	3 PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	P.O.Box 85222, Si 92186-5222	25557777				ICT OF DISPOSITION— THER DISTRICT IN CAUPO	RNIA		•
B. CREMATION		AINS OTHER	E TEMPORA F, DISINTERI G. SHIP IN T	MENT O CALIFORN			I. DISPOSITION (Name and A		REMAINS LO	CATED AT
BURIAL		Mt. Hope Ceme Market St., San Die	etery		1-4-99	1	SIGNATURE OF PER	SON IN CHA	ARGE OF BU	HIAL
CREMATION	12A, NAME AND AC		12B. DATE CREMAT	ED 12C	SIGNATURE OF PER	SON IN CHAI	RGE OF CRE	S ON		
SCIENTIFIC USE	13A. NAME AND AD	MAINS	13B DATE RECEIV	IVED 13C. SIGNATURE OF PERSON IN CHARGE OF FAI			CILITY			
TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE TRANSIT			RE	148. DATE SHIPPE	D 14G	ADDRESS AND SIGN OF PLACING WITH T			CHARGE	
SCATTERING AT SEA OR DISPOSITION OTHER	FICIENT TO IDE	REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA			15B DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		OF CREM	ATED RE-

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

THAN IN A CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

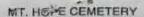
City of San Diego

Date 12 30 98

You are hereby authorized and instructed, su	bject to your rules and regulations, to int PA 1999520 ME	98-149
ina	Funeral, date, time	
Church, Chapel, Gravesid	Mayer	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge o	1\$
will be applied and billed to undersigned.		
Lot GraveRow	Section Division/Blo	ck
Grave space & Care Fund		
Additional spaces and date to the second		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording and filing fee	<u></u>	
Sales taxes		ARIA M
Barr P.A.	Total Due	38W.0V
	receipt number	
~	Balance due	
I hereby certify I am the and this is your authority to make disposition	of the above na	med decedent
that I have the right to make this authorization any liability on account of said authorization	rand I agree to hold Mf. Hope Cemetery	harmless from
I hereby authorize the interment in lot I hold under deed.	(Tignature	775
	Address	
Signature of recorded holder of doed	CH	Zip Code
	Telephone	
Work Order # E 14792	Invoice #	1
	Acct. #	
REA-104 (7-96) This informs	ation is available SKELETON	it.
	- remains	
	- CITIOUT D	23-16
	E-14792	



REA-104 (7-96)



INTERMENT ORDER

City of San Diego

Date 12/30/98

You are hereby authorized and instructed, sut of Tula F. Smith	oject to your rules and regulations, to	o inter the remains
In a ASP VAULT FOR Type of Build Comminer Church, Chapel, Graveside All Funeral cars must arrive before 3:30 p.m. of	YONIY: MEYKLEY N	M+chell.
will be applied and billed to undersigned.	or regular Roll, day or all Extra Chart	30.01.5
Lot 82 Grave LQ Row	Section 2 Division	/Blenck 7
Grave space & Care Fund Prone	ea A 7024	8
Additional spaces and care PA	D	105.00
Burial Container JAN 06 19	999	60.00
Flower vases - Marker Winging PE CEM Recording and filing CITY of SAN DIFG	DETERY O. CALIF	45.00
Sales taxes		4.24
heck Paid	eceipt number R-50707	269.26
	Balance d	tue
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I ce and I agree to hold Mt. Hope Ceme	e named decedent rtify and represent tery harmless from
I hereby authorize the interment in lot I hold under deed.	X De Tr	- Kne
Skynnture of recorded holder of deed		Zip Code
	Telephone Invoice #	
Work Order # E 14793	Aca. #	

& Printed on recycled paper

This information is available in alternative formats upon request.

MR PIKE: Please sign where I've Marked and Return in enclosed envelope.

Thank you David Greiner

Mark you BK

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/30/98

You are hereby sufhorized and instructed	subject to your rules and regulations, to inter the remains
IN ASH VOLLE	n (x)
Type of Burnal Companies	Funeral, date, time
Church, Chapel, Graveside GEIV	CITY DAILY: WEAKIEN WITCHT
will be applied and billed to undersigned.	me of regular work day of an entre charge of s_
20	
Lot \$2 Grave Q Row	2 7
Grave space & Care Fund Pren	ed A 100 10 Devision Meets
Opening/Closing & Setup	105.00
Buriel Container	ES AN
Handing Fees	740.00
Flower vaces - Marker setting fee	<u> </u>
Recording and filing fee	4600
Sales (exes	420
mortually to bonn	9 Total Die. 2009 200
Check Pas	receipt number
/h	Balance due
i hereby carrify I am the and this is your authority to make dispositio	n of remains as shows collected above named decedent
any liability on account of said authorization	n of remains as above indicated. I certify and represent and i spree to hold Mr. Hope Cemetery harmiess from and interment.
I hereby authorize the interment in the	X Mout Fell
hold under deed,	Very 6 STRAT HUNG
Signature of recorded holder of deed	2 CHUCK WISTO CO GOVERN
	(109) 427 -8159 total
	9910
Work Order # E 14793	Invaice #
4 Strawblant Strawblant	Acct. W
REA-104 (7-98) This informs	Hion is available in alternative formats upon request.

E-14793

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14 (X

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

1A. NAME OF DECE	DENT-FIRST (GIVEN)	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR 03/22/1904	3. DATE OF DEATH MONTH, DAY, YEAR 12/28/1998	4. SEX	
SA. CITY OF DEATH	NATIONAL C	58. COUNTY OF DEATH ENTER STATE SAI	OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP'CODE OF INFORMANT HARTIN E. PIKE - SON				
	HERKLEY-NITCHELL	A-FUNERAL DIRECTOR OR PERSON. L MORTUARY DIEGO, CA 92103		F. LICENSE NUMBER APPLICABLE	677 CHUL	G STREET, #145 A VISTA, CA 9		TE SIGNED
ACKNOWLEDGMENT OF		cknowledge as applicant that the proposed disposeds of the Hisalth and Safett Code, and was outlined.			>//w	men S. Tri	16/6/ 12/29	71998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT	JED IN ACCORDANCE WITH PROVI- ORINIA HEALTH AND BAFETY CODE OF FOR THE DISPOSITION SPECIFIED DIRECT OF DISPOSAL OUTSEE OF CALFORNIA.	\$7.00	12/29/1998 T.C. MITCH	1	9618741	DCAL REGISTRAR ISSUI	IG PERMIT
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEATH	IF D			RICT OF DISPOSITION— OTHER DISTRICT IN CALIFO		
10. AUTHORIZED DIS	SPOSITION(S) CHECK A	PPLICABLE ITEMS				FOR COF	RONER'S USE ONL	Y
B. CREMATION	N OF CREMATED REM. CEMETERY USE	AINS OTHER	E. TEMPORARY ENVAI F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA		Li (Name and ∌	PENDING—REMAINS L (ddress)	
BURIAL	HOUNT HOPE	CEMETERY, 3751 MARKET 92102 (SAN DIEGO CO	T STREET, SAN	1-6 90		11/11		or area
CREMATION	OCEANVIEW	DIRESS OF CALIFORNIA CREMATI CREMATORY, 1625 GISLES 92626-2201 (ORANGE (R AVEHUE, COSTA	128. DATE CREMAT		SIGNATURE OF PER	SON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	RECEIVING REMAINS	13B. DATE RECEN	VED 130	SIGNATURE OF PER	RSON IN CHARGE OF F	ACILITY -	
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				OF PLACING WITH	NATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO IDE	A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION				SIGNATURE OF PER CHARGE OF DISPO	SETTION OF CRE	NUMBER MATEO RE- DISPOSER PLICABLE

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.



REA-104 (7-96)

MT. HOPE SEMETERY

INTERMENT ORDER

City of San Diego

Date 12-31-98

egular work day or an ex	Division/Black 12 295.00 190.00 195.00
Section _ a R7	Division/ Disck 12 795.00 375.00 190.00
27 80% N FVLL 29	375.00 190.00 145.00
27 80% N FVLL 29	375.00 190.00 145.00
N FULL	375.00 190.00 145.00
17	
17	
17	
	112 00
	45.00
	14.73
Total Due.	
eipt number R- 50	709 782.3
E	talance due 782 / 3
of	the above named decedent
d I agree to hold Mt. Hop	ited. I certify and represent be Cemetery harmless from
interment.	
X	
X Signature	0 × V
Address)	J. Der
CHY	Zip Code
Telephone	
Invoice # 310 C	155
9	remains as above indicated agree to hold Mt. Hop interment. Sagnanure Authors Caly

This information is available in alternative formats upon request.

Balance _ 782.36 paid 2-23 582.36 Balance

Valida Atter

PARTMENT 072 R.E.A.-MT HOPE CEMETERY

INV INV TYPE EXCPT ACCT NUMBER TYP CHRG CODE NUMBER NAME
310955 GE 097599 DELORES DUFFEY

TOTAL AMOUNT BILLED THIS CYCLE .00

INVOICE DATE	INVOICE DUE DATE	AMOUNT	ACTION	
01/26/99	02/25/99	582.36	PERTIT - PARTIAL	DAVM

INV	INV DATE	ACCT NO	CUSTOMER FUND	NAME DEPT	ORG	ACCT	J/0	PAYM DATE OPER		PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT B	ILLED	UNPAID BALANCE
310955	5 01/26/99	097599	DELORES D 100 168 100 100 100 60101	072 072 072 072 072 072 072		77181 77182 77183 77184 77185 78390	0000 0000 0000 0000	72 72 72	CK		200.00 95.86 48.57 11.50 6.90 37.07 0.10	7	82.36	PARTIAL PAYMENT

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

200.00

, 782.73

W.O. # E- 14794

NOTE

\$ 782.73		-	_ San Diego, Cal	ifornia D	ECCMBER	3	1998
	te for value received, the , San Diego, CA 92101,						
	FEBRUARY	b,	1998				id principal
at the rate of 12 pe	rcent per annum, payab	le on de	mand.				
accrue at the rate in will be liable and c maturity, and waive person who signs	te not be paid when due, ndicated above. Principal onsents to renewals, re es presentment, deman this note agrees that re f any action be institute 's fees.	al and inte placement d and pro course m	erest are payable ints and extension otest and the righ nay be held agains	n lawful m s of time for t to assert st his/her	oney of the Un or payment he any statute of separate prope	ited States reof before limitations erty for any	The maker e, at or after s. A married of obligation
Part II Ch	anter I Article 2 Para	graph 7	528 of the State	of Californ	is Health and	Safaty C	nde

PRINT NAME ADDRESS _ CALIFORNIA DRIVER LICENSE NUMBER

authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

9 アスロアドレ c IFT THE TO NTERMENT ORDER 53 T Ti GRAVES 95.00 50.00 WO . E- 14794 MT. HOPE CEMETERY NOTE 782.73 DECKMBER Thirty dispositive date for value cobaved, the unders-3791 Market Sweet, San Diego, GA 92101, the sum of Seven Bun Oxed FRBRUARY Should this code not be gold when due, it shall the confer bearing east on the principal, interest after maturity wall accrue at the retellind cated above. Principal and interest and payable in telling for the United States. The Sever who be hable and consents to consents to consents and exampled softline for payment hereof before, et of after marunity, and waives presentment, demand and protest and the right to assert any statute of Emitsilions. A married person who signs this note agrees that recourse may be not against his/bac separate properly for any obligation contained heroin. If say action be instituted on this mote, the undersigned prompels; to pay such sum as the Court Part II. Ghapter 1, Article 2, Paragraph 7523 of the State of California Health and Safety Code authorities the removal of pay remains from a plot to war-th the purchase grice is past due and impaid. DELOPES DUEFEY

CALIFORNIA DRIVER LICENSE NUMBER

E-14794

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX				
ANDREW		LEE	DUFFEY		05/05/1957 12/25/1998 M					
SA. CITY OF DEATH			5B. COUNTY OF DEATH		NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDAESS AND ZIP CODE				
SAN DIEGO			SAN DIEGO		RENA DUFFEY-M	OTHER				
CALIFORNI	A CREMATION	A FUNERAL DIRECTOR OF & BURIAL CHA SAN DIEGO, (AFEL	F APPLICABLE	4716 CEREZA S' SAN DIEGO, CA	The state of the s				
ACKNOWLEDGMENT OF A	necessary I hereby a	conwising as applicant that the p	reposed disposition stated besen is one of the and was authorized pursuant to Section 7100 of the	dispositions authorized by	Kimula	CKO 12/31/199				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JEO IN ACCORDANCE WITH FORMA HEALTH AND SAFE BY FOR THE DISPOSITION S IN MIGHT OF DISPOSAL OUTSIDE OF	TY COBE PECIFIED	12/31/19	98	LOCAL REGISTRAR ISSUING PERMIT				
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	RDS - P. O. 1	BOX 85222		F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CALL					
10. AUTHORIZED DISP			666		FOR CO	RONER'S USE ONLY				
B CREMATION C DISPOSITION THAN IN A CI	SE 11A, NAME AND AL	DDRESS OF CALIFORNIA	Company of the Compan		, 11C. SIGNATURE OF PE	ERSON IN CHARGE OF BURIAL				
BURIAL	MT. HOPE		51 MARKET STREET	1-5-99	· 11/1	MA				
CREMATION	12A. NAME AND AC	DORESS OF CALIFORNIA	CREMATORY	128. DATE CREMATED	12C. SIGNATURE OF PE	RSON IN CHARGE OF CREMATIC				
SCIENTIFIC	13A. NAME AND AL	ODRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	D 19C. SIGNATURE OF PE	ERSON IN CHARGE OF FACILITY				
TRANSIT		DDRESS IN RECEIVING 5 CREMATED REMAINS AR	TATE OR COUNTRY WHERE E TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIG	SNATURE OF PERSON IM CHARGE THE CARRIER				
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE		IE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISP					

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12 31 98

	You are hereby authorized and instruc	ted, subject to your rules and regulations, to in	ter the remains
	or Jacasawa n	Ed Ina The Jan	E M
	in a OULD L COMPANY OF THE	Funeral, date, time 1000.0011	51.00
<	Church Chapel Graveside	chadham kadean	Mortuary.
	All Funeral cars must arrive before 3:3	e p.m. of regular work day or an extra charge of	ots 150.00
	will be applied and billed to undersigne	ed. X (3	
	09 5	0	11
-	Lot 40 Grave 7 Ro	w Section Division/Elec	TO CO
	Grave space & Care Fund	4 17	195.00
	Additional spaces and care fund	1.2-10	
	Opening/Closing & Setup	170.00	375.00
	Burial Container		380.00
	Handling Fees		320.UU
	Flower vases - Marker setting fee	and the	150.00
	Recording and filing fee	***************************************	45.00
	Sales taxes		29.45
2	nday hote	Total Due	1944.45
-	000111010	Paid receipt number K 50089	1,000.00
	0.10	Balance due	944
	I hereby certify I am the	Ste R-dr-UAW of the above no	
	that I have the right to make this author	position of remains as above Indicated. I certify rization and I agree to hold Mt. Hope Cemetery	harmless from
	any liability on account of said authoriz	zation and interment.	Burgan
	I hereby authorize the interment in lot hold under deed.	Continuity	Course
	mod under deed.	Angerm	Caul
	Signature of recorded holder of dead	- Xoan Die Xo	70X114
		X619-263-88	(0)
		F 310956	
	Work Order # E 14795	-0.7 L b D	
	Work Order #	Acct. # 097600	
	REA-104 (7-96) This	ii ∈ − 14795 nats	upon request.
		· C	1
		Service con	
		1 4 31 20	

D48#1094.45

2-3-99 paid 94-45 ch # 1174

7144	DATE NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/0 BATE OPER 02/18/99	BY KEF NO BN/EQ FACILI CK CK#1062	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	BALANCE 0.00 PAID IN FULL
310956	E-14795	RAMONA BOURNE 100 072 100 072 100 072 100 072 60101	77181 77182 77183 77185 78390	000072 000072 000072 000072		155.33 347.21 178.17 292.38 26.91		

N

E-14795

1094+45 #

				The second second
MT.	 -	CENT		FRV
DATE I	 -			P- 84 Y
141 4 *		CLI	-	Dec 2 4 4

w.o. # E14795

NOTE

s 944.45	San Diego, Califo	ornia December 31 1	90
Thirty days after date for value received			de
Thirty days after date for value received 3751 Market Street, San Diego, CA 921 with interest from February	01, the sum of NINU NUM	enctoring the market 11 por	LARS
with interest from PEDIUCITY 5	5,1999	on the unpaid pri	ncipa
at the rate of 12 percent per annum, pa	yable on demand.		
Should this note not be paid when o	lue, it shall thereafter hear interes	st on the orincipal. Interest after maturi	tv wil

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

ADDRESS

CALIFORNIA DRIVER LICENSE NUMBER

COLLEGE

EX 3/99

PY-1012 (11-89)

PRINT NAME

Residual Safety Code authorizes is past due and unpaid.

Samuel Samuel

E- 14795

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE		IC. LAST (FAMILY)	The same	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Sacajawa 5A. CITY OF DEATH Sau	n Diego	5B COUNTY OF DEATH ENTER STATE San Diego		NAME RELATIONSHIP, FULL NOF INFORMANT	MAILING ADDRESS AND ZI	
7A. TYPED NAME AND A	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERS Reagdale Mort.; 5050 Federa San Diego, CA 92102	ON ACTING AS SUCH 78. CAL	F APPLICABLE	758 Gribble St In Diego, CA 9	2114	
ACKNOWLEDGMENT OF A	PPLICANT I benefit acknowledge as applicant that the proposed Section 10376 of the Houlth and Safety Code, and was a			Jellu Wich	12/31	1/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CO AND IS THE CAUTHORETY FOR THE DISPOSITION SPECIFI IN THIS PERMIT. WITH THE PROPERTY OF CALFORD	S7.00	018/847 1999	SUED OC SIGNATURE OF LO	9900080	G PERMIT
ANY CHANGE IN DISPOSH	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DE IF DEATH OCCURRED IN CALIFORNIA VICAL Records; P.O. Box 852 San Diego, CA 92186	222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUPO		•
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR COP	ONER'S USE ONLY	-
B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PINIA	I. DISPOSITION (Name and A	PENDING—REMAINS LC	CATED AT
BURIAL	Ht. Hope Cemetery; 3751 H San Diego, CA	arket St.	11B. DATE BURIED	11C. SIGNATURE OF PER	SON IN CHARGE OF BL	JRIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	MATORY	12B. DATE CREMATES	12C. SGNATURE OF PER	SON IN CHARGE OF CR	•
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B, DATE RECEIVE	D 13C. SIGNATURE OF PER	ISON IN CHARGE OF FA	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE REMAINS OR CREMATED REMAINS ARE TO		14B. DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FIGURET TO IDENTIFY FINAL PLACE AND CA DE		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPOS		ATED RE-

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-99

or dance o	roudon Muca	
Type of Burial Container	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p	p.m. of regular work day or an	extra charge of \$
will be applied and billed to undersigned.		
Lot 148 Grave 2 2 3 Row	The same of the sa	_ Division/Block
Grave space & Care Fund	t 875.00	1790,00
Additional spaces and care fund		yourseller
Opening/Closing & Setup	PAID.	
Burlat Container		
landling Fees	JAN 0 4 1999	
lower vases - Marker setting fee	. HOPE CEMETERY	
Recording and filling fee	of SAN DIEGO CALIF	
Sales taxes		
are 3 is for	Total Du	179000
med R.	Paid receipt number MC	1790.01
winter		Balance due
hereby certify I am the		of the above named decedent
and this is your authority to make dispos hat I have the right to make this authoriz	ation and I agree to hold Mt. I-	
any llability on account of said authorizat	non and intermedit.	0.
hereby authorize the interment in lot I	Significa 114	re flan
iold under deed.	X Autross	1433
Signature of recorded holder of deed	- X spring	Valley Ca 919
	Telephone (9)	470-2786
	Invoice #	
Nork Order # E 14796	Acct. #	
	formation is available in alter	

O Printed on recycled paper

REA-104 (7-98)

E-14796 I anuel R matheas 5-84 Via Primavera Ct San Jose Ca 95/11 Leeds on

0

REA-104 (7-98)

MT. HOFE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-4-99

Charles and the second	cted, subject to your rules and regulations, to in	ter the remains
or constance	and stank	2125
ina ash Vaull	Funeral, date, time 1-1	2100
Church, Chapel, Graveside Grave	side: Express Vie	Mortuary.
All Funeral cars must arrive before 3:6	p.m. of regular work day or an extra charge of	f\$
will be applied and billed to undersigned	ed	
17		
Lot Ho Grave 5 9 Ro		S_
Grave space & Care Fund	Pre- need A-2008	-
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container		55 00
Handling Fees		60.00
Flower vases - Marker setting fee		_
Recording and filing fee		45.00
Sales taxes		4.26
settly 143-7131	Total Due	269.26
DOES BACK	Paid receipt number 5-695	
OPEN PORCH	Balance due	-0
I hereby certify I am the Add and this is your authority to make disp that I have the right to make this authority.	of the above no position of remains as above indicated. I certify prization and I agree to hold Mt. Hope Cemetery	and represent
any liability on account of said authori	zation and interment	
I hereby authorize the interment in lot hold under deed.	Sufficient Action Actio	,,,
	Allegan Vice 3-1/80	100
Signature of recorded holder of deed	City no 11 = 7111	Zip Code
PAMESS BUREAL	1 Telephone - 643 2645	
de in	Invoice #	The state
Work Order # E 14797	Acct. #	

& Printed on recycled paper

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1/	CONSTANCE		18. MIDDLE	IG. LAST (F		- 19	2. DATE OF BIRTH MONTH, DAY, YEAR 03/31/1908	3. DATE OF DEATH MONTH, DAY, YEAR 01/04/1999	4 SEX
R			A FUNERAL DIRECTOR	OR PERSON ACTING AS BUCH	OF DEATH—OUTSIDE CALIF., DATE SAN DIEGO 78. CAUF LICENSE NUMBER. FRAPPLICABLE	RALI 851	RELATIONSHIP, FULL M ORMANI PH L. SMITH S SKY RIM DI ESIDE, CA 92	R	ZIP CODE
	3953 IMPI	the latest the second s	SAN DIEGO,		FD-670	PROPERTY AND PERSONS ASSESSED.	を できた	Person taking permit 88. DA	TE SIGNED
	ACHNONLEGGMENT OF A			he programed dispensions stated herein a de, and was authorized ourseast to Secti	one of the dispositions authorized by in 7100 of the Health and Safety Code	>	11. 11. 11. 11.	01/0	5/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE ALITHORIT IN THIS PERMIT	JED IN ACCORDANCE VICENSA HEALTH AND SAFTY FOR THE DISPOSITION OF HEALTH OF HISPOSITION	N SPECIFIED	OF FEE FAID 9B DATE PERMI	999	PC. SIGNATURE OF LO	CAL REGISTRAR ISSUI	NG PERMIT
4	TY CHANGE IN DISPOSI- ION REQUIRES A NEW IRAIT TO SHOW FINAL DISPOSITION.	VITAL REC	EGISTRAR OF DISTRIC D IN CAUFORNIA CORDSPO B	OX 85222	PE ADDRESS OF REGISTRAL F DISPOSITION IS TO OCE			RNIA	
10	AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S USE ONL	Y
1	B. CREMATION		AINS OTHER	F DISINTERN	RY ENVAULTMENT HENT D CALIFORNIA TO DUTSIDE OF CALIFORNIA		L DISPOSITION (Name and A	PENDING—REMAINS L ddress)	OCATED AT
1	BURIAL	MT HOPE	CEMETERY, 3 O, CA 92102	NA CEMETERY 751 MARKET ST,	118 DATE BURN	9	SIGNATURE OF PERS	SON IN CHARGE OF E	DIRIAL
-	CREMATION	CYPRESS	DIEGO, CA	ORY, 3953 IMPE	RIAL 12B. DATE CREMA	12C.	SIGNATURE OF PERS	THE OF SE	EMAT
-	SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORN	HA FACILITY RECEIVING RE	MAINS 13 DATE REGE	IVAD ISC	GUNATURE OF PER	SON IN CHARGE OF F	ACILITY
	TRANSIT		DRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHE ARE TO BE SHIPPED	RE 14B, DATE SHIPE	ED /140.	ADDRESS AND SIGN OF PLACING WITH TO	ATURE OF PERSON IN HE CARRIER	CHARGE
Comment of the last	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A ADDRESS, NEA FIGIENT TO IDE	REST POINT ON SHORE NTIFY FINAL PLACE AN	LINE, OR OTHER DESCRIPTION OF DISPOSIT	N SUF- 158. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOS	ITION OF CRE	NUMBER MATED RE- DISPOSER PLICABLE

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 1 - 4 - 9 9

in a U I	
	Funeral, date, time
Church, Chapel, Graveside	merfely mitchel Mornary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot Grave Row	Section Division/Block
Grave space & Care Fund	
Additional spaces and care fund	O \ \)
	<u> </u>
Burial Container	1.0
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 of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
	40.795.0942.994.0455.490
that I have the right to make this authorization any liability on account of said authorization s I hereby authorize the interment in lot I	Signature
that I have the right to make this authorization any liability on account of said authorization s	The state of the s
that I have the right to make this authorization any liability on account of said authorization s I hereby authorize the interment in lot I	Signature
that I have the right to make this authorization any liability on account of said authorization said hereby authorize the interment in lot I hold under deed.	Signature Address
that I have the right to make this authorization any liability on account of said authorization said hereby authorize the interment in lot I hold under deed.	Separature Address City zip Code

LEGAL DESCRIPTION E- 14.798

Gr.	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	
1		Ward, John M. (deed) Ward, M. L.	8-1931 \$100.00			Over Deed
2		n	,			"
3	WARD, Dorothy C. (X) WARD, Martin Luther Jr.&	,	n	8/11/1981 11/29/1973	E-2511 D-3793	Ash Va
4	Ward, Luther Mifflin	17	n	09/24/1987	E-6921	11
5		McCartney, Mrs. John	8-1931			Over
6		**	"			•
7_	McCARTNEY, Anna B.	n		8-14-1924		
8	McCARTNEY, John	"	n	1-30-1899		
9	WARD, Quintillian Chancy	Ward, M. L.	7	11-17-1924		See G
10	WARD, Ella B.	n	*	1-16-1931		Over
11	WARD, Martin Luther	n		5-8-1930		
12	WARD, John McCartney		"	12-1-1936		

TAYLOR SYSTEM OF CEMETERY RECORDING



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-99

of feath of the	ngleton	11:00
Type of Burlay Container Church, Chapel, Graveside	Funeral, date, time	V 2000000
		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	E I//EK	001\$ 150,000
will be applied and billed to undersigned.	100	-
Lot 10 Grave 9 Row	Section 3 Division/	Block 13
Grave space & Care Fund	ALIN	745,00
Additional spaces and care fund	AID	
Opening/Closing & Setup	L & E 3000	375.00
Burial Container	1 0 3 1999	380.00
Handling Fees	PE CEMETERY	320,00
Flower vases - Marker setting GTTY of Sa	AN DIEGO, CALIF	
Recording and filing fee		45,00
Sales taxes		24.45
	Total Due	1744,45
Paid	receipt number R-50704	1944.43
Ven	Balance du	ie
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	of remains as above indicated. I cert in and I agree to hold Mt. Hope Cemete	named decedent lify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Modaine Cum	mengo
Signature of recorded holder of dead	> San Illega Ca Ylo19 2643894 Telephone	Per 260953
	Invoice #	13 1 8
Work Order # E 14799	1/2/01/01/01/01/01/01/01/01/01/01/01/01/01/	

CITY OF SAN DIEGO, CALIFORNIA



OFFICIAL RECEIPT

MOUNT HOPE CEMETERY 527-3400

		- Date: 1-11	199
From Dewage Cumpings	Address: 4130 Sen me	gud den D	125,00 9211
in full payment or to	The gutter of	ee for	(\$ 143,00
Lot 110 Grave	dingleton X 2	Section 3	Division 12 Black 12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	GREDIT 6700 20% Sales Care 7718 80% Sales 10	14
Acct. No. E - 14799		Of Lots 7718 Opening/ 10 Closing 7718 Burlal 10	00
BALANCE DUE 9		Containers 7718 Handling Fee 7718 Recording & 10	92
Pre-Need Lot At Need On Acct		Misc. Fee9 7718 Pre-Need 6303 Trust 900	19
Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY S. Mulita	, Sales Tax 6010 7839 . TOTAL PAID	

E-14799

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

JESSIE MAE			IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH 4. SEX
			SINGLE	TON	10/22/1912 01/04/1999 F			
A CITY OF DEATH			SE COUNTY OF DEATH—OUTSIDE CALIF., 6.			RELATIONSHIP, FULL A	MAILING AD	DORESS AND ZIP CODE
SAN DIEGO			SAN DI	EGO		AYNE CUMMIN	IGS-GE	RANDSON
A. TYPED NAME AND A	DORESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 7B.	CALIF LICENSE NUMBER	413	O SAN MIGUE	L AVE	INUE
	THE RESERVE OF THE PARTY OF THE	& BURIAL CHAPEL	1	- AVAILABITATE	SAN	DIEGO, CA	9211	3
5880 EL CA		SAN DIEGO, CA 92		F-1357	BA. SIGNA	TURE OF APPLICANT-	Person taking a	permit 88. DATE SIGNED
ACKNOWLEDGMENT OF A		chrowledge as applicant that the proposed disp 176 of the Health and Safety Code, and was author			Fr.	mulaix	Tes	01/08/1999
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED	9A. AMOUNT OF FE	9B. DATE PERMIT	999		GAL REGI	STRAFI ISSUING PERMIT
LOCAL REGISTRAR	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	DINCHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		ADDRESS OF REGISTRAR		9900409		
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	DRDS - P. O. BOX 8		IF DISPOSITION IS TO OCC			ORNIA	-
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S	USE ONLY
HAN IN A CE	OF CREMATED REMA	AINS OTHER	E. TEMPORARY E F. DISINTERMENT G. SHIP IN TO CA	LIFORNIA		I, DISPOSITION (Name and A		REMAINS LOCATED A
D. SCIENTIFIC U	The second second			UTSIDE OF CALIFORNIA				
BURIAL	MT. HOPE (THE RESERVE TO SERVE THE PARTY OF THE PARTY	Military - white and white	118. DATE BURIE	Co. H. Custo	SIGNATURE OF PER	W/	HARGE OF BURIAL
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMA	TED 12C	SIGNATURE OF PER	SON IN CH	HARGE OF CREA
SCIENTIFIC USE	13A, NAME AND AD	DRESS OF CALIFORNIA FACILITY	PECEIVING REMAIN	S 138. DATE RECEI	VED 13C	SIGNATURE OF PER	ISON IN C	HARGE OF FACILITY
TRANSIT — 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTY REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B, DATE SHIPP	ED 14C	14C. ADDRESS AND SIGNATURE OF PERSON IN CH OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O'S NTIFY FINAL PLACE AND CA <u>DISTR</u>		F 15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		150. LICENSE MUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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



INTERMENT ORDER City of San Ci



		14	0	9	
Date	1-	5	-7		

You are hereby authorized and instructed, su	bject to your rules and regula	ations, to inter the remains
of		11.
in a Type of Buriel Container	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an ext	ra charge of \$
will be applied and billed to undersigned		
Lot Grave Row	Section	Division/Block
Grave space & Çare Fund		<u> </u>
Additional spaces and care fund	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Opening/Closing & Satup	\ \	
Burlal Container		
Handling Fees		
Flower vases - Marker setting fee		23.70
Recording and filing fee	In Tilling &	20 125.00
Sales taxes		
	Total Due	148.70
Paid	receipt number	
	В	alance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization is	of remains as above indicate and I agree to hold Mt. Hope	ne above named decedent led. I certify and represent e Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of geed	Chy	Exp Code
	Telephone	
LET WAS ASSESSED.	Invoice #	
Work Order # E 14800	Acct. #	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-9

Funeral, date, tim	e MON. 1-	11 1.00
GRAVESIDE	hags dale	Mortuary.
.m. of regular work d	ay or an extra charg	e of \$ \50.0
*		
O CANADA	N property	13
Section	E -9177	BIOCK
4-100	F	
		D
11	**	•
-	¥	0
	Total Due	
ard receipt fidition _	2000 CO	-0
tion of remains as at	bove indicated. I cer	named decedent tify and represent ery harmless from
on and interment.		
- Site and the same of the sam		
X	Int.	T.
Address	March	
Cny		Zip Cixle
Pelepisone		
Invoice #		
	section Section Section Section Section Address	Total Due

REA-104 (7-96)

FROM : PAGESALE Jan. 87 1999 18:46AM P1 Martin section as on their same of the section #569 P82 E.14801 1-5-99 1:00 50.00 22

E-1480

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88 USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST (GIVEN) 3 DATE OF DEATH 1B MIDDLE IC LAST (FAMILY) 2 DATE OF BIRTH 4. SEX MONTH DAY YEAR MONTH, DAY, YEAR Alford Augusta 01/04/1999 5A CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT ka Jolla San Diego James, Hamilton, Son 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OF PERSON ACTING AS SUCH 78 CALIF LICENSE NUMBER 324 "C" St. Apt. 156 -IF APPLICABLE Anderson-Ragsdale Mort .: 5050 Federal Blvd. Chula Vista, CA 91910 San Diego, CA 92102 F-1329 BA. SIGNATURE OF APPLICANT—Penon taking permit, 88. DATE SIGNED I hereby acknowledge an applicant that the proposed disposition stated hereo is one of the disposition, authorized his Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. ACKNOWLEDGMENT OF APPLICANT 01/06/1999 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A, AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 0900397 01/08/1999 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7,00 AUTHORIZATION OF IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOS Vital Records; P.O. Box 85222 IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B DATE BURIED Mt. Hope Cemetery; 3751 Market St. BURIAL San Diego, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED CREMATION 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C. SIGNATURE OF PERSON IN 158. DATE OF 150. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

COPY 2

CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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





MT. HOPE CHISTERY

INTERMENT ORDER

City of San Diego

Date 1-5-99

ina T.S. Vaul	tasto	Funeral, date, tin	ne Wed	1-6	12:00
Type of Burial Container Church, Chapel, Graveside		1	semis.	idonial	Mortuary.
All Funeral cars must arrive be			lay or an ex	tra charge of :	ß
will be applied and billed to un	dersigned		STREET WATER		
931					10
Lot 936 Grave	Row	Section		Division/Bleek	-10
Grave space & Care Fund	21	- Need	e - 8	535	0
Additional spaces and care fur	nd	***************************************	***************************************		
Occales/Olesing & Satur		11	11		-0
Burial Container		- 10	61		-
Handling Fees		4	11		-0
Flower vases - Marker setting					
Recording and filling fee					0
Sales taxes					-0
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	1
	Paid	receipt number _			
				alance due	
I hereby certify I am the	1			he above nan	ned decedent
and this is your authority to me that I have the right to make the any liability on account of said	is authorization	in and I agree to h	bove indica	ted. I certify a	and represent
I hereby authorize the interme	nt in lot I	> Mal	bus 7	Mar	ton_
hold under deed.		X 573	3 7h	un il	4
Signature of recorded holder of doed		7 000		rigo,	75/05 Zip Code
		Lelephone T	-582~	6543	
Work Order # E 148		Invoice #			

E4802

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

92

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETHEL.		MAY	SAXTON	Common name le 1	NAME, RELATIONSHIP, FULL N	01/01/1999	ID CODE
SA. CITY OF DEATH			SB COUNTY OF DEATH	-OUTSIDE GALIF., D.	OF INFORMANT	MAILING PIDUNESS AND E	
LA MESA			S	AN DIEGO	WILBUR L. SAXTO	ON. SON	
7A. TYPED NAME AND AD	ODRESS OF CALIFORNI	IA-FUNERAL DIRECTOR OR PERS		IF, LICENSE NUMBER	5733 THORN ST		
LEWIS COLO	MIAL/BENBO	UGH MORTUARY	1 -	OCCUPANDES.	SAN DIEGO, CA	92105	
7,000		SAN DIEGO, CA 92	104 FD		SIGNATURE OF APPLICANT-		TE SIGNED
ADMINISTRATION OF A	benety a	acknowledge at applicant that the proposed G76 of the Health and Safety Gade, and wat a	disposition stated berein is one of the authorized nursuant to Section 7100 of ma	Health and Safety Code	Paneith Vale	Ten 101/0	3/1999
PERMIT	THIS PERMIT IS ISSU	UED IN ACCORDANCE WITH PRO-	VI- BA. AMOUNT OF FEE PA	ND BB. DATE PERMIT ISS	SUED 9C. SIGNATURE OF LO	OCAL REGISTRAR ISSUIT	NG PERMIT
CO. CONST. STREET, STR	AND IS THE AUTHORIT	TY FOR THE DISPOSITION SPECIFI	ED	01/04/1999	9900088		
AUTHORIZATION OF LOGAL REGISTRAR	IN THIS PERMIT.	IO MIGNE OF DISPOSAL QUESTION OF CHLIFTON	\$7.00	P Valenti			
	Contract the second	EGISTRAR OF DISTRICT OF DE	ATH- 9E. ADD	RESS OF REGISTRAR OF	DISTRICT OF DISPOSITION-		
TION REQUIRES A NEW	IF DEATH OCCURRE		The second secon	ISPOSITION IS TO OCCUR II	N ANOTHER DISTRICT IN CALIFO	AIMIA	
PERMIT TO SHOW FINAL DISPOSITION	VITAL REC	ORDSPO BOX 85	222,		44		
		. CA 92186-5222					
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPUCABLE ITEMS			FOR COP	RONER'S USE ONL	
A. BURIAL (INCL)	UDES ENTOMBMENT)		E TEMPORARY ENVA	ULTMENT		PENDING FEMAINS L	OCATED AT
B. CREMATION			F. DISINTERMENT	020000000000000000000000000000000000000	(Name and)	Address)	
	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIFO	ONIA			
D. SCIENTIFIC U			H. TRANSIT TO OUTS				
	DIC		Tr. Impress, to costs	IDE OF CALIFORNIA			-
	11A NAME AND A	DDRESS OF CALIFORNIA CEME	ETERY	118. DATE BURIED	I IC SIGNATURE OF PER	RSON IN CHARGE OF E	URIAL
BURIAL	MT HOPE	CEMETERY, 3751 M	MARKET ST,	5	11	note	
	SAN DIEG	O. CA 92102		1-6-99	D 11/1	IN	3.00
JEWS	12A. NAME AND AL	DDRESS OF CALIFORNIA CREM	MATORY	128. DATE CREMATED	12C. SIGNATURE OF PER	SON IN CHARGE OF CE	REMATION
=					,		
GREMATION				i	1		
8				1		SOUTH OUTDON OF F	-
S COURSE	13A. NAME AND A	ODRESS OF CALIFORNIA FACIL	LITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PER	ISON IN CHANGE OF P	
SCIENTIFIC				1	!		
¥	The second second			3			
AGA	14A NAME AND AL	DDRESS IN RECEIVING STATE	OR COUNTRY WHERE	14B. DATE SHIPPED	14C ADDRESS AND SIG	NATURE OF PERSON IN	CHARGE
TRANSIT		CREMATED REMAINS ARE TO		I white the same of the last	OF PLACING WITH		
TRANSIT				1	i.		
00				1	1		
SCATTERING AT SEA		ARIEST POINT ON SHORELINE, OR ENTIFY FINAL PLACE AND CA DIS		15B, DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO		MATED RE
DISPOSITION OTHER	PIGIENT TO TO	HILL FINAL PLACE AND CA DE	STAILT OF DISPOSITION	Diartialities	I WINNE OF DIGITO	I MAINS	DISPOSER
THAN IN A CEMETERY						-P AP	- HANK

COPY 2 IS RETAINED BY 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. HO!"E CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-99

or Patricia	- Ann	Koontz	
na TS VAU)+Fu	meral, date, time 5+ 1/	19/99 11:00
Church, Chapel, Gravesid		Ragsd	eleMortuary
All Funeral cars must arriv	ve before 9:90 p.m. of	regular work day or an extra	charge of \$
vill be applied and billed t	to undersigned		STREET TO
/			
.ot 13 Grave _	Row	Section 2 Div	vision/Block
Grave space & Care Fund	P_{L}	וחו	159,00
Additional spaces and car	re fued	וטוי	
Opening/Closing & Setup	, JAN	1 1 1999	375.0
Burial Container	1		2500
landling Fees	MT. HOPE	CEMETERY DIEGO, CALIF	145,0
Tower vases – Marker se	tting fee		125.00
Recording and filing fee	100 00	instruct tal	645.00
Sales taxes			14.73
			22.4
\$ 1000.00 K	base veder	Total Due	600.0
To	The state of the s		1719 7
hereby certify I am the	mother	R- 50 73	above named deceden
and this is your authority	to make disposition o	f remains as above indicated and I agree to hold Mt. Hope C	I. I certify and represent
any liability on account of	said authorization an	d interment.	Permetery Hallmass (10)
hereby authorize the inte	arment in Int I	2 anula B	lack
nold under deed.	attion in lot i	1680 Sea	const Dr. #3
			each & 9/9
Egnature of recorded holder of deed			6860 Zip Cod
		Totophone 7 7 3 - 6	2,00
		Invoice #	
Work Order # E 14	1803	Acct. #	
Control of the Contro			and the supplemental supplement

@ pyinted as respected paper

with albert mum? MT. HOPE CEMETERY 7 + 5 , Vault ? INTERMENT ORDER

City of San Diego

	•	1 1	20
Date	1-	0-	

na ash yau) +		Funeral, date, time _	1-12-9	1,00
Church, Chapet, Graveside	muesia.	: Fo	entrantil	Mortuary.
All Funeral cars must arrive befo	re-3:30 p.m.	of regular work day o	or an extra charge	of \$
will be applied and billed to unde	rsigned			
Lot 2226 Grave	_ Row	Section	Division/B	lock /O
Grave space & Care Fund			*******************************	
Additional spaces and care fund	DA	ID		
Opening/Closing & Setup	PA	10		105.00
Burial Container	IAN O	1999		55.00
landling Fees				60.00
lower vases - Marker se tin Me	HOPE	CEMETERY		
lower vases – Marker settinMe Recording and filing fee	of SAN	DECO. Como		45,00
Sales taxes				4.26
and will			d Due,	269.26
ne in the lin	Paid	receipt number <u>R</u> -	50793	369.3
*			Balance due	-0
hereby certify I am the		pson	of the above r	named decedent
and this is your authority to mak hat I have the right to make this	authorization	and I agree to hold 1	indicated, I certif Vr. Hope Cemeter	y and represent y harmless from
any liability on account of said as	uthorization 8	and interment.	h ((1)).	400
hereby authorize the interment	in lot f	Sidfinium	Con	4
nold under deed,			Deen Frent	
Signature of recorded holder of deed	-	Son D	1090 1715 (do	92109
		City 488-3	3715 Cab	not alveció
		Telephone		
Work Order # E 1480		Invoice #		

@ Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

.

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	10. LAST (FAMILY)				DATE OF DEATH	4. SEX
HARY		Evelyn	Muny			09/09/1913 0	1/05/1999	F
SA. CITY OF DEATH	E N 30 0			TH-OUTSIDE CALIF.		RELATIONSHIP, FULL MAIL	ING ADDRESS AND ZIP	CODE
San Diego			San Diego			n G. Mumy - G	randson	
Featheringil	1 Mortuary	The state of the s		ALIF. LICENSE NUMBER -IF APPLICABLE 1083	2617 San D	Ocean Front W	lalk 19	SIGNED
ACKNOWLEDGMENT OF A	PPLICANT 1 hereby Section 1	acknowledge as applicant that the 0376 of the Health and Safety Cod	e proposed disposition stated herein is one of t and was authorized pursuant to Section 7100 of	he dispositions authorized by the Hooth and Salety Code.	X6	Photosolo	/ p1/07/	1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT, NOTE: THE PERMIT GRES I	UED IN ACCORDANCE W FORNIA HEALTH AND SAI ITY FOR THE DISPOSITION NO RESIT OF DISPOSAL OUTSIDE OF TEGISTRAPS OF DISTRICE	FETY CODE SPECIFIED \$ 7.00	PAID 98. DATE PERM 01/07/19 C. LAthr DDRESS OF REGISTRAL	99 em	900361 POUR DISPOSITION	L REGISTRAR ISSUING	PERMIT
ANY CHANGE IN DISPOSI- TION REGURES A NEW PERMIT TO SHOW FINAL DISPOSITION.	PO BOX 852		I The same of			OTHER DISTRICT IN CALIFORNIA	^	
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REN		E. TEMPORARY EN	FORNIA			NER'S USE ONLY NOING—REMAINS LOC 1989)	CATED A
BURIAL	11A NAME AND A	DDRESS OF CALIFORN Cem. 3751 Mar , CA 92109	IA CEMETERY	118. DATE BURN	D 1110	SIGNATURE OF PERSON	N IN CHARGE OF BUF	RIAL
CREMATION SCIENTIFIC	Pacific Co	conatory 571 nore, CA 925	J Crane St.	128. DATE CREM	TED 120	SIGNATURE OF PERSON	IN CHARGE OF CREE	MATION
SCIENTIFIC	ISA, NAME AND A	DDRESS OF CALIFORN	IA FACILITY RECEIVING REMAINS	136. DATE RECE	IVED 130	SIGNATURE OF PERSON	N IN CHARGE OF FAC	DILITY
TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE ARE TO BE SHIPPED	148. DATE SHIPI	ED 140	ADDRESS AND SIGNATO OF PLACING WITH THE		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID		Line, or other description suf- d ca <u>district</u> of disposition	158. DATE OF DISPOSITIO		SIGNATURE OF PERSON CHARGE OF DISPOSITION		SPOSER

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.

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

14803

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	A. NAME OF DECEDE	INT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMIL	. (Y)		TE OF DEATH 4. SEX
	Patricia	A	nn Konnt	z	The state of the s	02/1999 F
52	A. CITY OF DEATH		58. COUNTY OF ENTER STATE	DEATH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE
	La Jol	la	San Die		Zanella M. Black, M	lother
7			RECTOR OR PERSON ACTING AS SUCH 75	- CALIF. LICENSE NUMBER	1680 Seacoast Dr.	
	Anderson-	Ragsdale Mort.; 50			Imperial Beach, CA	91932
		San Diego, C	The same of the sa		8A. SIGNATURE OF APPLICANT—Person taken	g permit, 8B. DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT I hereby acknowledge as applic Section 10376 of the Realth and	ant that the proposed disposition stated begin is one Safety Code, and was authorized pursuant to Soction 7)	of the dispositions authorized by OII of the Health and Safety Code	A blu While	01/05/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORD SICNS OF THE CALIFORNIA HEALTH AND IS THE AUTHORITY FOR THE DISI IN THIS PERMIT ONES NO MORT OF DOYOGA	AND SAFETY CODE POSITION SPECIFIED \$7.00	9B. DATE PERMIT 01/07/19	15SUED, PC. SIGNATURE OF LOCAL RE	9900337
	Y CHANGE IN DISPOSH	90. ADDRESS OF REGISTRAR OF	DISTRICT OF DEATH- 9	ADDRESS OF REGISTRAR	OF DISTRICT OF DISPOSITION-	
Ì	TON REQUIRES A NEW ERAIT TO SHOW FINAL	Vital Records: P.O	Box 85222	IF DISPOSITION IS TO OCCU	IR IN ANOTHER DISTRICT IN CALIFORNIA	
*	DISPOSITION.		go, CA 92186-5222	-		
H	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEM	U T		FOR CORONER	'S USE ONLY
1	A BURIAL (INCL)	DES ENTOMBMENT)	E TEMPORARY		L DISPOSITION PENDIN (Name and Address)	IG-REMAINS LOCATED AT
į	C DISPOSITION	OF CREMATED REMAINS OTHER	G. SHIP IN TO C	ALIFORNIA		
1	D. SCIENTIFIC U		H. TRANSIT TO	OUTSIDE OF CALIFORNIA		
i		11A. NAME AND ADDRESS OF CA		11B. DATE BURIEL	11C. SIGNATURE OF PERSON IN	GHARGE OF BURIAL
	BURIAL		y; 3751 Market St.	11000	: 10nM	
2		Continue of the continue of th	lego, CA 92102	1-9-99	1010	
1 657		12A. NAME AND ADDRESS OF CA	ALIFORNIA CHEMATORY	12B. DATE CREMAT	ED 120. SIGNATURE OF PERSON IN.	CHARGE OF CREMEON
1	CREMATION	100000 370			1.	
2		134 NAME AND ADDRESS OF CO	LIFORNIA FACILITY RECEIVING REMAI	NO THE DECEM	VED 13C SIGNATURE OF PERSON IN	CHARGE OF EACHTY
	SCIENTIFIC	TON THINE HID ADDRESS OF U	CHICAGO PAGEST RECEIVING REMAIN	no lab bare neces	130. SIGNATURE OF PERSON IN	OF PAGETY
ŧ	USE	_				
		14A. NAME AND ADDRESS IN REC	CEIVING STATE OR COUNTRY WHERE	14B. DATE SHIPPE	D 14C ADDRESS AND SIGNATURE	OF PERSON IN CHARGE
i	TRANSIT	REMAINS OR CREMATED RE		The Mark States	OF PLACING WITH THE CAP	
	Howen					
1	SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON	SHORELINE, OR OTHER DESCRIPTION S	UF- ISB. DATE OF	15C. SIGNATURE OF PERSON IN	15D. DCENSE NUMBER
	OR DISPOSITION OTHER	FICIENT TO IDENTIFY FINAL PL	ACE AND CA DISTRICT OF DISPOSITION	DISPOSITION		OF CREMATED RE-
	THAN IN A CEMETERY	-				—IF APPLICABLE
-						

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-6-99

or waved ca	noun
ina line	Funeral, date, time
Type of Burlai Container Church, Chapel, Graveside	. Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 91 Grave 5 Row	section 3 Division/Block 13
Grave space & Care Fund	4-114 E-13773 -0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	710 190,00
Handling Fees JAN	6 1999
Flower vases - Marker setting fee	0.000
	N DIEGO, CALIF
	Total Due
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature
	A153/965
Signature of recorded holder of doed	City Zie Code
	Telephone
	Invoice #
Work Order # E 14805	

cashet merements

MT. HOPE CEMETERY

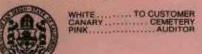
INTERMENT ORDER

City of San Diego

Date 1-6-99

You are hereby authorized and instructed, subject to you	
of Carolina Howa	our rules and regulations, to inter the remains
	date, time man 1-11 11:00
Church, Chapel, Graveside	Ca Dural Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular	Kim
will be applied and billed to undersigned.	
Lot 1636 Grave Row s	Section Division/Block
Grave space & Care Fund	100.00
Additional spaces and cale fund D. A. I. F.	
Opening/Closing & Setup	125.00
Burial Container JAN 0.8 1999	
Handling Fees	
MT HOPE CEMET	ERY
	CALIF 45.00
Sales taxes	
	Total Due 270.61
Paid receipt nu	R-50129 270.00
	Balance due
I hereby certify I am the INNO/E	of the above named decedent
and this is your authority to make disposition of remai that I have the right to make this authorization and I ag any liability on account of said authorization and intern	ns as above indicated, I certify and represent ree to hold Mt. Hope Cemetery harmless from
hold under deed.	Say Wax - A-
Dignature of recorded hinder of deed City	Speix valler (# 9197)
Inv	voice #

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From: Toro sa watkin	S Address:	3433 6	11-2000	he 5 Dollars (\$ _	80.00	977
In Full Payment of 58	Hang Fee	for morker	of Carolya	1 How	szd	
Lot Grave		Bow	Section		Division Block	
Acct. No	NOT VALID FOR PURP "PAID" IN THIS SPACE	OSESTATED UNLESS STA	20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee	77184 100 77181 100 77182 100 77182		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check			Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 — 63033 9022 — 60101 78390 —	80	00
AC-212 (Rev. 5-94) 619	ISSUED BY	inde	TOTAL PAID		80	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1 IC. LAST (FA	MILYY		2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH DAY, YEAR	4. SEX
CAROLYN		NIKAYLE	HOWAT	RD		01/03/1999	01/05	/1999	7
SA. CITY OF DEATH			58. COUNTY C	F DEATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL N	MAILING ADD	RESS AND Z	IP CODE
SAN DIEGO			SAN I		397.00,000.00	LE HOWARD-M	OTHER		
		A FUNERAL DIRECTOR OR & BURIAL CHA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE	284 SAN		92139		
5880 EL CA	MAON BLVD.,	SAN DIEGO, C	A 92115	F-1357	Approximation of the last of t	ATURE OF APPLICANT-	- Automatical Control	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN	E, SIGNED
ACKNOWLEDGMENT OF AP	PLICANT hereby a Section 103	cknowledge as applicant that the pro 376 of the Health and Saleta Code, and	d was authorized pursuant to Soction	CONTRACTOR OF THE RESIDENCE AND ADDRESS OF THE PARTY OF T	to	mulal	tes	01/0	8/1999
AUTHORIZATION OF	SIONS OF THE CALIF- AND IS THE AUTHORIT IN THIS PERMIT.	THE IN ACCORDANCE WITH ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPORTING OF DISPOSAL OUTSEE OF CA	Y CODE ECIFIED	98. DATE PERMI 01/08/1	999	9900450	ICAL REGIS	TRAR ISSUIN	IG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW FERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	RDS - P. O. B	ox 85222	9E. ADDRESS OF REGISTRAN IF DISPOSITION IS TO OCC			RNIA		•
10. AUTHORIZED DISPO	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NA	THE RESERVE AND ADDRESS OF THE PARTY OF THE	delle			FOR COR	ONER'S	USE ONL	Υ.
B. CREMATION		AINS OTHER	F. DISINTERMI			L DISPOSITION (Name and A		HEMAINS L	DCATED AT
BURIAL	MT. HOPE SAN DIEGO		CEMETERY 1 MARKET STRI	118. DATE BURIE /-//-90	1	SIGNATURE OF PER	SON IN OR	ARGE OF B	URIAL
CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA (CREMATORY	128. DATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHA	ARGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA F	FACILITY RECEIVING REM	IAINS 13B. DATE RECE	VED 13C	SIGNATURE OF PER	SON IN CH	ARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIPP	ED 140	OF PLACING WITH T			CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE NTIFY FINAL PLACE AND C				SIGNATURE OF PER CHARGE OF DISPOS			MATED RE- DISPOSER

INTERMENT ORDER

City of San Diego

Date 1-6-99

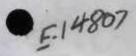
na line	Funeral, date, time 1-/25	9 11:30
ns Type of Busin Container Church, Chaper Graveside	Guadale	Page Mortuary
All Funeral cars must arrive before 3:00 p.m.		
will be applied and billed to undersigned.		
	THE ALL PROPERTY OF	
Lot	Section Divis	ion/Block 12
Grave space & Care Fund		795.00
Additional spaces and care fund		
Opening/Closing & Setup	370	325.00
Burial Container		180.00
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
		1564.73
Paid	receipt number 50720	800,00
	Balanc	e due764.73
De la	of the al	ove named decedent certify and represent
hereby certify I am the Softe and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	and interment.	
and this is your authority to make disposition that I have the right to make this authorization	n and I agree to hold Mt. Hope Ce and interment. **Lon wards - Signature**	
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	and interment.	
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Annuarda -	
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Address City Telephone	SORW TO Zip Code
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	Address City	SORW TO Zip Code

@ Printed on recycled paper

W.O. # E 14807

NOTE

\$	ever Hundre	d Sixty Four !	23. Sai	n Diego, Californ	ia/	-76	19.99
Thirty days	after date for va	alue received, th	ne undersigned	maker promises t	to pay San Di	ego City Treasure	er, or orde
3751 Marke	t Street, San D	iego, CA 92101	, the sum of	· Seven Hun	dred Sixty	Four ad 300	_ DOLLARS
with interes	t from	Bernardo	Seruto			on the unp	aid principal
at the rate of	of 12 percent pe	er annum, paya	ble on demand				
will be liabl maturity, ar person who contained h	e and consents nd waives pres o signs this not	s to renewals, re entment, demar te agrees that re ction be institut	eplacements and and protest ecourse may be	d extensions of t and the right to a held against his	time for payr assert any sta s/her separat	f the United State ment hereof befor atute of limitation te property for ar to pay such sum	re, at or after ns. A married ny obligation
						alth and Safety of spast due and un	
PRINT NAME		B T 192 F		Section 11 Section 1	Benunda	Socito	
ADDRESS	3138/	2 G St.	San Die	O A			
CALIFORNIA	DRIVER LICENSE				SSN#J2	66-99-3	361



CITY OF BAN DIRGO, CALIFORNIA CITY THEASURER

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

	CUSTOMEN ACCOUNT NO. 09 165
PAYMEN	I DATA
PAYMENT P.M. RECEIVED DATE	-10-99
PAID BY (CINCLE ONE)	CH NY
PAYMENT HEFERENCE NUMBER -	
764.73	
	TREASURER VALIDATION
" CUSTOMER	
CUSTOMEN ACCOUNT NAME BLA	serlo Sento
PAYON NAME OTHER THAN CUEFOMEN?	GESUNT NAME)
CUSTOMER (PAYOR) ADDRESS	
HEMAHAS E - 148 07	< Elia Derutio >
CASHIER	INV. NO. 311076

CASHIER -TH-1881 (2-82)

E19807

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	NAME OF DECEDE		1B. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	MONTH,	OF DEATH DAY, YEAR 2/1999	4. SEX
5/	L CITY OF DEATH	DIEGO		58. COUNTY OF DEA	AN DIEGO	OF IN	11/22/1952 RELATIONSHIP, FULL NOORMANT ARDO SERVIO-	MAILING ADI	DRESS AND ZI	P CODE
71	GUAD	ALUPANA MEX	A FUNERAL DIRECTOR OR I	MCL.	ALIF. LICENSE NUMBER -IF APPLICABLE D-1425	3138	G ST.	2102		S SIGNED
	ACKNOWLEDGMENT OF A			posed dispositive stated herein is one of if If was authorized pursuant to Section 7(00 of		1	mare lo	195	01/1	1/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFETY TY FOR THE DISPOSITION SP IS BEST OF DISPOSAL DUTSING OF CA	ECIFIED	NANCY IC	The second second	9900	SECTION STATE	STRAR ISSUIN	Q PERMIT
1	OY CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION	F DEATH OCCURRE VITAL REX	EGISTRAR OF DISTRICT OF D IN CAUPONA CORDS P.O. BOX D. CA 92186-52	85222	DDRESS OF REGISTRAR DISPOSITION IS TO OCCU			RMA		
10	AUTHORIZED DISPO	OSITION(S) CHECK A					FOR COR	ONER'S	USE ONLY	
The Cale Comment	B. CREMATION		AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALI			I DISPOSITION (Name and A		-REMAINS LO	CATED AT
	BURIAL	MT. HOPE	DEMETERY, 3751 CA 92102	A STATE OF THE PARTY OF THE PAR	118. DATE BURIE		SIGNATURE OF PER	ISON IN CI	HARGE OF BU	IRIAL
BLE ITEMS	CREMATION	12A NAME AND AL	ODRESS OF CALIFORNIA O	CREMATORY	12B. DATE CREMA	TED 12C	SMINATURE OF PER	sом (й сн	ARGE OF CRE	EAM
AL APPLICA	SCIENTIFIC USE	ISA. NAME AND AS	ORESS OF CALIFORNIA F	FACILITY RECEIVING REMAINS	13B. DATE RECEI	VED 130	. SIGNATURE OF PER	ISON IN C	HARGE OF FA	CILITY
COMPLETE A	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE	ATE OR COUNTRY WHERE TO BE SHIPPED	148. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH 1			CHARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SHORELINE NTIFY FINAL PLACE AND C	OR OTHER DESCRIPTION SUF- A <u>DISTRICT</u> OF DISPOSITION	158. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE OF CREM MAINS D —IF APPL	ATED RE-



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_1-6-99

of E	lue 1	ena	Rennett		
in a	net	F	uneral, date, tim	e 1-8-99	1:00
Church, Chapel,	Graveside			50 Menorial	Mortuary.
All Funeral cars r	nust arrive bet	3100 fore 3:30 p.m. o	f regular work d	ay or an extra charge o	15
will be applied an	nd billed to und	lersigned.			
LOI 1048 (Grave	Row	Section _	Division/Blo	ck_10_
Grave space & C	are Fund				99500
Additional space	s and care fun	A.C.b	15	7	
Opening/Closing	Brades Diversi and the	PA			375.60
Burial Container		LAM			190.00
Handling Fees		OUL UE	1999		145.00
Flower vases - N			EMETRON		125.00
Recording and fi	ling fee	Y of SAN DI	GO CALIF	+ 150,00	45.00
Sales taxes					14.73
Miss at	. L	ATE.	32	Total Due	1889.03
Mark will	5	ENUL Paid re	ceipt number _	R-50731	15010
pr.				Balance due	7031.1
I hereby certify I	am the			of the above na	med decedent
that I have the ric	ght to make thi	s authorization	and I agree to h	bove indicated. I certify old Mt. Hope Cemetery	and represent harmless from
any liability on a	count of said	authorization ar	nd interment.	9	-
I hereby authoriz	e the intermer	nt in lot I	Juen	is Derre	4
hold under deed	PARTON HOLDENING		835	CEPARBEND U	UNY
Signature of recorded to	ider of deed	-	/ CHURA	VISTA, CA.	91910
			City 6/9	- 421- 4027	Zip Code
			Telephone		
			Invoice #_		S. T.
Work Order #	1480	18	Acct. #		
REA-104 (7-96)		This informat	ion is available	in alternative formats	unon request.

& Printed on recycled paper

14808

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IG. LAST	FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
	Klue		Lena	l Be	nnett		02/13/1913	01/01/1999	P
7000		DRESS OF CALIFORNI	IA—FUNERAL DIRECTOR	ENTER	OF DEATH—OUTSIDE CALIF., STATE Som Diago H 78 CALIF LICENSE NUMBER —IF APPLICABLE	OF IN	835 Ced	Bennett - So arbend Way	ñ
		go Memoria	The same of the sa		1	-	Chula V	ista, CA. 91	1910
	2441 Un	Committee of the last of the l	THE RESIDENCE OF THE PARTY OF T	go, CA. 92104	FD-1575	THE REAL PROPERTY.	ATURE OF APPLICANT-IN	erson taking permit 88. DAT	E SIGNED
	ACKNOWLEDGMENT OF A	FINLEANT I hereby a Section 10	schowledge as applicant that to 376 of the Health and Safety Coo	he proposed desposition stated herein Se, and was authorized pursuant to Sec	is one of the depositions authorized by tion 7100 of the Health and Safety Code.	1 /4	port 11 mgs	01/0	4/199
	PERMIT THORIZATION OF DCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE V FORNIA HEALTH AND SA TY FOR THE DISPOSITION ID HIGHT OF DISPOSAL OUTSIDE	FETY CODE N SPECIFIED	01/05/ 00 M. Les	/1999	PC SIGNATURE OF LO	CAL REGISTRAR ISSUM	IG PERMIT
Ti	Y CHANGE IN DISPOSI- ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	cords; PO Bo		9E. ADDRESS OF REGISTR. IF DISPOSMON IS TO OR		RICT OF DISPOSITION— OTHER DISTRICT IN CALIFOR	RHIA	•
10	AUTHORIZED DISP	OSITION(S) CHECK A		2660			FOR COR	ONER'S USE ONL	Y
	B. CREMATION C. DISPOSITION	OE COMMENTS OF		E. TEMPOR	ARY ENVAULTMENT		L DISPOSITION (Name and Ad	PENDING—REMAINS Li ddress)	OGATED AT
Ì	THAN IN A CI	EMETERY	AINS OTHER		TO CALIFORNIA TO OUTSIDE OF CALIFORN	EA.			
Ì	THAN IN A CI	IIA NAME AND A	DORESS OF CALIFORN	H. TRANSIT	TO OUTSIDE OF CALIFORN	RIED 110	C. SIGNATURE OF PERS	SON IN CHARGE OF B	URIAL
are news	D. SCIENTIFIC U	11A NAME AND AN Mt. Hope San Diego	DDRESS OF CALIFORN	H. TRANSIT	TO OUTSIDE OF CALIFORN	9	C. SIGNATURE OF PERS	M	
The Arrithments ments	THAN IN A CI D. SCIENTIFIC U	11A NAME AND AN Mt. Hope San Diego	DDRESS OF CALIFORN Cemetery; 3: , CA. 92102 DDRESS OF CALIFORN	H. TRANSIT	118. DATE BUF	RIED 110	1011	SON IN CHARGE OF CH	
CHILLES ALL APPLICABLE HEMS	BURIAL CREMATION SCIENTIFIC	11A. NAME AND AN Mt. Hope San Diego 12A. NAME AND AN 13A. NAME AND AN 14A. NAME AND AND AND 14A. NAME	DDRESS OF CALIFORN Cemetery; 3: , CA. 92102 DORESS OF CALIFORN DORESS OF CALIFORN	H. TRANSIT	118. DATE BUF 129. DATE CREA 138. DATE REC	9 MAYED 126	C. SIGNATURE OF PERS	SON IN CHARGE OF F	EACILITY

INTERMENT ORDER

City of San Diego

Date 1-7-99

of	Baby	Carolyn	Howard	
in a	_		Funeral, date, time1 = 11 - 9911' o	0
Churc	type of the Chagel, Gra	funal Container	: CA Burial	dartuary.
		316	p.m. of regular work day or an extra charge of \$	19
Will De	applied and t	illed to undersigne	d,	
Lat	Gra	ua Der	Section Division/Block	
-		-		
Grave	space & Care		Y	160.00
Additi	onal spaces ar	nd care fund		
Open	ing/Closing & S	Setup		15.00
Burial	Container	1 0		
Hand	ling Fees	7		
Flowe	er vases – Mari	ker setting tee	<u> </u>	
Reco	rding and filing	fee		45.00
Sales	taxes			
			Total Due	70.60
			Paid receipt number	and the same
			Balance due	
			A PROPERTY OF THE PROPERTY OF	
and that I	have the right	nority to make dispose to make this author	of the above named osition of remains as above indicated. I certify and ization and I agree to hold Mt. Hope Cemetery harm ation and interment.	represent
I here hold u	by authorize the	ne interment in lot I	Signature	
			Address	
CONTRACTOR OF	e of recorded holder s	d deed	Col	Txp Code
Signatur				
Signatur			Telephone	
Signatur			Telephone	

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REA-104 (7-96)

This information is available in alternative formats upon request.

INTERMENT ORDER

prened _ truefity of San Diego

Date___/-8-99

ect to your rules an	d regulations, to inte	r the remains
neral, date, time _		-
		Mortuary.
regular work day o	or an extra charge of	\$
	BOAT ST	-
Section	Division/Bloc	k
		895.00
		A
		375.00
		190.00
		145.00
ALIF		45.00
		14,73
		1664.73
celpt number R5	0726	16647
	Balance due	-0-
nd I agree to hold		and represent
Signature		
Address		-
City		Zip Code
Telephone		
Invoice #		
Acct. #		
	regular work day of Section	Section Division/Block Total Due Total Due Selpt number 250726 Balance due of the above natifremains as above indicated. I certify and I agree to hold Mt. Hope Cemetery I d interment. Signature Address City Teleptions Invoice #

INTERMENT ORDER

City of San Diego

Date 1-8-59

or Katkefleff, Ar	Funeral, date, time		2100
Type of Buriel Container		The second second	
	ey only : 1	And a second	
All Funeral cars must arrive before 3:30 p.m.	of regular work day	or an extra char	ge of \$
will be applied and billed to undersigned			
ot 67 Grave 2 Row_	Section	Division	/Block 12_
Stave space & Care Fund			126.00
Additional appears and care fund	99		
Grave space & Care Fund	.77	4:	165.00
Spening/Closing & Setup	36	- No.	50.00
Burial Container	250		3010
Handling Fees	- Om/		
Flower vases - Marker setting fee			The second secon
Recording and filing fee			45.00
Sales taxes			
	To	otal Due	386.00
Paid	receipt number		
1 313	Trecopt number		
W		Balance o	Market Services
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorizatio any liability on account of said authorization	in and I agree to hole	ve indicated. I ce	e named decedent rtify and represent tery harmless from
any nability on account of said authorization	and mement.		
hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signature of recorded holder of deer!	City		Zip Code
	Telephone		
		311078	
	Invoice #	311010	
Work Order # E 14811		THE PROPERTY.	

E 19811

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	married and	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX	
ANKA	RAFILL	MARIE	KAFK	AFLEFF	08/21/1931 01/06/1999		
SA. CITY OF DEATH	SAN DIEG	0	5B COUNTY OF DEAT ENTER STATE	H-OUTSIDE CALIF 8.	NAME, RELATIONSHIP, FULL OF INFORMANT CHRISTINA AVILA -	MAILING ADDRESS AND ZIP CODE	
	DORESS OF CALIFORNI NERKLEY-NITCH	A-FUNERAL DIRECTOR OR PERSON		FAPPLICABLE	2506 FENTON PLACE NATIONAL CITY, CA		
ACKNOWLEDGMENT OF AR		cknowledge as applicant that the proposed disp 376 of the Health and Solely Code, and was notice			Untra ATM	Jihay 01/08/1999	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED TO HUIT OF DISPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT OF FEE F	01/08/1999 V.I. MITCHE	9900430	OCAL REGISTRAR ISSUING PERMI	
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA 2222, SAN DIEGO, CA 92	#		F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CAUP		
IO. AUTHORIZED DISPO	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR COL	RONER'S USE ONLY	
BURIAL ONCLU	OF CREMATED REM EMETERY SE 11A. NAME AND AI MOUNT HOPE	DDRESS OF CALIFORNIA CEMETE CENETERY, 3751 NARKET	Distriction of the second		(Name and	RSON IN CHARGE OF BURIAL	
CREMATION	DIEGO, CA 12A. NAME AND AI	92102 (SAN DIEGO CO DDRESS OF CALIFORNIA CREMAT	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	128. DATE CREMATED	12C. SIGNATURE OF PER	ISON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA FACILITY	PECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF PER	ASON IN CHARGE OF FACILITY	
TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPPED	14C. ADDRESS AND SIGN OF PLACING WITH	NATURE OF PERSON IN CHARGE THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OT INTIFY FINAL PLACE AND CA <u>DISTR</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PER CHARGE OF DISPO		



INTERMENT ORDER

City of San Diego

Date 1-8-59

	fleff
Type of Burist Container	Funeral, date, time 1 - /2 - 9 2:00
Church, Chapel, Graveside de	poff : Markley Mittal Mortuary.
All Funeral cars must arrive before 3:3	30 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ed
Lot 67 Grave 2 Rd	ow Section Division/Block1 2
Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	V T
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	1 4
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 dis that I have the right to make this author any liability on account of said authori	position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from zation and interment.
I hereby authorize the interment in lot hold under deed.	Signature
	Address
Signature of recorded holder of deed	CHy Σφ Code
	Telephone
	Invoice #
Work Order # E 14812	Invoice #

6 Printed as recycled paper



MI HOP GEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-99

na liver	Funeral, date, time	Wed. 1	-13 11:0
Type of Burnal Container Church, Chapel, Graveside	ite B	enham Br	Mortuary.
All Funeral cars must arrive before 3:30	0 p.m. of regular work day	or an extra charge	e of \$
will be applied and billed to undersigne	ed		
105	3		8
Lot 105 Grave Ro	wSection_	Division	Shorck O
Grave space & Care Fund	an Tuch	6-1141	
Additional spaces and care fund	PAID		
Opening/Closing & Setup			3/5.00
Burial Container	AN 1.3 1999		190:00
Handling Fees	HOPE CEMETERY		145.00
Flower vases - Marker settin OFFY.O		il	
Recording and filing fee			45,00
Sales taxes			14.13
study to		otal Due	167. 73
ing cherity 78	Paid receipt number	-50745	167. (2
) - 789 - 10 X		Balance du	ie
I hereby certify I am the and this is your authority to make disp	osition of remains as abo		named decedent
that I have the right to make this author any liability on account of said authoriz	rization and I agree to hold	Mt. Hope Cemete	ry harmless from
	×		
I hereby authorize the interment in lot I hold under deed.	Signature	1	
	Address	7	
Signature of recorded holder of dead	- X	Jeep.	Zip Code
	Poliphone	2 min	
		on	
	Invoice #		
Work Order # E 14813	Acct. #		

MT. HOPE GENETERY INTERMENT ORDER

City of San Clago

Dans 1-11-79

of Horse prac	Funeral, da	en, tirre	V	et.	1-1	3	11:0
Church, Chapel, Graveside Granul	الد	2	4	men	Bras	Mo	chunry.
All Funeral cars reget acrive before \$500 p.m.	of regular to	month that	a a	n extra o	harge of \$		
will be applied and billed to undersigned			1				-
Lot 105 Grave How	Se	dian	3	Divi	sion/Block	v = 1	8
R	1.	1.5	T	11	17	-	3
Grave space & Care Fund	100		1		April 1000 -		_
Additional spanes and care fund	The state of the s	-	-	de la composition della compos		70	100
Opening/Glosing & Satup		1	111	**************************************			.00
Buriel Container	***********		1	errina erren		-	
Handling Fees		-	1		1	43.	00
Flower vases - Marker setting fee		+	+++	2*************************************		5	20
Recording and sling fee			444	,	4	51	00
Sales laws		-		and the same		4.	13
at grants	1	T	ora) D	yo		164	73
rose thick point	racelpa nurr	iber_					
				Baters	se due	3 1	-
I hareby couldy I am the X Daught	er			of the a	boye hars	ad da	pedent
and this is your authority to make disposition that I have the right to make this authorization	of remains	as abo	t so	dicited.	l certify as	nd res	resent
any habitry on account of said authorigistion s	ing interme	nt.		Andrew Co.	server y rate	7774	- HADIE
I hereby authorize the Interment in lot /	X	TAIL	THE .	de la	well	lin	no
hold under dead.	N T	276	Vac	Hes		2011	Spirit .
	Allfred	mona	1	A 92		6 8	
Cognitions of recommend heavily) of the plant	The same	0/78		ST THE STATE OF	003	-	Ele Cura
	Pretaga	MM / 18	77	1020	-	-	-
	4		11	1			
E 44049	Invol	-	+	1		-	_
Work Order # E 14813	April.	"				-	-

E-148B

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

HAZEL I. B. MIDDLE				BABCOCK			2. DATE OF BIRTH 10702/1902		09/1999	F SEX
-	Poway			San Diego	-OUTSIDE CALIF.	OF INC	RELATIONSHIP, FULL NOTING WITH THE		Daughter	
	Bonham Bros 321 12th St	& Lee Mor		-	APPLICABLE	Ram	76 Voorhes I ona, CA 9200 ATURE OF APPLICANT—	55	wmt 88. pati	, SIGNED
	ACKNOWLEDGMENT OF AP		cknowledge as applicant that the proposed dop 575 of the health and Safety Code, and was autho			▶ Car	iolyn the		101/10	1411
		SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	THE DISPOSAL OUTSEE OF CALFORNIA.	\$7.00		15SUED 199 10	9900479	CAL REGI	STRAR ISSUIN	3 PERMIT
I	TY CHANGE IN DISPOSE- ION REQUIRES A NEW PART TO SHOW FINAL DISPOSITION.	PO Box 852	GISTRAR OF DISTRICT OF DEATH D. IN CALIFORNIA 22 CA 92186-5222				NOT OF DISPOSITION— THER DISTRICT IN CAUPO	RNIA		•
10	AUTHORIZED DISPO	The second secon			-	7 7	FOR COR	ONER'S	USE ONLY	
	B. CREMATION		AINS OTHER	E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA		I. DISPOSITION (Name and A		-REMAINS LO	CATED AT
	BURIAL	Mt. Hope	Cemetery et St. San Diego,		1- 13-99	1	SIGNATURE OF PER	SON IN C	HARGE OF BU	RIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA				ED 120	SIGNATURE OF PERS	SON IN CH	HARGE OF CRE	MATIO
ILL APPLICA	SCIENTIFIC USE	NA NAME AND AD	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEIV	VED 130	SIGNATURE OF PER	SON IN C	HARGE OF FA	CILITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA				14B. DATE SHIPPE	D 140	ADDRESS AND SIGN OF PLACING WITH T			CHARGE	
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O'S NTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS		15D. LICENSE OF CREM MAINS DI —IF APPL	ATED RE-

INTERMENT ORDER

City of San Diego

Date 1-11-9

2-3-99

ina liner	Funeral, date, time	Wed 1-	+3 10:0
Type of Runal Continuer 15	TO SHOOM SHOWS IN SEC.		Mortuary.
All Funeral cars must arrive before 3:30 p		0	100 PM (100 PM
will be applied and billed to undersigned.			
			41.4
Lot 34 Grave 5 Row	Section	Division/B	look_ 13
Grave space & Care Fund			126.00
Additional spaces and care fund			
Opening/Closing & Setup	0 9	t	165.00
Burial Container	2		50.00
Handling Fees	2		
Flower vases - Marker setting fee	ma,		
Recording and filing fee			45.00
Sales taxes			
	Tet	al Due	386.00
P	aid receipt number		
		Balance due	
I hereby certify I am the		of the above	named decedent
and this is your authority to make disposi that I have the right to make this authorize any liability on account of said authorizati	ation and I agree to hold	e indicated. I certi Mt. Hope Cemeter	ly and represent by harmless from
I hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signature of recorded holder of dead	Cny		Zip Code
	Telephone		
		1 2	
	Investor W	211373	
Work Order * E 14814	Invoice #	311373	3.

O Printed on recycled paper

E1484

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

48

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

IA. NAME OF DECEDENT—FIRST (GIVEN) IB. MIDDLE Rogelio -			IC. LAST (FA	MILY) Hernandez		DATE OF BIRTH ONTH, DAY, YEAR 07/02/1950	3. DATE OF MONTH, DATE 09/07/	Y, YEAR	4 SEX
San Diego			ENTER ST	F DEATH—OUTSIDE CALIF	OF INFOR	Public Admi	nistrator-l	P.A.	CODE
NYT CAREFORD ON THE		59 Adams Ave.,	San Diego, CA	7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		5201-A F San Diego IRE OF APPLICANT—		23 '	SIGNED
ACKNOWLEDGMENT OF	APPLICANT I fereity Section 10	acknowledge as applicant that the 0376 of the Health and Salety Cor	e proposed disposition stated hereit is te, and was authorized ourszant to Section	one of the dispositions authorized by 7100 of the Health and Safety Code	> 1/1	MAN	-	01/11/	1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT	LIED IN ACCORDANCE W FORMA HEALTH AND SA ITY FOR THE DISPOSITION NO BIGHT OF DISPOSAL OUTSIDE	SPECIFIED \$7.00	01/144	1999	R	CAL REGISTR	AR ISSUIN	3 PERMIT
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURR	REGISTRAR OF DISTRIC RED IN CALIFORNIA D. P.O.BOX 8522 92186-522	2, San Diego, CA	9E. ADDRESS OF REGISTRA IF DISPOSITION IS TO OC		ER DISTRICT IN CALIFO			
10. AUTHORIZED DIS	SPOSITION(S) CHECK A	PPLICABLE ITEMS				FOR COR	ONER'S US	E ONLY	
B. CREMATION	N OF CREMATED REM CEMETERY	MAINS OTHER	F. DISINTERM		A:	I, DISPOSITION (Name and A		MAINS LO	CATED AT
BURIAL		Mt. Hope C 51 Market St., S	ATTACA PROPERTY OF THE PARTY OF	118. DATE BURI	19 N	SIGNATURE OF PER	SON IN CHAR	GE OF BU	RIAL
CREMATION	12A. NAME AND A	ADDRESS OF CALIFORN	IIA CREMATORY	128. DATE CREM	ATED 120.	SIGNATURE OF PERS	BON IN CHARG	GE OF CRE	MATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORN	IIA FACILITY RECEIVING REM	MAINS 13B, DATE RECE	EIVED 13C, I	SIGNATURE OF PER	SON IN CHAR	GE OF FA	CILITY
TRANSIT		ODRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHE	RE 14B. DATE SHIP		ADDRESS AND SIGN OF PLACING WITH T		ERSON IN	CHARGE
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETE	FICIENT TO ID		ELINE, OR OTHER DESCRIPTION ID CA <u>DISTRICT</u> OF DISPOSITI			SIGNATURE OF PER CHARGE OF DISPOS	SON IN 15	D. LICENSE OF CREM MAINS D —IF APPI	EPOSER.



INTERMENT ORDER

City of €en Diego



Date

gre need

of	Esma	Gray					
in a	T S Type of Burtal Contolno	,	Funeral,	date, time			
Church,	Chapel, Graveside	ľ	- A	;_			Mortuary.
All Fune	ral cars must arrive be	efore 3:30 p.	m. of regula	ar work da	y or an	extra charge of \$	
will be a	pplied and billed to un	dersigned.		- 10	-		
Lot	29 Grave 2	Row _		Section _	3	Division/Block	12
Grave s	pace & Care Fund				,,		795.00
Addition	pace & Care Fund nal spaces and care fu	nd CA	17	1	N		-
Opening	g/Closing & Setup					x/ X	3 75.00
Burial C	ontainer	-11) -		7		X	250,00
	g Fees					19.7	185.00
Flower	vases – Marker setting	g fee =().2	15.00 d	hsndsk	dled	(r)	
Hecordi	ng and filing fee						45.00
Sales ta	ixes					6	19.38
							1664-38
		Pa	id receipt n	number	WIC		1000 01
						Balance due _	669.3
and this	certify I am the is your authority to move the right to make the light on account of said	nis authoriza	tion and I a	gree to ho	ove ind	of the above namicated. I certify a lope Cemetery h	nd represent
	authorize the interme der deed.	ent in lot I	× 5	grature 3 3 3 3	354	M. A.	ant
Signature o	I recorded holder of deed	76	Yes	Son	U.	elfu	Zip Code

REA-104 (7-96)

Work Order # E 14815

This information is available in alternative formats upon request.

Invoice #

Acct. #

GRAY,	ESMA	3330	54th	Street,	San	Diego	92105
The second second second second	THE R. LEWIS CO., LANSING, MICH.	The state of the s		The state of the s			

		DEBIT	CREDIT	BALANCE
01-11-99	Opened Pre-need Lot & Trust.			
	Lot 129 Gr 2 Sec 3 Div 12	795.00		
	Trust includes Opening/Closing, T.S. Vault,			
	Handling Fee, Recording Fee, Tax on vault.	874.38		1669.38
01-11-99	M/C		1000.00	669.38
	MIC compan 1 x 2		56.00	6/3.38
4-5 99	MIC 344		500.0	0 567.30
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3-7-00	MC - 13 = 14		56.00	1 277,38
6-12 00	MC 15 + 16		560	221.38
8-7-00	nc 17 d 18		156.01	
10-03-00	MC 19+20		-560	\$109 38
3-31-01	R- 53376		109.38	
		V V/SI		
	GRAY, ESMA Pre-need Lot & Trust	E-1401b		

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Pre-need hot A Trust ACCOUNT No. Bonne Gray 3330 54th Street San Diego, CA 92105

E-14815 Month and Day Due Indicated Below DEC IAN FEB MAR APR MAY HIN JUL AUG SEP OCT NOV 10 Amount due when paid on, or before, 28,00 due date above Amount due if paid more than. dava after due data above. Amount Received NAME ADDRESS CITY STATE

check (/) if this is new address

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ACCOUNT No.

3330 54th Street

San Diego, CA E-14815

Month and Day Due Indicated Below

AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN

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

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

Amount Received \$_

ADDRESS

NAME

CITY STATE check (/) if this is new address.

DO MOT WHIL	ENTINE BOOK		
ACCOUNT No.	Pro-meet	Lot 4	TRUSE

Esna Gray 3330 54th Street

San Diego, CA 92105

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_		DEC	IAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
	10									

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

Amount due if paid more than days after due date above

\$ 28.00

\$_____

Amount Received

ADDRESS

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☐ check (/) if this is new address

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CITY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-11-99

in a double Depth	Funeral, date, tim	no Thus	1-1	14 1:	00
Church, Chapel, Graveside Dapal &	H. Misus	Lympl	MA	Morts	uary.
All Funeral cars must arrive before 3:30 p.m.	of regular work d	lay or an ext	ra charge i	of \$	
will be applied and billed to undersigned				5-	-
Lot 1 Grave 1 Row	Section	1	Division/BL	ack 1)	
Grave space & Care Fund	·····			895.	00
Additional spaces and care fund		·····		-	
Opening/Closing & Setup	11)			375-1	00
Burial Container				380-	00
Handling Fees JAN 1	1 1999			320.	00
Flower vases - Marker setting fee	EMETERY				
Recording and filing fee CTTY of SAND		Š		45.0	00
Sales taxes				24-4	5
		Total Due		3044.	45
Paid	receipt number	-507	3 4	2044	45
Xdl-	0- 1	Ba	alance due	-	>
I hereby certify I am the HUSE	ana			amed dece	
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization is	n and I agree to h	old Mt. Hope	ed. I certif	y and repre y harmless	from
	X Sh,	ADD B	16		
I hereby authorize the interment in lot I hold under deed.	X	40	三	ye	
Signature of recorded holder of deed	X	1111	14	الم حاد	ip Cude
	Vetephane	100	1	5	
	asi	The	el C	ely	
	Invoice #				

E-14816

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.4	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE		IC. LAST (FAMIL	ν)				OF DEATH 4. SEX
	Char	lene	Viola			Engle				/1999 F
5A	CITY OF DEATH	Natio	mal City		58. COUNTY OF E	San Diego	OF IN	RELATIONSHIP, FULL MAIL FORMANT		
7.4	TYPED NAME AND AD			TOR OR PERSON AC	TING AS SUCH 78	CALIF LICENSE NUMBER		ld E. Engle - East Divisio		
	Humphrey C	Chula Vista	Mortuary		i	IF APPLICABLE	WITH A THE RESERVE AND A SECOND	onal City CA		
	855 Broadw	ray Chula V	ista CA 9	91911		FD-964	1	ATURE OF APPLICANT—Perm		THE RESERVE OF THE PARTY OF THE
	ADMINUMEDIGMENT OF A	PPUCAN1 I hereby a Section 10	dispwindge as applicant to 375 of the Health and Sale	hat the proposed disposi- ty Code, and was authoriz-	tion stated becomes one of pursuant to Section 710	of the dispositions authorized by 0 of the Health and Sadels Code	My	edith Exe	nes	01/13/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUEDING OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT NOTE: THIS PERMIT ONES IN	ORNIA HEALTH AND Y FOR THE DISPOSI	SAFETY CODE	9A. AMOUNT OF F	01/13/1 J.R. Kit	999	9900709	L REGIS	TRAR ISSUING PERMIT
APT	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	9D. ADDRESS OF RE IF DEATH OCCURRE Vital Rec	GISTRAR OF DIST D IN CALIFORNIA Ords P.O.	Box 8522	177	ADDRESS OF REGISTRA	R OF DISTR	RICT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA	A.	
_		San Diego		36-5222	i_					
30	AUTHORIZED DISPI	OSITION(S) CHECK A	PPLICABLE ITEMS					FOR CORON	KER'S	USE ONLY
The second second	B. CREMATION		AINS OTHER		F DISINTERMENT G SHIP IN TO GA H, TRANSIT TO G			I. DISPOSITION PE (Name and Addr		REMAINS LOCATED AT
	BURIAL	Mt. Hope San Diego	Cemetery	- 3751 Ma	The same of the sa	118. DATE BURI	i	SIGNATURE OF PERSON	N IN OH	ARGE OF BURIAL
WHE TEMS	CREMATION	12A. NAME AND AD	DDRESS OF CALIF	ORNIA CREMATO	RY	12B. DATE CREM	ATED 120	SIGNATURE OF PERSON	N IN CHA	ARGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	N/A	DORESS OF CALIF	ORNIA FACILITY F	RECEIVING REMAIN	IS 13B. DATE RECE	IVED 130	SIGNATURE OF PERSON	N IN CH	ARGE OF FACILITY
JUMPLETE A	TRANSIT	14A. NAME AND AD REMAINS OR O	DORESS IN RECEIV CREMATED REMAI			14B, DATE SHIP	PED 140	OF PLACING WITH THE		
,	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEA FICIENT TO IDE	REST POINT ON SH INTIFY FINAL PLACE			IF- 15B, DATE OF DISPOSITIO		SIGNATURE OF PERSON CHARGE OF DISPOSITION		TSD, LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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







INTERMENT ORDER

City of San Diego

Date_1-11-9

na LINER	Funeral, date, tigne TUES 1-19 1.0
Church, Chapel, Graveside ChAPEL	GRAVESI RAGS DALE Mortuary
All Funeral cars must arrive before 3:00 p	m. of regular work day or an extra charge of \$ 150.0
will be applied and billed to undersigned.	
~~	
Lot Grave 6 Row	Section 2 Division/Black 12
Grave space & Care Fund	E-NEED E-2353 -
Additional spaces and care fund	
Opening/Closing & Setup	W P
Burial Container	
Handling Fees	
Recording and filing fee	11 11
Sales taxes	
	Total Due
F	Paid receipt number
	Balance due
hereby certify I am the	of the above named deceden
and this is your authority to make dispos	sition of remains as above indicated. I certify and represen ation and I agree to hold Mt. Hope Cemetery harmless from tion and interment.
hereby authorize the interment in lot I	*
hold under deed.	X Signature Sub-Low
	Address
Signature of recorded holder of dood	City Cod
	Arephorie
	Invoice #
Nork Order # E 14817	Aggt.#
	formation is available in alternative formats upon request

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E-14817

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INTERMENT DROER

Thy of Barr (Sept.

HATTIE PERGYSON

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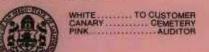
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E 14817



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

				Date:	7-1		19.77
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		A STATE OF THE STA		80% Sales of Lots	100 77184 —		
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Pre-need Trust Cash C	Check 9	4		Sales Tax	60101 78390 —		-
AC-212 (Rev. 5-94)	376	ISSUED BY	Lynde	TOTAL PAID	*_	125	00

E-4817

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

O

AME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE IG. LAST (FAMILY)

1C. LAST (FAMILY)

2. DATE OF BIRTH 3. DATE OF DEATH 4. SE MONTH, DAY, YEAR MONTH, DAY, YEAR MONTH, DAY, YEAR

18	. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IG. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR		DAY, YEAR	4. SE
	Mattle		Eugenia	Ferguson			10/26/1914	The second secon	8/1999	F
5A	CITY OF DEATH	ula Vista		58 COUNTY OF DEATH ENTER STATE San Diego	With the second	OF INF	RELATIONSHIP, FULL M CORMANT CY Jacobs, B			IP CODE
		gsdale Mor	t.; 5050 Federal B n Diego, CA 92102	lvd.	FAPPLICABLE	751 San	Jewell Dt. Diego, CA 9	21		TE SIGNED
	ACKNOWLEDGMENT OF A		edutewindge as applicant that the proposed displays of the Hoolth and Safety Code, and was author			de	Abre the F	Oim	01/1	14/199
	PERMIT UTHORIZATION OF OGAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE. BY FOR THE DISPOSITION SPECIFIED IN MEHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	01/15/199		BC. SIGNATURE OF LO	STATE OF THE PARTY	9900860	
AN	TO-STANDARD TO SERVICE STANDARD STANDARD	Vital Rec	EGISTRAR OF DISTRICT OF DEATH TO IN CALIFORNIA Ords; P.O. Box 852 In Diego, CA 92186-	222	DRESS OF REGISTRAR O			ENIA		•
10	AUTHORIZED DISP	OSITION(S) CHECK A				- 77	FOR COR	ONER'S	USE ONL	Y
	B. CREMATION		AINS OTHER	E. TEMPORARY ENVI F. DISINTERMENT Q. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRIMIA		L DISPOSITION (Name and A		-REMAINS LO	DCATED AT
	BURIAL		Cemetery; 3751 Ma San Diego, CA	rket St.	118. DATE BURIED	1	SIGNATURE OF PER	WAY	HARGE OF BI	URIAL
WELE ITEMS	CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMATE	D 12C	SIGNATURE OF PERS	ON IN CH	MARGE OF CA	EMATO
IL APPLICA	SCIENTIFIC USE	13A. NAME AND AL	DORESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIVE	ED 130	. SIGNATURE OF PER	SON IN C	HARGE OF I	ACILITY
OMPLETE A	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPEL	140	OF PLACING WITH TO			CHARGE
Ö	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION	150	SIGNATURE OF PERI CHARGE OF DISPOS			MATED RE- DISPOSER

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-12-99

ina Double DEPTH	Funeral, date, tir	me FRi	1-15	9:00
Church, Chapel, Graveside CHURCH	GRAVESIDE:	RAGS	DALE	Mortuary.
All Funeral cars must arrive before 3: 0 p				150.00
will be applied and billed to undersigned.				
491			Single Agency	10
Lot 69 Grave Row	Section		Division Block	10
Grave space & Care Fund	NEED E-	1271		-
Additional spaces and care fund				
Opening/Closing & Setup	id via	LILA	3	75.00
Burial Container	LUC W	LULL	rimm)rengetter -	\$80.00
Handling Fees	1-13-9	9		30.06
Flower vases - Marker setting fee				-
Recording and filing fee				45.00
Sales taxes	***************************************			29-45
ATUARY to		Total Due	<u></u>	149.45
TWE CHECK P	aid receipt number	5074		149 4
		5078	alance due	X
I hereby certify I am the		oft	he above nam	ned decedent
and this is your authority to make dispos that I have the right to make this authorize	ition of remains as a	above indica	ted. I certify a	ind represent
any liability on account of said authorizat	ion and interment.		s esilieis (1)	
I hereby authorize the interment in lot I	X			
hold under deed.	Signature			
	Address	Sue	· he	2
Signature of recorded holder of dans	Can	- 1	m	Zq. Cob
	Thisphone			-
	tarretus e			
Work Order # E 14818	Invoice #			

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E- 14818

INTERMENT ORDER

DATA 1-12-99

You are haroby authors K. GILLIAM ME DOUBLE DEPTH FOR - FRI 1-15 Commonwealthough GRAVES DE RASSBALE PRE-WEED E-12 Additional apaces and cerefic 375.00 Opening/Closing & Betty 380.00 Burial Container Harding Food 320.00 Flower vases - Date of the land 45.00 Recording and three tyle HURTUARY TO BRING CHECK

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			E OF DEATH 4. SEX
	Earl	Kenneth	Gilliam		07/12/1957 01/	11/1999, M
54	CITY OF DEATH		58. COUNTY OF DEATH		NAME, FIELATIONSHIP, FULL MAILING AD OF INFORMANT	DORESS AND ZIP CODE
	La	Jolla	San Diego	В	arbara J. Gilliam, 1	Mother .
7A		DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO Lagsdale Mort.: 5050 Federa	ON ACTING AS SUCH 7B. CAL	APPLICABLE	420 Torrey Pines Rd	. A202.
		San Diego, CA 92102			SIGNATURE OF APPLICANT - Person takes	ound, 88. DATE SIGNED
	NONNOWLEDGMENT OF AP	PLICANT I hereby acknowledge as applicant that the proposed Section 16076 of the Health and Safety Gode, and was a			Weller Wille	01/14/1999
		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRO- SIONS OF THE CALLFORNIA HEALTH AND SAFETY COL AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIE IN THIS PERMIT DIES IN BIRT OF DISPOSAL OUTSIDE OF CALFORNIA	\$7.00	9B. DATE PERMIT ISI 01/14/199	9 C. SIGNATURE OF LOCAL REG	9900773
AP	IV CHANGE IN DISPOSI- ION REQUIRES A NEW FRMIT TO SHOW FINAL	PD ADDRESS OF REGISTRAR OF DISTRICT OF DE DEATH OCCURRED IN CAURONNA Vital Records: P.O. Box 85	1 11 0		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CAUPORNIA	•
	DISPOSITION.	San Diego, CA 92186	The state of the s			
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S	USE ONLY
The same of	B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRNIA	I. DISPOSITION PENDING (Name and Address)	- REMAINS LOCATED AT
-	BURIAL	Mt. Hope Cemetery; 3751 M San Diego, CA 921	arket St.	11B. DATE BURIED	110. SIGNATURE OF PERSON IN C	CHARGE OF BURIAL
IBLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREM	ATORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON IN CO.	HARGE OF CREM
ILL APPLICA	SCIENTIFIC USÉ	13A. NAME AND ADDRESS OF CALIFORNIA FACIL	ITY RECEIVING REMAINS	13B. DATE RECEIVED	13C SIGNATURE OF PERSON IN C	HARGE OF FACILITY
COMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO		148. DATE SHIPPED	14C. ADDRESS AND SIGNATURE O OF PLACING WITH THE CARR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIS		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	120: LICENSE NUMBER OF CREMATED RE MAINS DISPOSER I F APPLICABLE

COPY 2 IS RETAINED BY 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_1-12-99

of	MILDRED			100		1.0%
na _	Type of Burial Containe	0.1	Funeral, date	ALCOHOL: NAME OF TAXABLE PARTY.	Commence of the Commence of th	1.10
	h, Chapel, Graveside	makelo		MERK	STATE OF TAXABLE PARTY.	Mortuary
ll Fu	neral cars must arrive be	efore 3:00 p.m	of regular w	ork day or	an extra charge	ors 150.0
vill be	applied and billed to un	dersigned.		1 50 50		
1	9					9
ot_	Grave	Row	Sec		Division/Bl	eek 0
irave	space & Care Fund		RE- NE	to E	- 1691	4
dditio	onal spaces and care fu	nd				
peni	ng/Closing & Setup	PRE-	NEED	E-1	3196	0
urial	Container		le	•		+0
iandli	ing Fees		**		N .	-
lowe	r vases - Marker setting	fee				
	ding and filing fee		4.		26	0
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1	taxes thank	An		Total (Due	'0
	2-1-40	Paid	receipt numb			4
		rano	roscipt mann		Balance due	
bound	×					
and th	by certify I am the	is authorizatio	in and I agree	to hold Mt.	ndicated. I certify	amed deceden y and represen r harmless from
			×			
	by authorize the interme nder deed.	nt in lot i	Signatur	10		N
			Address	-	1	S. A.
gnature	of recorded holder of deed		City	- 3	THE PU	Z)p Code
			Verapho	ios .	22	
			Vince			
			Invoid	CO #		
	Order # E 148	19	Acct.			

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E-14819

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

96

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

1.4	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR		OF DEATH DAY, YEAR	4. SEX
_	BILDR	ED	LOUISE	ROYI	The second secon		04/21/1902	01/1	1/1999	F
5/	. CITY OF DEATH	EL CAJO	N	5B. COUNTY OF DEAT ENTER STATE	SAN DIEGO	OF INF	RELATIONSHIP, FULL N ORMANT AN FORD - GRAN			P CODE
7A	TYPED NAME AND AL	ODRESS OF CALIFORN	IAFUNERAL DIRECTOR OR	PERSON ACTING AS SUCH 78. CA		419	1 LOIS STREET			
		ERKLEY-MITCHE	THE MORTHARY		F APPLICABLE	9700				
	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAMES AND ADDRESS OF THE OWNER, WHEN PARTY AND ADDRESS OF THE OWNER, WHEN THE	W DIEGO, CA 9210	13 FD	-119	The second second	MESA, CA 91941 ATURE OF APPLICANT—	Samon faking s	BR DAT	E SIGNED
_	ACKNOWLEDGMENT OF A	nessurant I hereby a	acknowledge as applicant that the p	ruposed disposition stated herein is one of the est was authorized pursuant to Section 73/8 of the	dispositions authorized by	T	T M	ttl	0	71999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN AGGORDANCE WITH FORMA HEALTH AND SAFE TY FOR THE DISPOSITION SI NO MIGHT OF DISPOSAL OUTSIDE OF I	PECIFIED 7 00	O1/13/1999 T.C. MITCH	1	9900643	CAL REGI	STRAR ISSUIN	B PERMIT
AN		IF DEATH OCCURRE	EGISTRAR OF DISTRICT (ED IN CAUFORNIA 222, SAN DIEGO, C	#	DRESS OF REGISTRAR (DISPOSITION IS TO OCCUI			RNIA		
-	AUTHORIZED DISP	OPTHOWEN OUTON A	DOUGLES OF THE ACT				FOR COR	ONEDIC	USE ONLY	
T,	, AUTHURIZED DISP	Dallinga) CHECK A	PPLICABLE ITEMS				FOR COR	UNEH S	USE UNL	
j	X A BURIAL (INCLI	JDES ENTOMBMENT)		E. TEMPORARY ENV	AULTMEN?		I. DISPOSITION		-REMAINS LO	CATED AT
ì	B. CREMATION			F. DISINTERMENT			(Name and A	ddress)		
1	C. DISPOSITION	OF CREMATED REM	IAINS OTHER	G. SHIP IN TO CALIF	CONTA					
	THAN IN A CI									
	D. SCIENTIFIC U	SE		H. TRANSIT TO OUT	SIDE OF CALIFORNIA					
	BURIAL		CEMETERY, 3751 CA 92102		118. DATE BURIED	110	SIGNATURE OF PER	SON IN C	HARGE OF BI	JRIAL .
00		and the state of t			1-13-11		12/11	$\times \setminus$		CTAN TOOM
SLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA	CREMATORY	128 DATE CREMATE	ED 12C	. SIGNATURE OF PER	SON IN SA	MARGE OF CH	EMATION
CAR		404 MARKET BANK AV			Time bine manual					CONTROL
IL APPLI	SCIENTIFIC USE	13A, NAME AND A	DONESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	ISB. DATE RECEIVE	ED 136	SIGNATURE OF PER	SON IN C	HANGE OF FA	CILITY
*		14A NAME AND A	DORESS IN RECEIVING ST	TATE OR COUNTRY WHERE	14B. DATE SHIPPED	D Tuc	ADDRESS AND SIGN	ATURE OF	F PERSON IN	CHARGE
OMPLETE	TRANSIT		CREMATED REMAINS ARE		i i		OF PLACING WITH T			
ŏ		TEA ADDDCCC NES	DEET DON'T ON ENOUGH	E OR OTHER DESCRIPTION SUF-	IER DATE OF	100	DICHARIPE OF OFE	CON III	Lam um	American
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			CA DISTRICT OF DISPOSITION	158. DATE OF DISPOSITION	160	SIGNATURE OF PER CHARGE OF DISPOS		1.50. LICENSE OF CREM I MAINS D III APPI	ATED RE-

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



E-14819

INTERMENT DROER

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		HERRLEY HITE	
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			110000
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THE PART OF THE PROPERTY LAND			charles.

....E 14819

MT-HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pate_1-12-99

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter	the remains
of DAVIO CHAPLE	1 -1 -14	1 110
Type of Burial Container	Funeral, date, time Www.	1 110
Church, Chapel, Graveside	account the train	Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$	F
will be applied and billed to undersigned		-
Lot 91 Grave 5 Row	Section 3 Division/Block	B
Grave space & Care Fund	Nul E-13995	-0
Additional spaces and care fund		-
Opening/Closing & Setup	ul E- 14805	-0
Burial Container		0
Handling Fees	_	-0
Flower vases - Marker setting fee		_
Recording and filing fee		0
Sales taxes		-0
- Katerfur 2-1-99	Total Due	-0
Paid	receipt number	
	Balance due _	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery h	ind represent
I hereby authorize the interment in lot I hold under deed.	Separature	
	Address	
Signature of recorded trabble of deed	Cay	Zip Code
	Telephone	
	Invoice #	
Work Order # E 14820	Acct. #	

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REA-104 (7-96)

This information is available in alternative formats upon request.

E-14820

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	A CONTRACTOR OF THE PARTY OF TH	1B. MIDDLE	IC. LAST (FAMILY)			MONTH DAY, YEAR MONTH	TE OF DEATH 4 SEX
A. CITY OF DEATH				ENTER STATE OF IN			O8/1999 M ADDRESS AND ZIP CODE
A. TYPED NAME AND A	La Mesa	A-FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 7B. CA			iam P. Candler Lawton Drive	- Brother
Humphrey Ch	ula Vista M	lortuary		IF APPLICABLE	Section 200	ngGrove CA 919	945
855 Broadway	y Chula Vis	ta CA 91911		FD-964		ATURE OF APPLICANT—Ferson Lytin	permit 88. DATE SIGNED
ADMINUTED GMENT OF A		chrowledge as applicant that the proposed dispr 376 of the Health and Safety Code, and was author			1	Judith Exins	01/13/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	DED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED O RIGHT OF DEPOSAL OUTDEE OF CALFORNIA.	\$7.00	01/13/19 J.E. Ki	999	90. SIGNATURE OF LOCAL RE 9900658	GISTRAR ISSUING PERMIT
INY CHANGE IN DISPOSI-	9D. ADDRESS OF HE IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH D IN CAUFORNIA	9E. AC	DRESS OF REGISTRAF	OF DISTE	OCT OF DISPOSITION— OTHER DISTRICT IN CALIFORNIA	
DISPUSITION.		ds P.O. Box 8522	2		-		
IO. AUTHORIZED DISP	San Diego Osition(s) Check A	CA 92186-5222 PPLICABLE ITEMS				FOR CORONER	S USE ONLY
DURIAL	11A NAME AND AD	ODRESS OF CALIFORNIA CEMETER Cometery - 3751 Ma	RY	OFINIA BIDE OF CALIFORNIA 11B. DATE BURIE		SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMATO	ORY	12B. DATE CREMA	TED 120	SIGNATURE OF PERSON IN	CHARGE OF CREMAT
SCIENTIFIC USE	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 130	, SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPE	PED 140	ADDRESS AND SIGNATURE OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR OT ENTIFY FINAL PLACE AND CA <u>DISTRI</u>		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MOUNT HOPE CEMETERY

		527-3400	10	-1	99
one hundre	ndler Address	2312 La	wton "by Ju	MMERCU Dollars (\$ 136	ब्युंनिय
In full Payment of I	narker in	alting	tel		
Lot Gra	ave	Row	Section	Division Block	4
	NOT VALID FOR PIPAID IN THIS SP		STAMPED CREDIT 20% Sales Care 80% Sales of Lota Opening Closing Surial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax TOTAL PAID	67007 77184 100 77184 100 77182 100 77182 100 77182 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77183 100 77184 100 77184 100 77182 100 77182 100 77182 100 77182 100 77183 100	00

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-12-99

or many or Bell	bject to your rules and regulations, to inter the remains
in a	Funeral, date, time
Church, Chapel, Graveside	: Mortuary:
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 33 Grave 6 Row_	
Grave space & Care Fund	1- had D-8506 _0
Additional spaces and care fund	
Opening/Closing & Setup	1/2/
Burial Container	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Handling Fees	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Flower vases - Marker setting lee	V
Recording and filing fee	
Sales taxes	
	Total Due
Paid (receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent to fremains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Sgnoture
	Address
Signature of recorded holder of deed	Only Ap Code
	Telephone
<u> </u>	Invoice #
Work Order # E 14821	Acct. #

1-14-09E14821
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anoused of

MT. HOPE CEMETERY

INTERMENT ORDER

prendid

City of San Diego

ot + trust	Date_1 12	
You are hereby authorized and instructed, sur	bject to your rules and regulations, to in	nter the remain
liner		
Type of Burial Container	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	01\$
will be applied and billed to undersigned		
Lot 34 Grave 9 Row_	Section 2 Division/9	12
Grave space & Care Fund		995.0
Additional spaces and care fund. Opening/Closing & Setup.	Z Wi	375.0
Burial Container	01-08-01	190.0
Handling Fees		142.0
Flower vases - Marker setting fee		14-10
Recording and filing fee		40.0
Sales taxes		14.15
Paid (receipt number P 5074	17164
	Balance due	002
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemeter	v and represe
I hereby authorize the interment in lot I hold under deed.	1051 Bourne	
Signature of seconded bolder of dued	260-29 Telephone	Zie.Ce
- 44000	Invoice #	
Work Order # E 14822	Acct. #	

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CREDIT

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Barnes,	Joseph	1051	Beverly	St.	San	Diego	Ca.	92114	_
-12-99	Opened 1	Pre-nee	d Lot &	Trust	9				

parties	a boseph 1051 Bereits, 551	
1-12-99	Opened Pre-need Lot & Trust	
	Lot 34, Grave 9, Sec-2, Div 12	
	Trust includes O/P .Handing Fee, Recording Fee	1
	Sale Tax, Liner	4
	79 6	4
1-12-99	Recept# 50740	4
3-9-99	receipt + 50929 coupon 1	4
4-8-59	receipt # 51017 compon2	
5-12- 99	receipt + 51139 coupen 3	77

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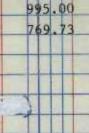
Barnes, Joseph Pre-need Lot& Trust

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6-9-00	R- 52407 R- 52343	16		37.00	290.00
7-11-00	R- 52660	16		37.00	253,00
8-9-00	R- 52752	18		37.00	216.00
9-11-00	R- 52839	18		37.00	179,00
10-11-00	R-52962	20 21 22		37.00	142.00
11-8-00	R-53043	21		37.00	105.00
12-7-00	R-53136	22		37.00	68,00
1-8-01	R- 53229	23 224		68.00	68,00



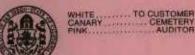
WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

From Joseph Barnes	Address:	1051 BE	Date: _	4-8	50 9	2114
Thirty Seven	n end		34.11, 21.	Dollars (\$.	37.00	
Lot 34 Grave	4	Row	Section	2	Division Block	12
Invoice No	NOTVALID FOR PURPOS "PAID" IN THIS SPACE.		20% Saled 80% Saled of Lots Opening/ Glosing Bursal Container Handling Recording Mac. Fest Pre-Need Trust	100 77184 100 77181 — 100 77182 — 100 77185 — 8 100 77183 — 8 55333 9022 80101 76390 —	37	60
AC-212 (Rev. 5-04)	ISSUED BY	your	TOTAL PAIL		37	00



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

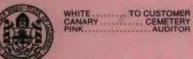
5-12 Date: From: Joseph Barnes Address: ___ Dollars (\$ 37.00 Joseph + ust Payment of Division Grave Block Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE. OREDIT 20% Sales Care 67007 Invoice No. __ 77184 60% Sales 100 77184 of Lots Acct. No. Opening/ 100 77181 E14822 Closing Burial 100 Containers 77182 100 BALANCE DUE 77185 Handling Fee Recording A 100 Misc. Fees T7183 63033 24 27 Pre-Need Pre-Need Lot On Acct 8022 Trunt Pre-need Trust Check Sains Tax 60101 Cash 78390 ISSUED BY ___ TOTAL PAID AC-212 (Rev. 5-94)



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR

MOUNT HOPE CEMETERY

From Joseph Bamu Thirty Seven	S Address 1051 Beve	YIV St.	30 92 H	34,
Lot 34 Grave	9	ection 2	Division Block	12
Acct. No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots	17007 77184 100 77184	
wo = 14022	A STATE OF THE PARTY OF THE PAR	Opening/ Closing Burtal Containers	77181	
Pre-Need Lot At Need On Acct		Handling Fee Recording & Misc. Fees Pre-Need	77185 100 77183 63633	(0)
Pre-need Trust Cash Check C	Catina Avallar	Trust Sales Tas TOTAL PAID	9022 60101 78390 3	00



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

From: Jacob Barres In Part Payment of P	e- Ned It I Tru	4	ian Duys Hars (\$ 37.80	9211
Lot 3 4 Grave	9 Row Se	ection	Division \	3
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	50% Sales	67007 77184 100	
Acct. No. = 14823		Opening/ Closing	77184 100 77181	
BALANCE DUE 586.00		Burial Containers Handling Fee	100 77182 100 77185	
		Recording & Misc. Fees Pre-Need	100 77183 63033 3 7	0.0
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check	41111	Trust Sales Tax	9022 60101 78390	
AC-212 (Rev. 5:94)	ISSUED BY D WALKAUNO	TOTAL PAID	• 37	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

Date: From: Payment of 12 Division Lot Grave Row Section NOT VALID FOR PURPOSE STATED UNLESS STAMFED "PAID" IN THIS SPACE CHEDIT 20% Sales Care 67007 Invoice No. 77184 80% Sales of Lots 100 77184 Acct. No. 100 Openion/ 77181 Closing Burial 100 Containers 77182 BALANCE DUE 100 77185 Handling Fee 100 Recording & Miss. Fees 77183 7 00 Pro-Need 63053 On Acct Pre-Need Lot 9022 Trust Pre-need Trust Check Sales Tax 60101 78390 TOTAL PAID AC-212 (Rev. 5-94)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

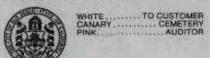
CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

Such Bernes	address 1051 Devel	Hoate: 12-7	199	V
Thirty Seven In part Payment of Bre	- had dit + trust	Dolla	ars (\$ 3 7:00	_)
Lot 34 Grave	9 Rows	ection 3	Division \2	
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	80% Sales of Lots. 77 Opening/ Closing 77 Burial Containers 77 Handling Fee 77 Recording &	7007 7184 100 7184 100 7181 100 7182 100 7185	
Pre-Need Lot At Need On Acct Pre-need Trust Grash Check AC AC-212 (Rev. 5-94)	issues y While	Pre-Need 63 Trust 6 Sales Tax 60	3033 3022 0101 8390 3 7 0 0	

MOUNT HOPE CEMETERY 527-3400

From Deeph Barnes In fact Payment of \$	Address: 1051 Beograpy	At Date: 3-	b Ou ollars (\$	37.00	114
Lot 34 Grave	9 Row S	ection 3		Division	12
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Obening/ Closing Burial Containers Handling Fee Recording A Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check SA	ISSUED BY L. L. VE DELEZE	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 — 60101 78390 —	37	00



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

		Date:	6 3000
rom Joseph Barnes	Address: 1051 Baver	Ty St.	50 92114
Thirty Seven a	00/100	Dollars	(\$ 37.00)
n part Payment of Po	enced lot of trust for	Joseph B	ornes
	9	^	Division
ot 34 Grave	RowSe	ection	Block 12
nvoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 6700 20% Sales Care 7718	
		80% Sales 16 of Lots 7716	00
Acct. No.	PAID	Opening/ 10	00
N.O. E14822	FAID	Burial 10	00
BALANCE DUE 475.00	JAN 0 6 2000	Containers 7716	00
		Recording & 10 Misc. Fees 7718	0-
Pre-Need Lot At Need On Acct	MT. HOPE CEMETARY	Pre-Need 6303 Trust 902	
Pre-need Trust Cash Check	CITY OF SAN DIEGO, CA	Sales Tax 6010 7830	
IC-212 (Rov. 5-84)	ISSUED BY Lynde-	TOTAL PAID	37 00
	22		



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52299

From Joseph Borner Unity Seven In part Payment of 1	Address: 7057 Beverly	Date: 4-	Ollars (\$	37.00	114
Lot 34 Grave	9 Row Se	ection 2		Division \	12
Invoice No.	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77.184 —	2010001	
Acct. No		of Lots Opening/	77184 — 100		
BALANCE DUE 364.00		Glosing Burial Containers	77181 100 77182		
BALANCE DUE D V 1		Handling Fee Recording & Misc. Fees	100 77185 —		
Pre-Need Lot At Need On Acct		Pre-Need Trust	77183 — 63033 9022 —	37	00
Pre-need Trust Cash Check AC212 (Rev. 594)	ISSUED BY A MILLETTON	Sales Tax TOTAL PAID	60101 78390	37	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52407

From Joseph Barner	Pre-ned	2x - 12	uly Street	5-9 Jen D.	270 921 37,00	14
Lot 3 4 G	rave9	Row	Section	۹	Division 1	15
Invoice No. Acct. No. W.O. E 148ad BALANCE DUE 3 27.00 Pre-Need Lot 4 At Need 0 On.	NOT VALID FOR PU	RPOSESTATED UNLESSS:	20% Salet 80% Salet of Lots Opening/ Closing Burial Container Handling Recording Misc. Fee	100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 1	37	00
Pre-need Trust Cash Che		Muldle	Trust Sales Tax TOTAL PAI	78390	37	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

From Joseph Barnes Thilly Deven In part Payment of Ire	Payment of			
Lot 3 \ Grave	9 Row S	Section a		
Pre-Need Lot At Need □ On Acct □	"PAID" IN THIS SPACE.	20% Sales Care 80% Sales of Lore Opening/ Closing Burial Containers Handling Fee Flecording & Misc. Fees Pre-Need Trust Sales Tax	77184 100 77184 100 77181 100 77182 101 77185 100 77183 63033 8022 80101	

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

52660

From Joseph Br Thirty Jewn In part Payme	ent of	Address:	1051 Birt	1	Our (\$	9211 37.00	4
Lot 34	Grave	9	Row	Section 3		Division Blook	12
No. E- 14822		NOTVALID FOR PURI "PAID" IN THIS SPAC	POSE STATED UNLESS STA	MPED CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burist Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 —		
Pre-Need Lot At Need	On Acct	i		Handling Fee Recording & Misc. Fees Pre-Need Trust	100 77185 — 100 77183 — 63033 9022 —	37	06
Pre-need Trust Cash			Mellen	Sales Tax TOTAL PAID	60101 78390 —	37	00

WHITE..... TO GUSTOMER CANARY...... GEMETERY PINK...... AUDITOR

MOUNT HOPE CEMETERY 527-3400

From Joseph Dunes Thirty Seven In part Payment of	Address: 1051 Beverly		120 9211 37.00
Lot 3 4 Grave	9 Row s	ection 3	Division \ 7
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 77181 Burial 100 Containers 77182 Handling Fee 77185 Hacording & 100 Misc Fees 77183	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Start Ac-212 (Rev. 5-94)	ISSUED BY L Mullin	Pre-Need 63033 Trust 9022 - Sales Tex 60101 78390 - TOTAL PAID \$	370

MOUNT HOPE CEMETERY (619) 527-3400

From bough Burn	ment of	Address: All	251 Du	Date: H	D	offars (\$	20, 20 37, 00	311
Lot 34	Grave	9	Row	Section	on_ 3		Division \	13
Acct. No. W.O. E- 1482 BALANCE DUE 179	00.	NOT VALID FOR PURPOSE "PAID" IN THIS SPACE.	ESTATEDUNLESSS	STAMPED C	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 —		
Pre-Need Lot At Need Pre-need Trust Cash	On Acct	, , ,	100		Recording & Misc. Fees Pre-Need Trust Sales Tax	100 77183 — 63033 9022 — 60101 78390 —	37	01
AC-212 (Rev. 5:94)	1800	ISSUED BY	rilling		OTAL PAID	\$	37	00



WHITE TO CUSTOMER S CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From Joseph Barne	S Address: 1051 Bever Thirty Seven - 39 Pre-Need Lot & T	ly Street: DO - Dollars TUST FOR	S.D.CAI	00 00 00
Lot 34 Grave	Joseph Bar	nes ection 2	Division Block	ia.
Acct. No. F- /USOO	PAID	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181		
W.O	OCT 1 1 2000	Closing 77181 Burial 100 Containers 77185 Handling Fee 77185 Recording \$ 100		
Pre-Need Lot At Need □ On Acct □ Pre-need Trust □ Cash □ Check □	MT. HOPE CEMETARY	Misc. Fees 77183 Pro-Need 63033 Trust 9022 Sales Tax 60101 78390	37	00
AC-212 (Rev. 5-94)	ISSUED BY WWW WILLS	TOTAL PAID 5	37.	00

OFFICIAL RECEIPT		CITY OF SAN DIEGO, CALIF	ORNIA		
	TO CUSTOMER CEMETERY AUDITOR	MOUNT HOPE CEME (619) 527-3400	TERY	5304	3
		Date	Mour-	8 - 00	00
Tonsoh Ro	rnac	Date: 1051 BFVFRL	STORET	SANI DIE	200
From VOSEPH DU	Add	ress: IVVI DEVEKC	Y STREET	370	S) 124 . 16
Inity Sever	7 4	7100	Dollars	15 37.00)
In TART Payment o	INDE KAND	IPRE-NEET	D LOT X	(Rust)	
		10			
34	9		0	Division	10.
Lot 37	Grave	RowSe	ction /	Bleek	12
- Invoice No.	NOT VALID FOR	PURPOSE STATED UNLESS STAMPED SPACE.	CREDIT 6700 20% Sales Care 7716	07	
Acct. No.		PAID	80% Sales 10 of Lots 7718	00	
wo E-14822		FAID	Opening/ 10 Closing 7718	00	
W.O 11900	An I	101/ 0 0 2000	Burial 10 Containers 7719		
BALANCE DUE # 115	<u>vo</u>	IOV 0 8 2000	Handling Fee 771	00	
, 00	MT	HOPE CEMETARY	Recording & 10 Misc. Fees 771	00	
Pre-Need Lot At Need □ O		OF SAN DIEGO, CA	Pre-Need 6300	3 27	00
	heck 💆	and and and and	Trust 90: Sales Tax 601)1	
A CONTRACTOR OF THE CONTRACTOR	ISSUED BY	MOTHER MILLER	783	: 27	00
AC-212 (Rev. 5-94)	100000 01	100000	TO THE CHIE	7/	

MOUNT HOPE CEMETERY (619) 527-3400

From Joseph Barn Thirty - Seven as In-part Payment of	Address: 1051 Beverly	Do	th 20 , 92 , 92 , 11 , 20 , 92 , 92 , 11 , 20 , 20 , 20 , 20 , 20 , 20 , 2	00_ 1/4 (X_)
Lot 34 Grave	9 se	ection 2	Division	12
Invoice No	NOTVALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Bursal Centainers	67007 77184 100 77184 100 77181 100 77181 100 77182	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ch	0 00	Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	77186 100 77183 68333 9022 60101	.00
AC-212 (Ray, 5-04)	ISSUED BY Alenis believes of	TOTAL PAID	s 37	00

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

ACCOUNT No. Pre-need Lot & Trust

Joseph Barnes 1051 Beverly Street San Diego, CA 92114

Lot 34 Gr 9 Sec 2 Div 12 E-14822

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
		10			E 11						

due date above

37.00

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

Amount Received

NAME ADDRESS

CITY STATE

ZIP check (/) if this is new address DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Joseph Barnes 1051 Beverly Street San Diego, CA 92114

Lot 34 Gr 9 Sec 2 Div 12 E-14822

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DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Joseph Barnes

1051 Beverly Street

San Biego, CA 92114

Lot 34 Gr 9 Sec 2 Div 12 E-14822

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. due date above

Amount due if paid more than after due date above. MT. HOPE EMETAR' CITY OF SAN DIEGO

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DO NOT MAIL ENTIRE BOOK
ACCOUNT No.

Jeseph Barnes 1051 Baverly Street San Diego, CA 92114

Lot 34 Gr 9 Sec 2 Div 12 E-14822

Month and Day Due Indicated Below APR MAY JUN JUL AUG SEP OCT NOV DEC JAN FEB MAR 10 Amount due when paid on, or before. due date above Amount due if paid more than after due date above. Amount Received NAME **ADDRESS** STATE CITY □ check (V) if this is new address

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and or bring one coupon with each remittance	COUPON	21
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ACCOUNT No. Pre-seed Lat & Trust

Joseph Barnes

1051 Baverly Street

San Diego, CA 92114

Lot 34 Gr	9 Sec	2 Div	12	Z-	148	22	
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Preneld

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-12-99

n a	Funeral, date, time
	, Mortuary.
All Funeral cars must arrive before 3:30 p.m.	n. of regular work day or an extra charge of \$
vill be applied and billed to undersigned.	
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ot 10 Grave 12 Row_	Section Division/Biock 12
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Opening/Closing & Setup	: N
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tandling Fees	<u></u>
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Owens	, Vera 812 Quail St. San Diego Ca. 92102		E- 14823				
1-12-99	Pre-need Lot only	DEBLT	CREDIT	BALANCE			
0	Lot-10, Gr- 12, Sec-1, Div- 12						
	LDL-11 01-780, SeC-1, DIV-12						
1-12-99	Pre-need Lots only 20 7, 597	2985.00		10001100			
	80 % 2368						
1-12-99	Receipt# 50744		1492.50	1492.50			
3-10-99	Receipt # 50935		62.00	430 50			
THE RESERVE TO SERVE THE PARTY OF THE PARTY			62,00	1348.50			
5-11 99	Receipt # 51034 coupen # 2 Receipt # 51132 coupen # 3		62.00	1306 50			
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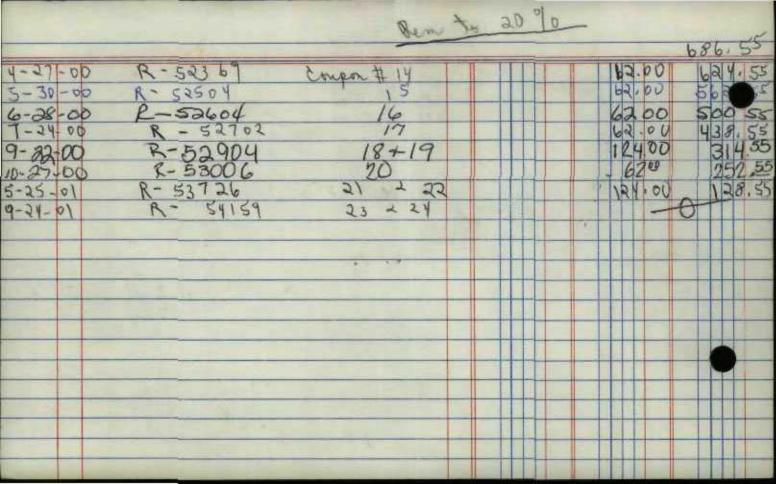
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Pre-need Lot Only

R 52237

Owens, Vera

3-20-00





WHITE..... TO CUSTOMER CANARY..... CEMETERY

PINK	527-3400	May	17 99
From: TOYA OVIENS	Address: 812 Quaril	St. SNDI	00.CH 9210
In particul Payment of P	ore- NUCCL 10+ 1041	Dollars V	(\$ <u>CZ.00</u>)
Lot 10 0 11 Grave 1	2.7 6 8 - Row Se	ection	Division 12
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 5700 20% Sales Care 7718 80% Sales 10 of Lots 7718	(200
Acct. No. 2-14823 W.O. 400		Opening/ 10 Closing 7718 Burlet 10	00
BALANCE DUE # 934.50		Containers 7718 10 Handling Fee 7718 Recording & 10	5
Pre-Need Lot		Misc. Fees 7718 Pre-Need 6303 Trust 902 Sales Tax 6010	22
AC-212 (Rev. 5-94) M.O.	ISSUED BY SCHOOL Y WI	TOTAL PAID	5 6200

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

	527-3400		F. H	24
From: JUYA. ORUNS	Address: 12 Divid	+ Date:	et , C/ 92"	
n Payment of Pra	No of 15	Dolla	ars (\$	
ot 10 5 11 Grave 1	8 7 . Rows	ection	Division / Block	Z
NOBALANCE DUE	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 77 80% Sales of Lots Opening/ Closing 71 Bursal Containers 77 Handling File 77 Flecording & Misc. Fees 77	7007 7184 100 1184 100 1181 100 1181 100 1182 100 1185 100	00
Pre-Need Lot	ISSUED BY PROPERTY AND INC.	Trust Sales Tax 60	1033 1022 10101 1390	980

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

Sisty Their Course	Address: 817 Quail I	Date: Ju	Diego 9	2102
Payment of 7	48	1	Division	12
Acct. No. W.O. F - 11823 BALANCE DUE 182.50 Pre-Need Lot 1 At Need On Acct Of Check Of Che	NOT VALID FOR PURPOSESTATED UNLESS STAMPED *PAID* IN THIS SPACE.	CAEDIT 20% Sales Care 82% Sales of Lots Opening- Closing Burial Containers Handling Fee Recording & Miac Fees Pre-Need Trust Sales Tax	67007 77184 300 77184 100 77181 100 77185 100 77185 100 77183 63033 9022 80101	2 60
Fre-need Trust Cash Check	ISSUED BY A Strubella	TOTAL PAID	78390	100

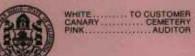


WHITE... TO CUSTOMER CANARY CEMETERY PINK. AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE COMETERY

Sixty two and	Address:	812 (انەر	51.	ollars (\$	62.00	975
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NO. E 14923 BALANCE DUE 1244.50	NOT VALID FOR PURPO "PAID" IN THIS SPACE.	SESTATEDUNLES	STAMPED	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burlet Containers Handling Fee Recording & Misc. Fees	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	62	00
Pre-Need Lot	ISSUED BYL	yada		Pre-Need Trust Sales Fax TOTAL PAID	63033 9022 60101 78390 —	62	0



CITY OF SAN DIEGO, CALIFORNIA

				Date: 5	-11		999
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Pre-Need Lot At Need On Acct Pre-need Trust Cash Check CAC-212 (Rev. 5-34)	ISSUED BY	yn d-		Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390 5	62	00

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

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San Diego, CA 92102 Sec 1 Div 12
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Amount due if paid more than 62-4 Mays
after due date above.
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NAME KONOWELL
ADDRESS 912 DUNIV ST
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ADDR		01	91	De	-1	00	7		-		-
AUUH	<u>4</u>	in	THE	100	TALL	~ ,	- 11			00	Line
CITY	ore.	De	hack	11			new			99	103
		Street, or	-		ALC: NO			-			

DO NOT MAIL ENTIRE BOOK ACCOUNT No.
Vera Count
512 QUAIL STREET
San Diego, CA 92102 Sec 1 Div 12
Lot 10 Grave 12 Lot 11 Gr 7 6 8
Month and Day Due Indicated Below
DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV
10 24
Amount due when paid on, or before, due date above.
Arronast dise if asst more than days > \$ 62 . 00
\$
NAME OF Amount Received \$
CITY SAM NICOLA STATES # ZIP 92 109
Check (V) if this is new address



MT. HOP'E CEMETERY

INTERMENT ORDER

City of San Diego

n B LINER	Funeral, date	e, time	FRI	1-15 2
Church Chanel Graveside (A A.	uside	CLA	IREMO	+ Mortuary
MI Funeral cars must arrive before 3	00 p.m. of regular w	ork day or a	n extra charge	e of \$ \ 50.0
will be applied and billed to undersig	V			
				To Park William
ot 76 Grave a	Row Sec	tion 16	Division/	Block 7
Grave space & Care Fund	PRE-NEE!	PP	- 2150	0
Additional spaces and care fund	L -		······································	
	1)		11	0
Opening/Closing & Setup	11	***************************************	,,	4
				49
landling Fees				
Flower vases - Marker setting fee				0
Recording and filling fee		•	~~~~	***
Sales taxes				
		1,415,417	Due	
	Paid receipt numi	ber	Walter Co.	
X			Balance de	ne -
hereby certify I am the and this is your authority to make di	enceition of remains	se shove i	of the above	named deceder
hat I have the right to make this authors liability on account of said authors	norization and I agree	to hold Mt	Hope Cemete	ery harmless from
any mainty an account of sold define	V V			1
hereby authorize the interment in lo	ot I Signalu	ro	-	
iolo diluci deca.	Address		034.	
Sgnature of recorded holder of deed	- > City		~ ~	ZoCoo
	Verlapho		on	-05/000
	Propos			
F 44004	Invok	ce #		
Nork Order # E 14824	Acct.	140		

O Principal and recipited proper

E-14824

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE			1C. LAST (F	AMILY)			3. DATE OF D	
JOHN		EUGENE	ST PI	ERRE			01/11/1	
SAN DIRCO			58. COUNTY ENTER ST	OF DEATH—OUTSIDE GALIF.	OF IN	RELATIONSHIP, FULL MAI FORMANT RIELLA E. ST		
TA. TYPED NAME AND A	DORESS OF CALIFORN	4266 MT, ABI SAN DIEGO, (ERNATHY AVE.	78 CALIF LICENSE NUMBER —IF APPLICABLE FD-1126	2341 SAN	CARDINAL DR. DIEGO, CA 92 ATURE OF APPLICANT—PER	IVE 123	
ACKNOWLEDGMENT OF A				one of the dispositions authorized by a 7100 of the Health and Safety Code.	150	asmit hours	heed 10	01/14/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH CORNIA HEALTH AND SAFET BY FOR THE DISPOSITION SE BUILD OF DISPOSAL OUTLINE OF CO	PECIFIED 2	P FEE PAID 98 DATE PERM VICTORIA 00 01/15/1	MEZA,		AL REGISTRAR	ISSUING PERMIT
THE RESERVE OF THE PARTY OF THE	P.O. BOX			GE ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC		RECT OF DISPOSITION— OTHER DISTRICT IN CALIFORN	IIA.	•
10. AUTHORIZED DISP	THE RESERVE THE PARTY OF THE PA		Ea. Mir. Div			FOR CORO	NER'S USE	ONLY
B. CREMATION		AINS OTHER	F. DISINTERA	RY ENVAULTMENT JENT D CALIFORNIA TO OUTSIDE OF CALIFORNIA		I. DISPOSITION PI (Name and Add		INS LOCATED A
BURIAL	MT. HOPE	CEMETERY: 375 O, CA 92102	Part of the second seco	EET /- /5 - 7 '	ED 110	SIGNATURE OF PERSON	ON IN CHARGE	OF BURIAL
OREMATION	12A. NAME AND A	12B. DATE CREMA	ATED 120	SIGNATURE OF PERSO	N IN CHARGE	OF CREM.		
SCIENTIFIC USE	ISA. NAME AND AL	MAINS 13B DATE RECE	EVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			OF FACILITY		
TRANSIT		DDRESS IN RECEIVING ST CREMATED REMAINS ARE		RE 14B. DATE SHIPF	PPED 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			ON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		rest point on shorelini ntify final place and c				SIGNATURE OF PERSO CHARGE OF DISPOSITI	ON I O	ICENSE NUMBER IF CREMATED RE- IAINS DISPOSER -IF APPLICABLE



E-14824

#579 PB1

D'OI

35:E1 66-E1-net

open back

MT. HOPE SEMETERY

INTERMENT ORDER

City of San Diego

Date_1-13-99

You are hereby authorized and instructed, sub	ect to your rules ar	nd regulations, to i	nter the remains
ina all vant F	uneral, date, time	sat 1-2	3 10:30
Type of Burga Container	weeks cry	- 10	Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day	or an extra charge	of \$
will be applied and billed to undersigned			
Lot 159 Grave 3 Row	Section	Division/B	7
Grave space & Care Fund	nul A- 3	1289	
Additional spaces and care fund			1-4-0
Burial Commer A			
Handling Fees	5 . 45 !		210.00
Flower vas Annalka stungsee 25	, one	ف	THE PARTY
MT. HOPE CEMETERY Sales Trees SAN DIEGO, CALIF			11 3 10
	Total	al Due	479.26
Paid re	eceipt numberM	I C	479.26
*		Balance due	,
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	and I agree to hold	indicated, I certi	named decedent fy and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature 79	to Sega	us.
Signature of seconded holder of deed	Toluphness	2651	7/7 th chan
	Invoice #		
Work Order # E 14825	Acct. #		

E-14825

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
GEORGE 5A. CITY OF DEATH LAS VEGAS		H.	6B. COUNTY OF DEATH ENTER STATE	1-OUTSIDE CALIF.			MILING ADDRESS AND	ZIP CODE
CYPRESS V	TEW/BONHAM RIAL AVE, S	BROTHERS MORTUARY AN DIEGO, CA 9211	3 FD-	-670	BA. SIGNA		941 Person taking persot, 8B. DA	TE SIGNED
ACKNOWLEDGMENT OF A	Section 10.	chrowledge as applicant that the proposed dispo- 176 of the Health and Safety Code, and was author.	zed pursuant to Section 7100 of th	e Health and Salety Code.	Name and Address of the Owner, where	muithe Vale	THE RESERVE THE PERSON NAMED IN	19/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE TISPOSITION SPECIFIED DISHIT OF ONPOSAL OUTSEE OF CALFORNIA.	\$7.00	01/19/1 P Valent	999	9900945	CAL REGISTRAR ISSU	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA	V	DISPOSITION IS TO OCC	DSP	ICT OF DISPOSITION— THER DISTRICT IN CALIFO O BOX 85222 86-5222		•
B. CREMATION	IIA. NAME AND AL			DRNIA	-	(Mārie arit) A	PENDING—REMAINS I	
CREMATION		DDRESS OF CALIFORNIA CREMATO	RY	12B. DATE CREMA	771 D	SIGNATURE OF PER	SON IN CHARGE OF C	REMATION
SCIENTIFIC	13A. NAME AND AC	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECE	IVED 13C	SIGNATURE OF PER	SON IN CHARGE OF I	FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR I		14B. DATE SHIPF	PED 14C	ADDRESS AND SIGN OF PLACING WITH T	NATURE OF PERSON IN	N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR OTH NTIEY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	SITION OF CRE	E NUMBER EMATED RE- DISPOSER PLICABLE

L 83 W 28 H 25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-99

You are hereby authorized and instructed, su	biget to your rules and regulations, to inter the rem	eins
« Karen Watkin	S	
IIIAIC ILIA	Funeral, date, time TUCS . Jan . 19	11
Church Chapel, Graveside Church	OVANESHICA BULIAL Mortu	TI-
- 2·N	of regular work day or an extra charge of \$ 150	6
V	of tantial work day or an extra charge of \$ 100	-
will be applied and billed to undersigned.	9	_
Lot 61 Grave 3 Row	Section 2 Division/Brook	
Grave space & Care Fund	13.00 20% 795.	01
Additional spaces and care fund		
Opening/Closing & Setup	0 in 375	.0
Burial Container	00 190.	00
Handling Fees FUL	L 9-21-77 146	.67
Flower vases – Marker setting fee		200
Recording and filling fee		M
Sales taxes	145	13
northan to bund	Total Due	4
MACK GOV GOVED Paid	receipt number R - 50844 78 2	D
UCCTOT DO 1	Balance due 782.	7
I hereby certify I am the X RA	Hek of the above named decer	-
and this is your authority to make disposition	n of remains as above indicated. I certify and repre n and I agree to held Mt. Hope Cemetery harmless f	Ingent
any liability on account of said authorization	and interment	HOM+
I hereby authorize the interment in lot I	X Tothal Watken	0
hold under deed.	19471 44th ST E	12
Signature of recorded holder of dead	Man Dien CA 92	110
and of CALINDA	V (10-281-1503	Codi
suduy none	Telephane 6/7-7/700	2
	Invoice # 3 119114	
Work Order # E 14826	Acct.# 0977 65	_
		-

G Printed on recycled paper

780 72

W.O. # E 14824

WHILAMI 12

NOTE

\$ 102.12	San Diego, Californi	accurrency 1919
Thirty days after date for value received	i, the undersigned maker promises to	pay San Diego City Treasurer or order
3751 Market Street, San Diego, CA 921	01, the sum of Sover nuru	opay San Diego City Treasurer a corde to the San Diego City Two Treasurer as order to the San Diego City Treasurer as o
with interest from Hebruary	19,1999	on the unpaid principal
at the rate of 12 percent per annum, pa	ayable on demand.	
accrue at the rate indicated above. Print will be liable and consents to renewals maturity, and waives presentment, den person who signs this note agrees that	cipal and interest are payable in law s, replacements and extensions of ti mand and protest and the right to as it recourse may be held against his	on the principal. Interest after maturity will ful money of the United States. The maker time for payment hereof before, at or after ssert any statute of limitations. A married/her separate property for any obligation promise(s) to pay such sum as the Court
Part II, Chapter I, Article 2, F	Paragraph 7528 of the State of Ca	lifornia Health and Safety Code

authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

CALIFORNIA DRIVER LICENSE NUMBER

C3291577

SSN# X 557-33-5631

E14826

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

40

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

TA. NAME OF DECEDE	ENT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX			
KAREN		LORRAINE	WATKINS		07/13/1958 01	/11/1999 6		
5A CITY OF DEATH			58. COUNTY OF DEATH		AME, RELATIONSHIP, FULL MAILIN	IG ADDRESS AND ZIP CODE		
NATIONAL O			SAN DIEGO	L	INDA WESTBROOK-S	SISTER		
	ACCRECATION OF THE PROPERTY OF	& BURIAL CHAPE	The state of the s	F APPLICABLE	17 ETA STREET #1	507		
		SAN DIEGO, CA	The same of the sa	1357	MATIONAL CITY, CA	AND DESCRIPTION OF THE PARTY OF		
	I hereby a	cknowledge as applicant that the propose		SA.	SIGNATURE OF APPLICANT—Parson	01/15/1999		
ACKNOWLEDGMENT OF A	Section 10	375 of the Health and Safety Gode, and was JED IN ACCORDANCE WITH PR	s authorized pursuant to Section 7100 of the	e Health and Julety Code.	JED 9C SIGNATURE OF LOCAL			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ORNIA HEALTH AND SAFETY OF FOR THE DISPOSITION SPECIFIC MIGHT OF DISPOSAL OUTSIDE OF CAUFO	PIED #7 OD	01/15/1991	//	PLESS IN		
ANY CHANGE IN DISPOSE	9D. ADDRESS OF RE	EGISTRAR OF DISTRICT OF D	EATH- BE ADD		DISTRICT OF DISPOSITION—			
TION REQUIRES A NEW PERMIT TO SHOW FINAL	WITTAL DECO	RDS - P. O. BOX	The state of the s	IISPOSITION IS TO DECUIL BY	ANOTHER DISTRICT IN CALIFORNIA			
DISPOSITION.	SAN DIEGO.	THE RESERVE THE PARTY OF THE PA	C. Complete and Co.	-				
10. AUTHORIZED DISP	markitetti kanaliin titi titi ili aa	THE PERSON NAMED IN COLUMN 2 IN THE PERSON NAMED IN TH			FOR CORONI	ER'S USE ONLY		
X A. BURIAL UNCL	UDES ENTOMBMENT)	-	E TEMPORARY ENVA	ULTMENT	DISPOSITION PEN	DING-REMAINS LOCATED AT		
B. CREMATION			F. DISINTERMENT		(Name and Addre	88)		
C. DISPOSITION	OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALIFO	AINIR				
D SCIENTIFIC U			H. TRANSIT TO OUTS	IDE OF CALIFORNIA				
	III MID NOT THE TANK DOOR HE WAS A COLUMN TO THE	ODRESS OF CALIFORNIA CEN	CARL AND ADDRESS OF THE PERSON NAMED IN	, 11B. DATE BURIED	11C SIGNATURE OF PERSON	IN CHARGE OF BURIAL		
BURIAL	MT. HOPE		MARKET STREET,	11.000	11/11	10-		
50	SAN DIEGO	AND DESCRIPTION OF THE PERSON		1-19-99	· 11/11			
CDEMATION C	12A. NAME AND AL	ODRESS OF CALIFORNIA CRE	MATORY	128. DATE CREMATED	12C. SIGNATURE OF PERSON	IN CHARGE OF CREMON		
W CHEMATION	-			1				
SCIENTIFIC			THE RESERVED DELIES	Lon Company	<u> </u>			
SCIENTIFIC	13A. NAME AND AL	ODRESS OF CALIFORNIA FAC	ALITY HECEIVING HEMAINS	13B. DATE RECEIVED	18C. SIGNATURE OF PERSON	IN CHANGE OF PACILITY		
USE	-							
¥	TAA NAME AND AF	DRESS IN RECEIVING STATE	OD COLINTRY WHERE	148. DATE SHIPPED	14C ADDRESS AND SIGNATUR	DE DE DEDOON IN CUADOE		
TRANSIT		CREMATED REMAINS ARE TO		140. GATE SHIFFED	OF PLACING WITH THE			
THANGIT	4			1 1				
3	15A ADDRESS NEA	REST POINT ON SHORELINE, O	R OTHER DESCRIPTION SHE	15B. DATE OF	15C. SIGNATURE OF PERSON	IN 15D UCENSE NUMBER		
SCATTERING AT SEA OR		ENTIFY FINAL PLACE AND CA D		DISPOSITION	CHARGE OF DISPOSITION			
DISPOSITION OTHER THAN IN A CEMETERY	-					-IF APPLICABLE		



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-14-99

in a Type of Burial Container	uneral, date, time	
Type of Burial Container Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an extra charg	e of \$
will be applied and billed to undersigned		
Los 6 d Grave Row	Section 100 F - Division	Block 23
Grave space & Care Fund	Need C-3656	-0-
Additional spaces and care A		
Opening/Closing & Setup	9	105.00
Burlal Container JAN 1 4 199	0	55.00
Handling Fees	10	60.00
Flower vases - Market Setting SAN DIEGO	TERY	_
Recording and filing fee	CALIF	45.00
Sales taxes		4.26
Paid re	Total Due	369.26
	Balance d	ue
I hereby certify I am the	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemet	named decedent tify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded incides of dead	City	Zip Codo
	Telephone	
	Invoice #	

& Frented on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

Richard R. Hill 1488 La Reina Way Palm Springs, CA 92264

January 6, 1999

Mt. Hope Cemetery Attn: Sue 3751 Market Street San Diego, CA 92102

Dear Sue:

Enclosed is a check in the amount of \$269.26 to procure space for my sister, Neta Moc, in lot 62 next to her husband, Jerome Moe in that same lot. Both she and her husband will be cremated at their time of deaths. My understanding is that this lot is located in Block 23, Section IOOF, wherein Jerome's parents are buried in lot 63.

Thank you for your attention to this matter and I am now more comfortable knowing that Neta and Jerome will be side by side at that time.

I will look for paper work from your Cemetery confirming this purchase has been accomplished. Please contact me if more information is needed.

Sincerely,

Richard R. Hill (760) 323-3312

cc: Carol Fitzgibbons, Executive Director, Home of Guiding Hands, Lakeside, CA. Steve Griege, Home of Guiding Hands, Lakeside, CA. Mary Ellen McDonough, San Diego Regional Center, La Mesa, CA. Mr. & Mrs. Art Mjoen, Laguna Hills, CA.

MT. HOPE CEMETERY

INTERMENT ORDER

32 W City	of San Diego	Date \- 14 -	99
You are hereby authorized and instructed, si	ubject to your rules :	and regulations, to int	er the remains
or Nathanul W	come		
ina T.S. VAULT#7	Funeral, date, time	Tues 1-1"	1 10:01
Church, Chapel, Graveside	navedi:	Regadele	Mortuary.
All Funeral cars must arrive before 3:80 p.m.	of regular work day	or an extra charge of	150,00
will be applied and billed to undersigned.	Done	Thomas	
	1		17
Lot 16 Grave 1 Row_	Section	Division/Blo	atr_ \ =Y
Grave space & Care Fund	00 20%	***************************************	895.00
Additional spaces and care fund	ALD	7	
Opening/Closing & Setup	AID		375.00
Burial Container	1 Hono	1 400.60 -	250.00
Handling Fees	1 7 1999	235.00-	185.00
Flower vases - Marker setting MT. HOPE	CEMETERY	I	
Recording and filling fee	DIEGO, CALIF		45.00
Sales taxes		31.00	19.38
4-10-99	To	otal Due	769.38
Paid	receipt number R	-50755	835.38
KAIV		Balance due	934,00
I hereby certify I am the		of the above na	med decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n and I agree to hole	we indicated, I certify d Mt. Hope Cemetery	and represent harmless from
I haveby authorize the leterment in let I	* Dean !	Sleen	7.02
I hereby authorize the interment in lot I hold under deed,	Signature	3774 WILL	pasts LA
Signature of recorded haider of deed	Addition	P AD	1902
The state of the s	6N 19-11	77-17011	Zip Code

Work Order # E 14828

311604 Invoice # Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

4-5-99

Releptione

1145.102	NOTE			
1145.62	San Diego, California _	Jamany	15	199
	t, the undersigned maker promises to pa	The state of the s		r, or order
	101, the sum of him the which	thilly tour		DOLLAR
with international Fabruary	70 147		AND THE REAL	tal - dealer

W.O. # E - 14828

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 aftermaturity, 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 X DAVID THOMAS	SIGNA	ATURE DO	O Home
ADDRESS X 3774 WILD ONES	6N	BONIHA, GA	91902
CALIFORNIA DRIVER LICENSE NUMBER	0702	SSN #	(3-60-341)

MT. HOPE CEMETERY

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

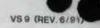
5-14828

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

do

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	IC. LAST (FAMILY)				DATE OF DEATH	4. SEX
Ella		Mae	H111		05/	14/1905 0	1/12/1999	F
5A. CITY OF DEATH	n Diego		58 COUNTY OF DEAT ENTER STATE Sam Dieg		OF INFORMAN	ONSHIP, FULL MAILS	A CONTRACTOR OF THE PARTY OF TH	OP CODE
7A, TYPED NAME AND A	oness of Californi agsdeae Mon	A-FUNERAL DIRECTOR OR PER rt.; 5050 Federa an Diego, CA 921	SON ACTING AS SUCH 7B. CA	LIF LICENSE NUMBER F APPLICABLE	6776 Cha	arlene Ave	24	TE SIGNED
ACKNOWLEDGMENT OF A		consider as applicant that the proposes G76 of the Health and Safety Gods, and was			Lett	1 / 1/25	01/	19/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPOSITION HEALTH AND SAFETY CO TY FOR THE DISPOSITION SPECIF TO BURNT OF DISPOSAL OUTSIDE OF CALIFOR	TIED \$7.00	OF JAOJI	799	NATURE OF LOCAL	REGISTRAR ISSUE	300mm, 1, 1000 31, 21111
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT OF D ED IN CALIFORNIA Ords: P.O. Box (San Diego. CA 92	35222	DRESS OF REGISTRAR DISPOSITION IS TO OCCU				
10. AUTHORIZED DISP						FOR CORON	ER'S USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	11A. NAME AND A	DDRESS OF CALIFORNIA CEM	THE PARTY OF THE P	DRNIA		DISPOSITION PEN (Name and Addre	1953)	90
BURIAL	Me. nope	Cemetery; 3751 N San Diego,		11-20-9	9:0	Buch	whe	
CREMATION	12A, NAME AND AI	DDRESS OF CALIFORNIA CRE	MATORY	12B, DATE CREMAT	ED 120 SIGNA	ATURNEOF PERSON	IN CHARGE OF C	EMATION
SCIENTIFIC USE	13A NAME AND AL	ODRESS OF CALIFORNIA FACI	ILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNA	ATURE OF PERSON	I IN CHARGE OF F	ACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIPPE		ESS AND SIGNATU ACING WITH THE		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OF ENTIFY FINAL PLACE AND CA D		15B. DATE OF DISPOSITION		ATURE OF PERSON GE OF DISPOSITIO	N OF CRE	NUMBER MATED RE- DISPOSER PLICABLE



E-14-828

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

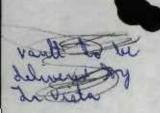
IA. NAME OF DECEDE	NT-FIRST (GIVEN) ! 18. MIDDLE	IC. LAST (FAMILY)			OF DEATH A. SEX
Nathani	el Bernard	Thomas		03/28/1963 01/1	1/1999 M
SA. CITY OF DEATH Chu	la Vista	5B. COUNTY OF DEATH ENTER STATE	-OUTSIDE CALIF.,	6. NAME, RELATIONSHP, FULL MAILING AD OF INFORMANT David Thomas, Father	oreas in the management
	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON —Ragadale Mort.; 5050 Federa San Diggo, CA 92102	1 Blvd.	FAPPLICABLE	3774 Wild Oats Lane Bonita, CA 91902 SA SIGNATURE OF APPLICANT—PERSON INDING.	
ACKNOWLEDGMENT OF A	PPLICANT I hersity acknowledge as applicant that the proposed disposition 10376 of the Health and Safety Code, and was guilhor	nution stated becomes one of the rand persuant to Section 7100 of the	dispositions authorized by e Health and Safety Code.	Malle William	OUV/15/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRIOVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT, WITH THE THE THE THE THE PRINT GIVES WO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF PEE P. \$7.00	01/15/15	18SUED 9C SIGNATURE OF LOCAL REGI	STRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA V1tal Records; P.O. Box 852	22		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA	<
IO. AUTHORIZED DISP	San Diego, CA 92186-5	222 -		FOR CORONER'S	USE ONLY
B. CREMATION	SE	E TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNIA IDE OF CALIFORNIA	I. DISPOSITION PENDING (Name and Address)	
BURIAL	Mt. Hope Cemetery; 3751 Ma San Diego, CA 92	rket St.	118. DATE BURIES	191 NO SIGNATURE OF PERSON IN C	HARGE OF BU
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO	ORY	128. DATE CREMAT	ED 12C. SIGNATURE OF PERSON IN CH	ARGE OF CREMATION
SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B, DATE RECEN	VED 13C, SIGNATURE OF PERSON IN CI	HARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPI	D 14C. ADDRESS AND SIGNATURE OF OF PLACING WITH THE CARRI	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT.		158. DATE OF DISPOSITION	16C. BIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE



E 14828

000 - - - - - 1 79:00 375-00 400+00 235 - 08 45.00 11+62 + 006 ------

1145+62 #



MT. TOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-14-99

of alla m. fill	Wed. 1-20
in a T.S. VOULT Funeral, date,	time 1 19 12:00
Church, Chapel, Graveside Church, Gravelle	: Rogalale Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular worl	k day or an extra charge of \$ 150.00
will be applied and billed to undersigned	med. Opte
/ - 1	
Lot 13 6 Grave 4 Row Section	n R Division/Block 12
Grave space & Care Fund	0 2 Division/Block 12 89 5.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	A LICENSE AND A
Handling Fees	185.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
	Total Due
Paid receipt number	
	Balance due 150 / 00
I hereby certify I am the and this is your authority to make disposition of remains as that I have the right to make this authorization and I agree to any liability on account of said authorization and interment.	hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I	charlene Ave.
Signature of recorded holder of deed × San	- A Zer Code
Teinchigae	16-582-5851
	, 311 552
Work Order # E 14829 Invoice	097701
11-10-99 E-14829	e in alternative formats upon request,
Still ove 338.35	2-111
#V	

Sou a Hundred Fifty

W.O. # £14829

NOTE

San Diego, California __

Thirty days after date for value received, the undersigned maker promises to pay San Dieg	go City Treasurer, or orde
3751 Market Street, San Diego, CA 92101, the sum of See the noted Effy	DOLLARS
with interest from FSAbelle OATES	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 accrue at the rate indicated above. Principal and interest are payable in lawful money of the will be liable and consents to renewals, replacements and extensions of time for paymer maturity, and waives presentment, demand and protest and the right to assert any state person who signs this note agrees that recourse may be held against his/her separate contained herein. If any action be instituted on this note, the undersigned promise(s) to may fix as attorney's fees.	he United States. The maker ent hereof before, at or after ute of limitations. A married property for any obligation
Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Healt authorizes the removal of any remains from a plot for which the purchase price is part of the purchase price is provided the purchase price is provided to the purcha	
PRINT NAME ISABELLE DOTES SIGNATURE ISABELLE	la Oates
ADDRESS 6776 Charlene the San Dingo CA 90119	4
CALIFORNIA DRIVER LICENSE NUMBER S0764687 SSN# 549	-74-6808

Modern Stairwags Inc.

3239 Bancroft Dr. Spring Valley, CA 91977 (619) 466-1484 FAX 466-8920 (888) 842-6525

BILL TO

La Vista Memorial Park P.O. Box 536 National City, CA 91950

E-14829 DELIVERY / ORDER

DATE	INVOICE #
1/19/99	2361

SHIP TO

Mt. Hope Billy Mae Hill Del. Tues. 1/19/99

O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
Jack	Net 30	DLS	1/19/99	Our Truck		

1 Top Seal-

1 Delivery Chg

Top Seal/Security Vault Delivery Charge resale

We appreciate Your Business!

The vista - will have a T.S vault delivered to up from whited to replace our inventory for the T.S. vault that we will be uped from up wed in wed

INTERMENT ORDER

City of San Diego

Date 1-14-99

or Edgar Maderi	bject to your rules and regulations, to inter the remains
In a Type of Busin Contamer Church, Chapel, Graveside	Funeral, date, time THUK 1-41 & O Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 56 Grave \\ Row	Section Division/Black 3
Grave space & Care Fund	121.00
Additional spaces and care fund	
Opening/Closing & Setup	(10 (50
Burial Container	190.00
Handling Fees	RK 99 145.00
Flower vases - Marker setting fee	24-1
Recording and filing fee	45.00
Sales taxes	
Claim a-4-99	Total Due
Roma Tromain	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signalute
	Address
Signature of recorded holder of deed	City Zip Corde
	Tetaphone
- 11000	Invoice #
Work Order # E 14830	Acct. #

when It per hom.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDE	NT-FIRST (GIVEN)	IB. MIDDLE	iC. LAST (FAA	Maderios	MONTH, DAY, YEAR MONTH	TE OF DEATH 4. SEX
5A. CITY OF DEATH	La Me	sa	SB. COUNTY OF ENTER STA	San Diego	6. NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT Roma Stronach	ADDRESS AND ZIP CODE
		9 Adams Ave., S	R PERSON ACTING AS SUCH	78. CALIF LICENSE NUMBER —IF APPLICABLE FD1424	5201-A Ruffin San Diego, GA	Rd., • 92123
ACHNOWLEDGMENT OF A	Description	cknowledge as applicant that the	proposed disposition stated herein is or and was authorized pursuant to Section	ne of the dispositions authorized by 7100 of the Health and Salety Code.	· hut de	01/20/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSU SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	JED IN ACCORDANCE WIT ORINA HEALTH AND SAFE TY FOR THE DISPOSITION S 0 NIGHT OF DISPOSAL OUTSIDE OF	H PROVI- TY CODE PECIFIED \$7.00	MATERIAL THEORY AND	1999 P. SIGNATURE OF LOCAL REGISTRES 9901101	GISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW PINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT D IN CALIFORNIA , P.O.Box 85222, 92186-5222	San Diego, CA		R OF DISTRICT OF DISPOSITION— DUR IN ANOTHER DISTRICT IN CALIFORNIA	•
B. CREMATION	OF CREMATED REM		F DISINTERME		(Name and Address)	G-REMAINS LOCATED A
BURIAL	A DESCRIPTION OF THE PARTY OF T	Mt. Hope Ce Market St., San I		1-21-9	11C SIGNATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION		DDRESS OF CALIFORNIA		128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN C	CHARGE OF CREMA
SCIENTIFIC USE	13A, NAME AND A	DORESS OF CALIFORNIA	FACILITY RECEIVING REM	AINS 13B DATE RECE	IVED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE	14B, DATE SHIPE	OF PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY	FICIENT TO IDE		NE, OR OTHER DESCRIPTION CA <u>DISTRICT</u> OF DISPOSITION		15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE HUMBER OF CREMATED RE- MAINS DISPOSEI F APPLICABLE

INTERMENT ORDER

City of San Diego

Date 1-15- 99

You are hereby authorized and ins	structed, subject to your rules and regulations, to inter the remains
ina liner	Funeral, date, time Will + 2:00
Type of Burial Container Church, Chapel, Graveside	month coursels, Santy Lakesid Monuary.
All Funeral cars must arrive before	p.m. of regular work day or an ortra charge of \$ 150.00
will be applied and billed to under	signed
Lot 3067 Grave	Row Section Division/Block
Grave space & Care Fund	Q Nul C- 6326 -0
Additional spaces and care fund	PAID
Opening/Closing & Setup	
Burial Container	JAN 1 q 1999 19007
Handling Fees	MT. HOPE CEMETERY 140.0
Flower vases - Marker setting f	TTY of SAN DIEGO, CALIF
Recording and filing fee	42.0
nortyan to	Paid receipt number R- 50759 769-7
cruck	Paid receipt number
I hereby certify I am the	of the above named decedent
and this is your authority to make	disposition of remains as above indicated. I certify and represent authorization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in hold under deed.	X See, V
Signature of recorded holder of deed	- XARTON WILLIAM
	City Zip Code
	Invoice #
Work Order # E 14831	Acct. #
REA-104 (7-96) 7	This information is available in alternative formats upon request.

O Printed an recycled paper

INTERMENT ORDER

City of San Diego

1-15. 99 Date. You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Ins Church, Chapel, Graveside All Funeral cars must arrive before \$3.00 m. of requier work da will be applied and billed to undersigned 1013067 6326 Grave space & Care Fund ... Additional spaces and care fund Opening/Closing & Setup..... Buriel Container.... Harding Fees Ployer vases - Marker setting fee Recording and fliing fee Total Due ... Paid receipt number Balance due I hereby certify I am the formal of the above named decedent and this is your authority to make disposition of remains as above indicated. I tertify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Certificity harmless from any liability on account of said authorization and intermed. I hereby authorize the Interment in lot I hold under deed. Digenture of recorded funder of deed Invoice # Work Order # E 14831 Acct. W This information is available in alternative formals upon request. MEA-104 (7-98)

@ Hinted an corpoled gropes

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA	NAME OF DECEDE	NT—FIRST (GIVEN) IB. MIDDLE BERTHINE	IC. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR OT /14/1916 01/14/1999 F
5A	SAN DIEGO		58. COUNTY OF DEATH-	OUTSIDE CALIF.	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RICHARD G. HAMILTON - SON
7.A	LAKESIDE-S	DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A ANTRE FUNERAL CHAPEL: AVENUE, LAKESIDE, CA 92040		D-997	P.O. BOX 545 RAMONA, CA 92065 8A SIGNATURE OF APPLICANT—Forces taking permit 6B DATE SIGNED
	ACKNOWLEDGMENT OF AF	Section 10076 of the Health and Salety Code, and was author	and pursuant to Section 7100 of the	Health and Safety Code	► () ative me = 101/15/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO BIRHT OF DISPOSAL OUTSIDE OF CALFORNIA.	\$7.00	VICTORIA 01/19/19	IBSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT NEZA 9900914
1	OV CHANGE IN DISPOSI- ON REQUIRES A NEW SEMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222 SAN DIEGO, CA 92186-5222	A COUNTY OF THE PARTY OF THE PA		OF DISTRICT OF DISPOSITION— IR IN ANOTHER DISTRICT IN CALIFORNIA
10		OSITION(S) CHECK APPLICABLE ITEMS DES ENTOMBMENT)	E. TEMPORARY ENVAL	ILTMENT	FOR CORONER'S USE ONLY L DISPOSITION PENDING—REMAINS LOCATE AT (Name and Address)
	C. DISPOSITION THAN IN A CE D. SCIENTIFIC U		G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSIE		
	BURIAL	MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIE		118. DATE BURIE	11
ALE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	DRY	12B. DATE CREMAT	TED 12C. SKRATURE OF PERSON IN CHARGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VEO 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CREMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPI	ED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
9	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER —IF APPLICABLE

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-15-99

You are hereby authorized and instructed, so	ubject to your rules and regulations, to inter the remains
or John and	ews &
ina ash vault	Funeral, date, time FYI . UN 22 W.
Church, Chapel, Graveside	il : Caring Cremation Mortuary.
All Funeral cars must arrive before 3.00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot 65 Grave 4 Row_	Section Division/Bleek
Grave space & Care Fund	- Ned V-5545 -0
Additional spaces and care fund	
Opening/Closing & Setup	105.01
Burial Container	AID 55.60
Handling Fees	40.6
Flower vases - Marker setting fee JAN.	1 9 1999
Recording and filing fee	45.00
	PE CEMETERY 4.20
SalkLi-Mi -275	Total Due
Paid	receipt number 50758 2492
V 1	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
	× Mura H. Druss
I hereby authorize the interment in lot I hold under deed.	Signature 40th St
	Addings A No 02115
Signature of recorded holder of deed	582-774/ Zip Code
	Invoice #
Work Order # E 14832	Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REM

OF HUMAN REMAINS

84

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

1A. NAME OF DECE	DENT-FIRST (GIVEN) 1B. MIDDLE	10. LAST (FAMILY)		MONTH, DAY, YEAR M	DATE OF DEATH 4. SEX
JOHN	RAYMOND	ANDREWS		06/13/1914 0	01/15/1999 M
SA CITY OF DEATH		5B. COUNTY OF DEATH		6. NAME, RELATIONSHIP, FULL MAIL OF INFORMANT	
EL CAJON		SAN	DIEGO	MYRA DRURY-DAUGHT	TER
7A. TYPED NAME AND	ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON		F. LICENSE NUMBER	4726-49TH ST	
CARING (REMATION SERVICES OF S.D.			SAN DIEGO CA 9211	
P.O.BOX	711036 S.D. CA 92171-9972		1210	BA. SIGNATURE OF APPLICANT-PUSO	
ACKNOWLEDGMENT OF	APPLICANT Section 10375 of the Health and Safety Code, and was author			> Trosa Mara	01/15/1999
PERMIT AUTHORIZATION OF		SK. AMOUNT OF FEE PA	01/15/19		L REGISTRAR ISSUING PERMIT
LOCAL REGISTRAR	NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL DUTSIDE OF CALFORNIA.	\$7.00	ROSA NAV		
ANY CHANGE IN DISPOS TION REQUIRES A NEW PERMIT TO SHOW FINA DISPOSITION.	TO DOY OF 222			OF DISTRICT OF DISPOSITION— JR IN ANOTHER DISTRICT IN CALFORNI	•
10. AUTHORIZED DI	POSITION(S) CHECK APPLICABLE ITEMS			FOR CORON	ER'S USE ONLY
B CREMATION	OF CREMATED REMAINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA	(Name and Addr	NDING—REMAINS LOCATED AT
BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, C		1-22-9	9 SIGNATURE OF PERSON	N CHARGE OF BURIAL
CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMAT CREMATION SERVICES INC 2570 FORTUNE WAY VISTA, CA		12B. DATE CREMAT	12C. SIGNATURE OF PERSON	IN CHARGE OF CREMA
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEN	/ED' 13C. SIGNATURE OF PERSON	N IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE N/A		148. DATE SHIPPE	D 14C ADDRESS AND SIGNATU OF PLACING WITH THE	
SCATTERING AT SE OR DISPOSITION OTHE THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		158 DATE OF DISPOSITION	16C. SIGNATURE OF PERSON CHARGE OF DISPOSITIO	
COPY 1 OF	HE PERMIT ACCOMPANIES THE REMAINS TO	THE STATED PLACE	OF DISPOSITIO	N. THE PERSON IN CHARGE	OF DISPOSITION IS

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.

INTERMENT ORDER

1st Buril

City of San Diego

terpent - 1-99	Date /- 19:59
You are hereby authorized and instructed, sub	ject to your rules and regulations, to inter the remains
or David Rzeslaws	K
	uneral, date, time 10.00 1 = 21-59
Church, Chapel, Graveside Graveside	Mortuary Mortuary
All Funeral cars must arrive before e.oo p.m. o	f regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lot 44 Grave 3 Row	Section Z Division/Block 1\
	Pre need
Additional spaces and care fund	
Opening/Closing & Setup	
	Prenal
Handling Fees	Prenad -
Flower vases - Marker setting fee	
Recording and file A	lienes e
JAN 1 9 1999	Total Due
The last the	ceipt number <u>E 97 90</u>
MT. HOPE CEMETERY	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signatura Parksida Drive
Signature of recorded holder of deed	(Chy 476-8089 Zip Code Telephone)
Work Order # E 14833	Invoice #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	0	SE BLACK INK ONLY-WA	THE THE CHASURES, W	THIE DOIS ON OTH	EL ALIELIATIONS	- Commence	
IA. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	
DAVID	- 1	-	RZESLA	WSKI	03/18/1935	01/18/1999	M
IA. CITY OF DEATH			58. COUNTY OF DEATH	H-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL	MAILING ADDRESS AND	OP CODE
CHULA VIS	THE RESERVE OF THE PERSON NAMED IN COLUMN		AND DESCRIPTION OF THE PARTY OF	SAN DIEGO	OF INFORMANT ADELA RZESŁAWSI	I - WIFE	
A. TYPED NAME AND AL	DDRESS OF CALIFORN	IA-FUNERAL DIRECTOR OR PERS		HE THE WAS MINUSED.	7953 LANSING DI		
ADA	MORTUARY S	ERVICES, INC.		PAPPLICABLE		91945	
		LEMON GROVE, CA	91945	FD-1469 84	SIGNATURE OF APPLICANT-	The state of the s	TE SIGNED
ACKNOWLEDGMENT OF A	hereby !	acknowledge as applicant that the proposed 0376 of the Health and Safety Code, and was a	disposition stated horses is one of the	dispusitions authorized by	H Cherry	01	/20/19
PERMIT	THIS PERMIT IS ISS	UED IN ACCORDANCE WITH PRO	VI- BA, AMOUNT OF FEE P	AID 98. DATE PERMIT	SUED, 9C. SIGNATURE OF L	OCAL REGISTRAR ISSUI	NG PERMIT
PERMIT		FORNIA HEALTH AND SAFETY CON TY FOR THE DISPOSITION SPECIFI		1	1		
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT	NO RIGHT OF DISPOSAL OUTSER OF CALFORN	s7.00		1 +4	0	24
	STATE OF THE PARTY	EGISTRAR OF DISTRICT OF DE		DRESS OF REGISTRAR OF	DISTRICT OF DISPOSITION-	June 3	000
TION REQUIRES A NEW	IF DEATH OCCURR	ED IN CALIFORNIA			IN ANOTHER DISTRICT IN CAUF	ORNIA	-
PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	THE PARTY OF THE P					
	SAN DIEGO	A STATE OF THE PARTY OF THE PAR					
O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONL	Υ
A. BURIAL (NOLL	UDES ENTOMBMENT)		E TEMPORARY ENVA	ULTMENT	L DISPOSITION	PENDING-REMAINS L	OCATED AT
B. CREMATION			F. DISINTERMENT		(Name and	Address)	
C. DISPOSITION	OF CREMATED REM	IAINS OTHER	G. SHIP IN TO CALIFO	RMA			
D. SCIENTIFIC U			H. TRANSIT TO OUTS				
Di GOICHTEIG D				IDE OF ORLE OTHER	-		-
3	THE RESIDENCE OF THE PARTY OF T	DDRESS OF CALIFORNIA CEME	TERY	1 118. DATE BURIED	, 11C. SIGNATURE OF PE	RSON IN CHARGE OF	BURIAL
BURIAL	MT. HOPE	CEMETERY		1	1 1/2	11 /	-
	3751 MAR	KET ST., SAN DIE	GO, CA 92102	1-21-99	A May	MINU	
		DDRESS OF CALIFORNIA CREM		12B. DATE CREMATED	12C. SIGNATURE OF PE	SON IN CHARGE OF CH	PEMATION
CREMATION	The Late of the La			I .			
and the state of t				1	1		
	194 NAME AND A	DDRESS OF CALIFORNIA FACIL	ITY DECEIVING DEMAINS	198 DATE BECEIVE	D 13C SIGNATURE OF PE	DECN IN CHARGE OF T	ACH ITY
SCIENTIFIC	TUR. PROME POUR	DORESS OF GALIFORNIA PAGE	ALL HEGELVING HEMMINS	156. DATE RECEIVE	I 100 SIGNATURE OF PE	noon in Change of I	Division 1
USE	Charles and the						
				i .	1		7
1		DDRESS IN RECEIVING STATE		14B. DATE SHIPPED	14C. ADDRESS AND SIG		CHARGE
TRANSIT	HEMAINS OH	CREMATED REMAINS ARE TO	BE SHIPPED	1	OF PLACING WITH	THE CANHEH	
7721133411				5	1		
	15A ADDRESS NE	AREST POINT ON SHORELINE, OR	OTHER DESCRIPTION SIE	15B. DATE OF	15C. SIGNATURE OF PE	RSON IN 1 130. LICENSI	NEMBER
SCATTERING AT SEA		ENTIFY FINAL PLACE AND CA DIS		DISPOSITION	CHARGE OF DISPO	SITION OF CRE	MATED RE-
DISPOSITION OTHER	The state of the s			The same of the sa	The state of the s		DISPOSER



MT. HOPE CEMETERY INTERMENT ORDER

city strong rhome	an Diego	1-99
You are hereby authorized and instructed, subject		inter the remains
la a	eral, date, time TUES. 3	-3
Church, Chapel, Graveside	generaltael?	Mortuary.
All Funeral cars must arrive before e.corp.m. of re	gular work day or an extra charg	e of s Col
will be applied and billed to undersigned. D. Lot 78 & Grave Row	Section Division#	10
	Section Division	Block
Additional spaces and care fund	lamen	1000.0
Burial Container FFR 1 1 1000		
Flower vases - Marker selling les EMETERY Recording and Bridden'S SAN DEGO, CALIF		
Sales taxes		
Paid recei	Total Due	1,000.00
V	Balance du	Je
I hereby certify I am the daughter and this is your authority to make disposition of r that I have the right to make this authorization and any liability on account of said authorization and i	I agree to hold Mt. Hope Cemete	lify and represent
I hereby authorize the interment in lot I hold under deed.	Edell K The	nd # 132
Signature of recorded holder of deed	Surrece 1 541-593-29	0R 97707
Work Order # E 14834	Invoice #Acct. #	

Sugarne Kelley are 9498 Bantam are 8 p 92123

Surance Helley are 9498 Barton are 989 92123

da E14834 February 199

Meas Linda,

as per our phone conversation enclosed is a check for \$1000.00 for my father's disinterment, a Misinterment Order, and two authorities To Disenter- one signed by my sister and me and one signed by my brother. We want the headstone as I mentioned in our conversation. When you call my sister, Suzie Kelley, she will let her son, Steve James, know when to go and pick it up at Mt Nape Cemetery.

Shank you for your help.

278-2249 Edell & Henry

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)			DATE OF DEATH 4. SEX
James		Franklin	Kellev		ACTION AND ADMINISTRATION OF THE PARTY OF TH	1/11/1975 א
SA. CITY OF DEATH		1 0000000000000000000000000000000000000	58. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MAIL	NG ADDRESS AND ZIP CODE
San Diego			San Diego		OF INFORMANT	Danahtan
	DORESS OF CALIFORN	IIA-FUNERAL DIRECTOR OR PER	SON ACTING AS SUCH 7B CAL	LIF. LICENSE NUMBER	498 Bantam Ave.	Daughter
Featheringi	11 Mortuar	v	1 -		an Diego, CA 921	23
6322 El Ca1			115 70		SIGNATURE OF APPLICANTFrom	
ACKNOWLEDGMENT OF AF	I hereby	acknowledge as applicant that the proposi 0376 of the Health and Salety Code, and wa	ed disposition stated hirsen is one of the a authorized personnt to Section 7100 of th	dispositions authorized by be Health and Safety Code.	1 1 1 Bet holls	02/23/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT	UED IN ACCORDANCE WITH PE FORMA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECI KO MISHT OF DISPOSAL OUTSIDE OF CALFE	PIED	02 / 2 4 /	1999 4	REGISTRAR ISSUING PERMIT
TION WEGLINES A NEW	IF DEATH OCCURR	22 San Diego, Ca	IF (DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA	
10. AUTHORIZED DISPO					FOR CORON	ER'S USE ONLY
A. BURIAL (INCLU	DES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT	I L DISPOSITION PER	IDING-REMAINS LOCATED A
B. CREMATION			F. DISINTERMENT	MASSAGE IN L	(Name and Addre	
	OF CREMATED REM	IAINS OTHER	G. SHIP IN TO CALIFO	ORNIA		
D. SCIENTIFIC US			H. TRANSIT TO OUTS	NDE OF CALIFORNIA		
	11A NAME AND A	DORESS OF CALIFORNIA CEN	AFTERY	, 11B, DATE BURIED	11C. SIGNATURE OF PERSON	IN CHARGE OF BURIAL
BURIAL						
	12A. NAME AND A	DORESS OF CALIFORNIA CRE	MATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON	IN CHARGE OF CREMATI
CREMATION		Crematory 571 J inore, CA 92530	Crane St.		•	
SCIENTIFIC	13A. NAME AND A	DDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON	N IN CHARGE OF FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B, DATE SHIPPED	14C. ADDRESS AND SIGNATE OF PLACING WITH TI€	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	RES- Suzar	AREST POINT ON SHORELINE, C ENTRY FINAL PLACE AND CA I DIEC Kelley 9498 Diego, CA 92123	DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	16C SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

01-19-99 MONTH YEAR

disinter the remains of:	JAMES F. KELLEY	ect to your rules	and regulations, to	
from Lot Grave	Section	Row	Block	
Division 10 And to	remove the same to	and reinter said	remains in Lot	
Grave Section	Row	Block	Division	
Cemetery MOUNT	T HOPE			
related to the decedent	AND STREET PROPERTY AND ADDRESS OF THE PARTY A		n, and that they are	
related to the decedent hold Mount Hope Cemerauthorization, disinterm	as indicated below. tery harmless from a	The undersign ny liability on a	ed further agree to	•
hold Mount Hope Cemet	as indicated below. tery harmless from a lent, removal, and reintended and reinte	The undersign ny liability on a nterment.	ed further agree to	Junion 9772

(This form must be notarized, if not signed in presence of cemetery staff.)



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

· land A.	ss.
County of San Diego	
V	1.
On 1-22-99, before me,	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
Date =	Name and Title of Officer (e.g., 'Jane Doe, Notary Public')
personally appeared Elell k	HENRY & SUZANNED. KE
	personally known to me
	proved to me on the basis of satisfactory
	evidence
	to be the person(s) whose name(s) is/are subscribed to the within instrument and
***************************************	acknowledged to me that he/she/they executed
LINDA KAZMAREK	the same in his/her/their authorized
COMM. # 1190511	capacity(ies), and that by his/her/thei
SAN DIEGO COLINITY	signature(s) on the instrument the person(s), o
My Comm. Expires July 19, 2002	the entity upon behalf of which the person(s
	acted, executed the instrument.
	WITNESS my hand and official seal.
	4.1
	hands manufel
Place Notary Seal Above	Signature of Notary Public
(OPTIONAL —
	law, it may prove valuable to persons relying on the document I and reattachment of this form to another document.
	Service - September 17 (Service Service Servic
Description of Attached Document Title or Type of Document:	
Title of Type of Document.	Part III Plant Comment
	Number of Pages:
Document Date:	Trailiber of Fages.
Signer(s) Other Than Named Above:	
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer	
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name:	
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual	FIGHT THUMBPRIN
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s):	RIGHT THUMBPRING OF SIGNER
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General	RIGHT THUMBPRING OF SIGNER
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s):	RIGHT THUMBPRING OF SIGNER
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact	RIGHT THUMBPRING OF SIGNER
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee	RIGHT THUMBPRINT OF SIGNER



THE CITY OF SAN DIEGO

E-14834

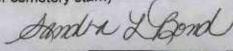
AUTHORITY TO DISINTER, REMOVE OR REINTER

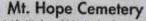
01-19-99

MONTH YEAR

disinter the rem		JAMES F. KELLE	Y	
from Lot	_ Grave	Section	Row	Block
Division 10	And to ren	nove the same to	and reinter said	remains in Lot
Grave	_ Section	Row	Block	Division
Cemetery		Maria Contract		
of the remains related to the c hold Mount Ho	and have the decedent as i ope Cemetery	right to make th	is authorization The undersign any liability on	e the legal custodians on, and that they are ned further agree to account of said
of the remains related to the chold Mount Hoauthorization,	and have the decedent as i ope Cemetery disinterment,	right to make the ndicated below. harmless from a removal, and re	The undersign The undersign any liability on interment.	ned further agree to account of said
of the remains related to the chold Mount Hoauthorization,	and have the decedent as i ope Cemetery disinterment,	right to make the ndicated below. harmless from a removal, and re	The undersign The undersign any liability on interment.	on, and that they are ned further agree to
of the remains related to the chold Mount Hoauthorization,	and have the decedent as i ope Cemetery disinterment,	right to make the ndicated below. harmless from a removal, and re	The undersign in liability on interment.	ned further agree to account of said
of the remains related to the chold Mount Ho authorization,	and have the decedent as in the period of the decedent as in the decedent as in the period of the decedent as in the decedent a	right to make the ndicated below. harmless from a removal, and removal, and removal and re	The undersign in liability on interment.	ned further agree to account of said

(This form must be notarized, if not signed in presence of cemetery staff.)









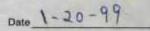


This certificate is attached to a
Jurat Certificate
State of OREGON County of Washington
Subscribed and sworn to before me this <u>3</u> Day of <u>February</u> .
1999 by James M. Kelley
who is personally know to me
whose identity I proved on the basis of
whose identity I proved on the oath/affirmation of, a credible witness.
OFFICIAL SEAL SANDRA L BOND NOTARY PUBLIC - OREGON COMMISSION NO. 306 194 MY COMMISSION EXPIRES OCT. 26, 2001 Signature of Notary Public
Sandea L. Bond Name of Notary printed
Notary Public, State of OREGON
My Commission Expires 10/26/2001



INTERMENT ORDER

City of San Diego



You are hereby authorized and instructed	, subject to your rules and regulations, to inter	the remains
or Jewell Jul	ler	
ina Zinin	_ Funeral, date, time = 1-22	3,,00
Church, Chapel, Graveside	Graneido Bazabala	Mortuary.
All Funeral cars must arrive before \$180 p	o.m. of regular work day or an extra charge of t	130.00
will be applied and billed to undersigned.	X S.T.	
Lot 43 Grave 5 Row	Section 3 Division/Block	13
Grave space & Care Fund	Pre- New E - 908	-0
Additional spaces and care fund	1046 Service 1	30.00
Opening/Closing & Setup	AID	,75.00
Burial Container	AID	90.00
Handling Fees	N 2 0 1999	45.00
Flower vases - Marker setting fee		12 61
Recording and filing feeMT. Hi Sales taxes	OPE CEMETERY SAN DIFGO CALIF	14.73
	Total Due	69-73
, p	aid receipt number R-50767	769-73
I hereby certify I am the and this is your authority to make dispos	Balance due	nd represent
I hereby authorize the interment in lot I hold under deed.	Advans	ERR
Signature of recorded holder of deed	X SAN OCCSO CA VILLA- 263-9887	92/14 24 Cade
E 14995	Invoice #	
Work Order # E 14835	Acct. # 097 698	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECED	ENT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)				TE OF DEATH 4. SEX
Jewel Lee			Fuller	Fuller 06/02/1924 01/14/15			14/1999 M
5A. CITY OF DEATH	San Diego		5B. COUNTY OF DEAT ENTER STATE San Diego	HERMAN SERVE CHARACTER AND A	OF INFORMANT	SHP, FULL MAILING A	obress and ZP CODE
	-Ragsdale M	ort.; 5050 Fedi an Diego, CA 9		FAPPLICABLE	123 Time: San Diego	ly Terrace	, ,
ACKNOWLEDGMENT OF A			med disposition stated herein a one of the was authorized pursuant to Section 7100 of th		Deblu	Whilena	01/20/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH P FORMA MEALTH AND SAFETY TY FOR THE DISPOSITION SPEC NO RIGHT OF IMPUSM, OUTSIDE OF CALL	CODE \$7.00	AND SE DATE PERMIT		TURE OF LOCAL REG	990117
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Rec	EGISTRAR OF DISTRICT OF ED IN CALIFORNIA Ords; P.O. Box IN Diego, CA 92	85222 "	DRESS OF REGISTRAR DISPOSITION IS TO OCCU			
10. AUTHORIZED DISE	POSITION(S) CHECK A	PPLICABLE ITEMS				FOR CORONER'S	S USE ONLY
B. CREMATION		IAINS OTHER	G. SHIP IN TO GALIFO H. TRANSIT TO OUTS	DRNIA		DISPOSITION PENDING Name and Address)	G-REMAINS LOCATED AT
BURIAL	THE RESERVE TO SHARE THE PARTY OF THE PARTY	Cemetery; 3751 San Diego, C	Market St.	1 - 22-9	110. SIGNATI	IRE OF PERSON IN	CHARGE OF BURIAL
CREMATION CREMATION SCIENTIFIC	12A, NAME AND A	DORESS OF CALIFORNIA CF	REMATORY	128. DATE CREMAT	ED 12C. SIGNATO	THE OFFERSON IN C	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138. DATE RECEIV	ED 13C. SIGNATU	JRE OF PERSON IN	CHARGE OF FACILI
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE 1		148. DATE SHIPPE		S AND SIGNATURE C CING WITH THE CAR	OF PERSON IN CHARGE RIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FIGIENT TO ID	AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUF- DISTRICT OF DISPOSITION	158 DATE OF DISPOSITION		URE OF PERSON IN OF DISPOSITION	15D, LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

INV DATE NO CUSTOMER NAME FUND DEPT ORG ACCT J/O OPER BN/EQ FACILI AMOUNT PAID AMOUNT BILLED UNPAID BALANCE

311547 02/04/99 097698 SHIRLEY TYLER 100 072 150.00 150.00 PAID IN FULL

77183 000072 150.00 PAID IN FULL

INTERMENT ORDER

City of San Diego

Date 1 = 20-99

You are hereby authorized and instructed, a	subject to your rules and regulations, to	nter the remains
ina T.S. VAULT	Funeral, date, time	2:00
Type of Burist Container	Puneral, date, time XXX	Rass He Mortuary.
Church, Chapel, Graveside All Funeral cars must arrive before 3:00	Delly	
	i, of regular work day or an extra charge	018
will be applied and billed to undersigned		
Lot 269 Grave 3 Row_	Section 2 Division/8	Hock IR
Grave space & Care Fund		795.00
Additional spaces and care fund		
Opening/Closing & Setup		375,00
Burial Container		250.00
Handling Fees		185.00
Flower vases - Marker setting fee		TITAN
Recording and filing fee		45.00
Sales taxes		19,38
	Total Due	1664,38
Pai	d receipt number 40769	
	Balance du	0_
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I certi on and I agree to hold Mt. Hope Cemete.	named decedent ity and represent ry harmless from
I hereby authorize the interment in lot I	terriston	n
hold under deed.	12848 50 HOPE	AVE
Signature of recorded holder of deed	ONTARIO 14 4	1761
Signature of recurrent interest of recent	(969) 947-853 Totoghorfe	Zip Code
	Invoice #	
Work Order # E 14836	Acct. #	
REA-104 (7-96) This inform	mation is available in alternative forma	ts upon request.

O Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

9

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

IA. NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)				TE OF DEATH 4. SEX
Andrew		-	Jones,	Jr.			15/1999 M
SA. CITY OF DEATH	n Diego		5B COUNTY OF DEATH ENTER STATE San Diego		OF INFORM	ATIONSHIP, FULL MAILING ANT M. Jones, Wii	
	agsdale Mo	a-funeral director or Person rt.; 5050 Federal ego, CA 92102	BIVE. 78. CAL	IF. LICENSE NUMBER	3222 1	J" St.	
ACKNOWLEDGMENT OF APP	PLICANT I heretry a Section 10	cknowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was author	austion stated herein is one of the prized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	Dell	w William	01/20/199
AUTHORIZATION OF	THIS PERMIT IS IBSU SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED DIDGHT OF DISPOSAL DUTSIDE OF CALFORNIA.	and the same of th			SIGNATURE OF LOCAL RE	9901178
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Rec	GISTRAR OF DISTRICT OF DEAT D IN CALFORNIA ords; P.O. Box 85 an Diego, CA 9218	222	DRESS OF REGISTRAR O			
10. AUTHORIZED DISPO			Jan Sale			FOR CORONER	S USE ONLY
B. CREMATION		AINS OTHER [E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PRNIA		(Name and Address)	G-REMAINS LOCATED A
BURIAL		Cemetery; 3751 Ma San Diego, CA 9	arket St.	118. DATE BURIED		MATURE OF PERSON IN	CHARGE OF BURIAL
CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CREMAT	TORY	128. DATE CREMATE	12C. SK	MATURE OF PERSON IN	CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIVE	ED 130. SIG	NATURE OF PERSON IN	CHARGE OF FACILITY
TRANSIT		DERESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED		DRESS AND SIGNATURE PLACING WITH THE CAR	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O' INTIFY FINAL PLACE AND CA <u>DISTR</u>		15B. DATE OF DISPOSITION		NATURE OF PERSON IN ARGE OF DISPOSITION	13D. LICENSE NUMBER OF CREMATED RE MAINS DISPOSER OF APPLICABLE



INTERMENT ORDER

City of San Diego

Date 1-21-99

fou are hereby authorized and Instru-		
na linev	Funeral, date, time N	1001. 1-25 N.3
Church, Chapel, Graveside	very only: At	Mortuary.
All Funeral cars must arrive before	op n.m. of regular work day o	r an extra charge of \$
will be applied and billed to undersign	ed	
200		
Lot 376 Grave R	ow Section	Division/Black/O
Grave space & Care Fund	Prenad 3	0.5756
Additional spaces and care fund		
Opening/Closing & Setup	DAID	375.00
Burial Container		190,00
landling Fees	JAN 2 1 1999	145.00
lower vases - Marker setting fee	INFUL	
Recording and filing fee	CITY OF SAN DIEGO.	CALIF
Sales taxes	CILA	14.73
	5	07711 7100
	Paid receipt number	0114 1119.
V M	0.06	Balance due
and this is your authority to make dis	position of remains as above	of the above named decedent indicated. I certify and represent
hat I have the right to make this author any liability on account of said authori	rization and I agree to hold N zation and interment.	It. Hope Cemetery harmless from
hereby authorize the interment in lot	. NER	18B Lavaugh
old under deed.	+Suprobure SC	SHOFFING AVE.
ignature of recorded holder of deed	- Address SAN	DIEGO, CH GZZZZ
W-100 C 100	9 Dici9) 279-3930) ZPCode
	Telephone	
	Invoice #	
Nork Order # E 14837	Acct. #	
EA-104 (7-96) This	information is available in a	Iternative formats upon request.

6 Printed on recycled paper

E-14 837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

_	US	SE BLACK INK ONLY-MAK	E NO ERASURES, W	HITEOUTS OR OTH	HER ALTERATIONS	FOU	IND	
AME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE			TC. LAST (FAMILY)	TC. LAST (FAMILY)			DAY, YEAR	4. SEX
EVA		-	LAK	0	01/29/19		0/1999	F
SA. CITY OF DEATH			58. COUNTY OF DEATH	H-OUTSIDE CALIF., 8.	NAME, RELATIONSHIP, F OF INFORMANT	ULL MAILING AD	DRESS AND ZI	P CODE
NATTONA 7A. TYPED NAME AND AD		A—FUNERAL DIRECTOR OR PERSON	A ACTING AS SUCH , 7B. CAL	IF LICENSE NUMBER	ESTELLA KAVA 8868 HOFFING		IECE	
27.078 (0.1780)	MORTUARY SE	ERVICES, INC. LEMON GROVE, CA		APPLICABLE	SAN DIEGO, C	A 92123	pernit. 8B. DAT	E SIGNED
ACKNOWLEDGMENT OF A	I hereby a	considering as applicant that the proposed do 076 of the Health and Safety Code, and was aut	position stated herein is one of the	dispositions authorized by	M. Chi		01/2	2/1996
TION REQUIRES A NEW PERMIT TO SHOW FINAL	THIS PERMIT IS ISSE SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT MOTE THIS PERMIT GIVES N	JED IN ACCORDANCE WITH PROVI- CORNIA HEALTH AND SAFETY CODE TY FOR THE DISPOSITION SPECIFIED O HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA EGISTRAR OF DISTRICT OF DEAT DO IN CALIFORNIA	S7.00	01/22/19		32/C	STRAR ISSUIN	IG PERMIT
10. AUTHORIZED DISPO		CA 92186-5222			FOR	CORONER'S	USE ONLY	Y
A BURIAL (INCLUSA CREMATION C DISPOSITION O THAN IN A CE	OF CREMATED REM	AINS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	FINIA		ITION PENDING and Address)		
BURIAL	MT, HOPE 3751 MARK			118. DATE BURIED	11C. SIGNATURE OF	PERSON IN C	HARGE OF BU	JRIAL
CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA CREMA	FORY	128. DATE CREMATE	12C. SIDNATURE OF	PERSON IN CI	HARGE OF CRI	EMATION
SCIENTIFIC .	13A. NAME AND AL	DORESS OF CALIFORNIA FACILIT	Y RECEIVING REMAINS	13B. DATE RECEIVE	D 13C. SIGNATURE OF	PERSON IN C	HARGE OF FA	ACILITY
TRANSIT *	RANSIT * 14A. NAME AND ADDRESS IN RECEIVING STATE OF COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			148. DATE SHIPPED	0F PLACING V	SIGNATURE O		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR C INTIFY FINAL PLACE AND CA <u>DISTI</u>		15B. DATE OF DISPOSITION	15C. SIGNATURE OF CHARGE OF D		15D. LICENSE OF CREA MAINS D	MATED RE- DISPOSER

INTERMENT ORDER

City of San Diego

Date 1-21-99

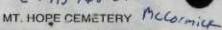
ina t. S. Vault	Funeral, date, time Tues 1-26 10:00
Church, Chapel, Graveside	vesile: Series Colonial Mortuary.
All Funeral cars must arrive before	o p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	ed
CRPP	V)
Lot 110 of Grave Ro	Section Division/Block
Grave space & Care Fund	11-11-12 -0
Additional spaces and care fund	
Opening/Closing & Setup D	375.00
Burial Container	₹50.00
Handling Fees JAN 2	1 1999
Flower vases - Marker setting fee	<u></u>
Recording and filling team. HOPE	DIEGO, CALIE
- LAALS	19.38
	Total Due
	Paid receipt number R-50768 874-38
X /	Balance due
I hereby certify I am the aung	of the above named decedent
and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	position of remains as above indicated. I certify and represent prization and I agree to hold Mt. Hope Cemetery harmless from zallon and interment.
	X March We Latine
I hereby authorize the interment in lot I hold under deed.	Signature Survey Victor De C
WATER THE TENEDON TO	Addresse / Admired VISTA KEAN
Signature of recorded holder of deed	Chula V Cota 7/9/
	¥ 425 - 6425
	Invoice #
	HIVOICO N

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.4	. NAME OF DECEDE	NT—FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		H, DAY, YEAR MONTH	DAY, YEAR	SEX
5.A	CITY OF DEATH		5B. COUNTY OF DEATH OUTSEE ENTER STATE	DE CALIF., B. NAME, RELATI	BONSHIP, FULL MAILING A		M_ ODE
7A	LEWIS COL	DORESS OF CALIFORNA FUNERAL DIRECTOR OR PERSON DILAL/BENBOUGH MORTUARY LJON BLVD, SAN DIEGO, CA 9210 1 hereby acknowlege as uppleared that the proposed dispo- Section 10376 of the Heading and Salving Links, and was author	ACTING AS SUCH 7B CALIF LICEN —IF APPLICA FD-480 diten stated acres is one of the deposition	SE NUMBER 262 CAN CHULA V 8A. SIGNATURE (FURUYA - DAUG IINO VISTA RE VISTA, CA 919 OF APPLICANT—PERSON TAKING	AL 10	and the second
L	PERMIT UTHORIZATION OF OCAL REGISTRAR IV CHANGE IN DISPOSE	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THE PERMIT GIVES NO HIGHT OF DEPUSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	\$7.00 PE. ADDRESS OF	DATE PERMIT ISSUED 90. SIG /21/1999 9901 Valentine PERMITTE OF REGISTRAR OF DISTRICT OF	190 DISPOSITION—	manuscribe Chale Challe Co.	BOOK
1	ION REQUIRES A NEW IRMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDSPO BOX 8522 SAN DIEGO. CA 92186-5222		N IS TO OCCUR IN ANOTHER DI	STRICT IN CALIFORNIA		•
	B. CREMATION		E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF C		I. DISPOSITION PENDING (Name and Address)	HEMAINS LOCA	TED AT
	BURIAL	MT HOPE CEMETERY, 3751 MAI SAN DIEGO, CA 92102	STALL MICHAEL	DATE BURIED 11C. SIGN	ATURE OF PERSON IN	CHARGE OF BURIA	KL .
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATI	DRY 12B. C	ATE CHEMATED 12C. SIGN	TURE OF PERSON IN C	HANGE OF CHE	MON
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 13B.	DATE RECEIVED 13C. SIGN	ATURE OF PERSON IN	CHARGE OF FACIL	JITY
OMPLETE A	TRANSIT	14A, NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE			RESS AND SIGNATURE C PLACING WITH THE CARR		ARGE
3	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OT FICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRI</u>			ATURE OF PERSON IN RGE OF DISPOSITION	150 UCENSE NUI OF CREMATE MAINS DISPO —IF APPLICA	D RE- DSER

Alan Kompuder (949) 768-0933



INTERMENT ORDER

City of San Diego

Date 1-21-99

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Burial C	ontainer	**********					250.00
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	ng and filing fee					Altonomy control (1)	
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	1975		Paid rec	eipt number _			0
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I hereby	certify I am the is your authorit	v to make	disposition o	f remains as a	of t	he above na	amed deceden
that I ha	ive the right to m	ake this a	authorization a	nd I agree to h	old Mt. Hop	e Cemetery	harmless from
апу нав	mity on account	JI Solu du	monzauon an		1-	· & 1.	lood
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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14839

96

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

1A. NAME OF DECEDENT—FIRST (GIVEN) 1B. MIDDLE E			IC. LAST (FAM	Porter	N	DATE OF BIRTH	3. DATE OF DE MONTH, DAY, 01/19/19	YEAR
SA. CITY OF DEATH	guna Hills		5B COUNTY OF ENTER STAT	DEATH-OUTSIDE CALIF., E Orange	OF INFO	ELATIONSHIP FULL MA RMANT Lyn Krull-d		AND ZIP CODE
7A. TYPED NAME AND AD McCormick 6		A Hills, CA	N ACTING A5 SUCH 7	B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1312	2706 Hend	Briarcliff erson,NV 89	Ave 014	DATE SIGNED
ACKNOWLEDGMENT OF AP	OLICANY I heroby a	cknowledge as applicant that the proposed di 5/6 of the Health and Safety Code, and was auf			► (Day	TO Korral	being of	1/21/1999
	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	IED IN ACCORDANCE WITH PROVI ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIES DIRECT OF EXPOSAL DUTSEX OF CALFORNA	\$7.00	FEE PAID 8B DATE PERMI MYC1she 01/21/1	Manager Committee of the Committee of th	Hildy Meye		ME7498
A STATE OF THE PARTY OF THE PAR	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF DEA D IN CAUFORNIA anta Ana, CA	TH—	E ADDRESS OF REGISTRAL # DISAOSRION IS TO OCC BOX85222	UR IN ANOTE	ER DISTRICT IN CAUPOR	NIA	
B. CREMATION	DES ENTOMBMENT) OF CREMATED REM		F. DISINTERME) G. SHIP IN TO (0,700,000,000		NS LOCATED AT
BURIAL	Mt Hope	DRESS OF CALIFORNIA CEMET Cemetery et St San Diego,(118. DATE BURIE	9	SIGNATURE OF PERS	ON IN CHARGE	OF BURIAL
CREMATION	12A. NAME AND AL	DDRESS OF CALIFORNIA CREMA	X X	12B. DATE CREMA	TED 12C	SIGNATURE OF PERSO	ON IN CHARGE C	OF CREMATION
SCIENTIFIC USE	13A. NAME AND AC	DRESS OF CALIFORNIA FACILIT	TY RECEIVING REMA	INS 138, DATE RECE	IVED 13C.	SIGNATURE OF PERS	ON IN CHARGE	OF FACILITY
TRANSIT TRANSIT		DRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO B		14B. DATE SHIPP		ADDRESS AND SIGNA OF PLACING WITH TH		ON IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A GEMETERY		REST POINT ON SHORELINE, OR C NTIFY FINAL PLACE AND CA <u>DIST</u>				SIGNATURE OF PERS CHARGE OF DISPOSIT	TION OI	CENSE NUMBER F CREMATED RE- AINS DISPOSER IF APPLICABLE

INTERMENT ORDER

City of San Diego

Date 1-21-99

I All Vellma	bject to your rules and regulations, to inter the remains
in a Type of Burst Cactaines.	Fungral, date, time SQL 1-23 10' 00
Church Chapel Graveside	Manay Nanoy
All Funeral cars must arrive before 8.00 p.m. will be applied and billed to undersigned.	or regular work day or an extra charge or p
2 -	Chinase I
VLot Grave Row	Section Mile Division/Block
Grave space & Care Fund	200
Additional spaces and are Ard	375.00
Burial Container	190.00
Handling Fees JAN 2 1999	diezuma 20 145.00
Recording an CLINY OF SAN DIEGO, CA	45.00
Sales taxes	1415
so day note	Total Due
Paid	receipt number VIDA (085.00
I hereby certify I am the XDAGG and this is your authority to make disposition	of the above named decedent of remains as above indicated. I certify an orthography
any liability on account of said authorization	n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Star Fing Presery
Signature of recorded holder of deed	Andrew S D - 64 - 52 173 De Code
	Telephone U25 - SL25
	Invoice #
Work Order # E 14840	Acct. #
REA-104 (7-96) This inform	ation is available in alternative formats upon request.

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family changed day of pervice to tup polary inptead of patterday.

1-22-99

E14840

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 2. DATE OF BIRTH 4 SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE 1C. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR 1/21/1915 01/19/1999 LAU YEUNG 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5A. CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF., OF INFORMANT ENTER STATE Chula Vista San Diego Wai Ling Driesenga - Daughter 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF LICENSE NUMBER 3085 El Porvenir Way -- F APPLICABLE Humphrey Chula Vista Mortuary San Ysidro CA 855 Broadway Chula Vista CA 91911 FD-964 8A. SIGNATURE OF APPLICANT-Person toping permit, 8B. DATE SIGNED I have acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A AMOUNT OF FEE PAID 8B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 01/25/1999 9901352 AUTHORIZATION OF IN THIS PERMIT \$7.00 HOTE: THIS PERMIT GRES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR J.E. Kine 90 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW ".O. Box 85222 Vital Records PERMIT TO SHOW FINAL DISPOSITION. San Diego CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) **B. CREMATION** F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA TIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED BURIAL Mt. Hope Cemetery - 3751 Market Street 26-991 San Diego CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT CREMATION N/A 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 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF 15C. SIGNATURE OF PERSON IN 15D. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION DISPOSITION MAINS DISPOSER

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

-IF APPLICABLE

DISPOSITION OTHER

THAN IN A CEMETERY

N/A

INTERMENT ORDER

City of San Diego

Date 1-21-99

" WARIE MINA	bled to your rules and regulations, to	inter the remains
Type of Burial Container	Funeral, date, time MUN JUI	125 1.00
Church, Chapel, Graveside	ek i minkun	Mortuary.
All Funeral cars must arrive before 6.00 p.m.	of regular work day or an extra charg	e of \$
will be applied and billed to undersigned		_
Lot 40 Grave 2 Row		12
Lot Grave Row	Section Division/	A CONTRACTOR OF THE PARTY OF TH
Grave space & Care Fund		126,00
Additional spaces and care fund		32400
Opening/Closing & Setup		2/2.40
Burial Container	, 7	100.00
Handling Fees	17-99	54.00
Flower vases - Marker setting fee		
Recording and filling fee		45.00
Sales taxes		
pomastronach PA c. claim 2.	Total Due	700.01
Paid	receipt number R - 50903	700.00
PA C. Claim 2.	5-99 Balance di	10 T
I hereby certify I am the		named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemet	tify and represent ery harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of dwelf	City	Zip Code
	Telaphone	
	Invoice #	
Work Order # E 14841	Acot. #	
Work Order # E 14841		

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This information is available in alternative formats upon request.

REA-104 (7-98)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14

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

ECEDENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	1C. LAST (FAMILY)		3. DATE OF DEATH 4. SET		
	-	MINARD		12/21/1904	01/16/1999 F		
ATH	10000				NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT		
	A second	SAN DI	AND DESCRIPTION OF THE PARTY OF	Control of the Contro	- PUBLIC ADMINISTRATE		
AND ADDRESS OF CALIFORN	NA-FUNERAL DIRECTOR OR PERSO			5201-A RUFFIN I	ROAD		
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CONTRACTOR OF THE PARTY OF THE	The second secon	CONTROL OF STREET STATE OF STREET		BA. SIGNATURE OF APPLICANT-	Person taking permit, BB. DATE SIGNE		
IT OF APPLICANT Section 3	acknowledge as applicant that the proposed d 0376 of the Health and Safety Gode, and was au	esposition stated herein is one of the illumined pursuant to Section 7100 of th	e Hoeth and Safety Code.	WITKEN	Y 11/4/1 01/21/19		
THIS PERMIT IS ISS	UED IN AGCORDANCE WITH PROV	9A. AMOUNT OF FEE P	AID 98. DATE PERMIT	ISSUED 9C SIGNATURE OF L	OCAL REGISTRAR ISSUING PERM		
AND IS THE AUTHORI	ITY FOR THE DISPOSITION SPECIFIE	D	M. Mittleh	nuser 9901230			
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SAN DIEGO	- CA 92186-5222	1222		74			
DISPOSITION(S) CHECK A	PPLICABLE ITEMS			FOR COR	HONER'S USE ONLY		
(INCLUDES ENTOMBMENT)		E. TEMPORARY ENVA	ULTMENT		PENDING-REMAINS LOCATED		
	March Land	F. DISENTERMENT			luoresay		
	MAINS OTHER	G. SHIP IN TO CALIFO	PINIA				
FIC USE		H. TRANSIT TO OUTS	IDE OF CALIFORNIA				
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			1-25-90		V.		
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	DORESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS	138 DATE RECEIV	VED 13C. SIGNATURE OF PER	ISON IN CHARGE OF FACILITY		
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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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	neral, date, time ዂ	r 1-5.	1 11:00
Church, Chapel, Graveside	everly Ray	shal	Mortuary.
All Funeral cars must arrive before 9.00 p.m. of	regular work day or a	extra charg	e of \$
will be applied and billed to undersigned.			
1 220 0	TO THE		-7
ot 280 Grave 2 Row_	Section 19	DivisionA	Block/_
Grave space & Care Fund	- New E.	-8446	
Additional spaces and care fund	<u></u>	Αγ	
Opening/Closing & Setup			<u> 225.00</u>
Burial Container			
Handling Fees JAN 2 8 199	0		750.00
Flower vases – Marker setting fee	9		
Recording and filing reMT. HOPE CEME			
Sales taxes CITY of SAN DIEGO	CALIFI		a9.45
		ue	893,45
Paid red	elpt number 50	188	843.4
		Balance du	10
hereby certify I am theand this is your authority to make disposition o	Centralina de aboue la	of the above	named decedent
that I have the right to make this authorization a any liability on account of said authorization and	nd I saree to hold Mt.	Hope Cemet	ary harmless from
	A.	othery	Acid for serv
hereby authorize the interment in lot I hold under deed.	Signature	mery	res to sev
	Address		
Signature of recorded holder of deed	City		Zip Code
	Telephone		

V SERVEY	Invoice #		
Work Order # E 14842	Acct. #		

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E-14842

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)			DATE OF BIRTH	3. DATE OF		EX
Elisha		-	Mullen			3/06/1922	01/22/	1999	1
San Diego			58. COUNTY OF DEATH ENTER STATE San Diego		OF INFO	ia Harris,	Sister	S AND ZIP CODE	
7A TYPED NAME AND AT Anderson-	Ragsdale Mo	ort.; 5050 Pede Diego, CA 92102	THT BIAG.	1220	San	N. 30th St Diego. CA URE OF APPLICANT—	92102	BB. DATE SIGN	ED
ACKNOWLEDGMENT OF A	PFLICANT 1 Berety 2 Section 10	ecknowledge as applicant that the propos 1376 of the Health and Safety Code, and w	sed disposition stated herein is one of the as authorized pursuant to Section 7100 of th	dispersitions authorized by e Health and Safety Code.	per	turne	lusi	01/22/19	399
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	UED IN ACCORDANCE WITH PI ORNIA HEALTH AND BAFETY I TY FOR THE DISPOSITION SPEC IO WIGHT OF DISPOSAL OUTSIDE OF CALIF	97.00		99	C. SIGNATURE OF LO		9901605	AIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	F DEATH OCCURRE	egistrar of district of the in california ords; P.O. Box an Diego. GA 92	85222	DRESS OF REGISTRAR DISPOSITION IS TO OCCU			RMIA		
10. AUTHORIZED DISP					- 1	FOR COR	ONER'S US	ONLY	
B. CREMATION	SE	AINS OTHER DORESS OF CALIFORNIA CE	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	DRAIA	1110.	I DISPOSITION (Name and A	ddress)	MAINS LOGATED	AT
BURIAL	Mt. Hope	Cemetery; 3751 San Diego, CA		1-29-99	1	Sa.	She	de)
CREMATION SCIENTIFIC	12A. NAME AND A	DORESS OF CALIFORNIA CR	REMATORY	12B. DATE CREMATI	ED 120.	SIGNATURE OF PERS	SON IN CHARGI	OF CREMATIC	104
SCIENTIFIC USE	13A. NAME AND AC	DDRESS OF CALIFORNIA FAI	CILITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C.	SIGNATURE OF PER	SON IN CHARG	E OF FACILITY	
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		14B. DATE SHIPPE		ADDRESS AND SIGN OF PLACING WITH T		SON IN CHARG	E
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITION		SIGNATURE OF PERI CHARGE OF DISPOS		DICENSE NUMBER OF CREMATED RE MAINS DISPOSER —IF APPLICABLE	E-

COPY 2 IS RETAINED BY 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 | - 22 - 99

You are hereby authorized and	instructed, subject to your rules and regulations, to inter the re	emains
or Essie Mae	Driffin	
in a Double Der	Th CNP Funeral, date, time FRI 1-29	1,00
Church Chapel Graveside	nurch's gravesideagsaull mo	ortuary.
All Funeral cars must arrive bef	fore was p.m. of regular work day or an extra charge of \$ 1	00.00
will be applied and billed to und	Jersigned X B N	
Lot 123 Grave 4	Row Section Division/Bleek	2
Grave space & Care Fund	79.	0.00
Additional spaces and care fund	99	-
Opening/Closing & Setup	Bory = 11, 36	5,00
Burial Container	286	1.000
Handling Fees		7.00
	146	M
	29	45
	1000	F.45
30 day note	Paid receipt number 50778 912	1.45
	Balance due	2.00
I hereby certify I am the	of the above named of the above named of the disposition of remains as above indicated. I certify and the	redent 0
that I have the right to make this any liability on account of said	s authorization and I agree to hold Mt. Hope Cemetery hairne	se from
	X haltma Oin	1.4
I hereby authorize the interment hold under deed.	signal Si	lessi-
	Accounts Ave 2	5/17
Signature of recorded holder of deed	Sax (1/19) 3 1 3-798	Ap Code
	Telephone 11/0 45 110	-
	Invoice # 311780	
Work Order # E 1484	13 Acct. # 0977 46	
REA-104 (7-96)	This information is available in alternative formats upon n	equest.
	O Presied as recycled paper	1000

2-11-99 paid 486.00 on Out envoice

MT.	HOPE	CEMET	ERY

w.o. # E 14843

NOTE

712.00	San Diego, California 🗸	1011111111 ZZ 19 1
Thirty days after date for value received 3751 Market Street, San Diego, CA 92 with interest from FOOWAY at the rate of 12 percent per annum, p	the undersigned maker promises to pay 201, the sum of WINL hundred by 200, 1999	San Diego City Treasurer, or order at PUPING TWD DOLLARS on the unpaid principal
Should this note not be paid when accrue at the rate indicated above. Prin will be liable and consents to renewal maturity, and waives presentment, de person who signs this note agrees the	due, it shall thereafter bear interest on the noipal and interest are payable in lawful mils, replacements and extensions of time formand and protest and the right to assert at recourse may be held against his/her tituted on this note, the undersigned prof	oney of the United States. The maker for payment hereof before, at or after any statute of limitations. A married separate property for any obligation
	Paragraph 7528 of the State of Califor	

PY-1012 (11-89)

E-14843

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.6	NAME OF DECEDE	NT_FIRST (QUEN)	IB. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH	3. DATE OF D	EATH	4 SEX
					MONTH, DAY, YEAR	MONTH, DAY,	YEAR			
54	Essie CITY OF DEATH		Mae	5B. COUNTY OF DEATH	-OUTSIDE CALIF.,		06/06/1928 RELATIONSHIP, FULL M FORMANT			CODE
-	San Diego			San Diego)	Bett	y Mae Driff	ing Nelse	on, D	aught
7.4			AFUNERAL DIRECTOR OR PERSON	THE RESERVE OF THE PARTY OF THE	IF. LICENSE NUMBER	3997	"T" St.			
	Anderson-R		t. 5050 Federal I	The state of the s	-1329		Diego, CA 9	A PARTY OF PERSONS ASSESSMENT OF THE PARTY O	B DATE	SIGNED
	ACKNOWLEDGMENT OF A	nouseast I hereby a	chrowledge as applicate that the proposed dis 376 of the Houth and Safety Code, and was auth	position stated levels in one of the	dispositions authorized by	> h	Water fins	101 1	1/26	/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	AND IS THE AUTHORIT	THE DISPOSAL QUISING OF CALIFORNIA.	9A. AMOUNT OF FEE P. \$7.00	01/26/1	ACCOUNT TO THE PARTY OF THE PAR	9C. SIGNATURE OF LO	CAL REGISTRAR 99014		PERMIT
	IY CHANGE IN DISPOSE	9D. ADDRESS OF RE	GISTRAR OF DISTRICT OF DEAT				THE DISPOSITION-	PAILA		
	ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION.	Vital Reco	ords; P.O. Box 852 Diego, CA 92186-52	222	=	OR ST AIRC	rines plater. In Court			
10	AUTHORIZED DISP	OSITION(S) CHECK AF					FOR COR	ONER'S USE	ONLY	
	B. CREMATION	OF CREMATED REM	INS OTHER	E. TEMPORARY ENVA			L DISPOSITION (Name and A	PENDING-REM/ ddress)	UNS LOC	CATED AT
	D SCIENTIFIC U	SE		H. TRANSIT TO OUTS	IDE OF CALIFORNIA					
	BURIAL	Ht. Hope	DRESS OF CALIFORNIA CEMETE Cemetery; 3751 Mar Lego, CA 92102		118. DATE BURIE	9 110	SIGNATURE OF PER	SON IN CHARGE	OF BUE	HAL
BLE ITEMS	CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA CREMAT	ORY	128. DATE CREMA	TED 12C	SIGNATURE OF ERS	ON IN CHARGE	OF CRE	9
L APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DDRESS OF CALIFORNIA FACELITY	Y RECEIVING REMAINS	138. DATE RECE	IVED 130	SIGNATURE OF PER	SON IN CHARGE	OF FAC	OILITY
OMPLETE A	TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	ED 140	ADDRESS AND SIGN OF PLACING WITH T		SON IN C	CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	REST POINT ON SHORELINE, OR O ENTIFY FINAL PLACE AND CA <u>DISTR</u>	THER DESCRIPTION SUF-	15B. DATE OF DISPOSITION		SIGNATURE OF PER CHARGE OF DISPOS	ITION !	LICENSE N OF CREMA MAINS DIS —IF APPLI	TED RE-

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

E14843

ODD - -- - -- -320+00 Harley 45-00 pm 29.45 Fan 004 486*30 \$

CITY OF SAN DIRED, CALIFORNIA

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

097746 CUSTOMER ACCOUNT NO PAYMENT DATA 2-11-99 PAYMENT P.M. RECEIVED PATE PAID BY [CIRCLE ONE) CA MO CO. 284 DIATTHUOMA TREASURER VALIDATION CUSTOMER DATA Betty me Druffer Nelson CUSTOMER ACCOUNT NAME PAYOR NAMES THER THAN QUETOMER ACCOUNT NAMES CUSTOMER [PAYOR] ADDRESS 14843 INV. NO. 311780

TH-1861 (2-82)

311780 02/11/99 097746 BETTY MAE DRIFFIN NELSON 02/11/99 CK 525007103

100 072 77182 000072
100 072 77183 000072
100 072 77185 000072
60101 78390 486.00 91.55 45.00 320.00 29.45

NUMBER OF INVOICES PAID TOTAL AMOUNT PAID

786.00

486.00 0.00 PAID IN FULL

Ru- ruh

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-99

ina	Formand date 4	6444	
Type of Buildi Container	Funeral, date, t	ime	
Church, Chapel, Graveside All Funeral cars must arrive before 3:3	30		Mortuary.
All Funeral cars must arrive before 2.2	p.m. of regular work	day or an extra charge	of \$
will be applied and billed to undersigne	id,		
	wSection	3 Division/8	12 ock 12
Grave space & Care Fund	1 00/ 0	13.00	3500.00
Additional spaces and care fun			
Opening/Closing & Setup	7:0		
Burial ContainerJAN	2 1999		
Handling Fees	/ = 1000		
Flower vases – Marker setMTteHOF Recording and filing fee	N DIEGO CALIF		
Sales taxes			
Sales taxes			3580.00
Sales taxes			3580.00
Sales taxes			3580.00
Sales taxes	Paid receipt number	Total Due R - 50 7 7 7 Balance due of the above nabove indicated, I certif	amed decedent
I hereby certify I am the and this is your authority to make disp	Paid receipt number cosition of remains as rization and I agree to ation and interment.	Balance due of the above in above indicated. I certif hold Mt. Hope Cemeter	samed decedent y and represent y harmless from
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizal hereby authorize the interment in lot I	Paid receipt number cosition of remains as rization and I agree to ation and interment.	Balance due of the above in above indicated. I certif hold Mt. Hope Cemeter	named decedent y and represent y harmless from
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorized in the a	Paid receipt number osition of remains as rization and lagree to ration and interment.	Balance due of the above in above indicated. I certif hold Mt. Hope Cemeter	parmed decedent y and represent y harmless from

O Prisond on recycled paper

Junie Myers F-14844 Lat 10 4736 Divine Way 466-4586 La Mesa Colof 91941 Lat 9 4736 Divine way 419 466-4586 Margaret Horn 619-669.6999
3079 Shef Crist Ridge RD
El Cayon Cel 92019
D+7 Ben Savin 619-667-6944 3079 Self Crest Redge Rd. El Cajon Cal 92019 Welle mae Morton Call Jerrie, 466-4586

MORTO	N, L. C. 8697 Golden Ridge Rd., Lakeside 9	2040	E-14	844
PIORIC	m, b. o. oos octuen aluge au., planesiue		20%	= bal of 70400
		DEBIT	CREDIT	BALANCE
01-22	2-99 Opened Pre-need Lots			
	Lot 174, Grave 7 to 10, Sec 2, Div 12. 4 at 895.00	3580.00		3580.
01-22	2-99 R-50777		1790.00	1790.00
3-3	99 R:50907 CPN I VISA ON M.		75.00	0 17115.00
	MORTON, L. C. Pre-need Lots			

4381322159267486 MT HUPE CEMETARY 3751 MARKET STREET SAH DIEGG, CA 92182-4527 619 527-3409

03/19/99

15:10:32

8

PURCHASE.

ACCOUNT WHEE

TRAN CODE

AUTH. 019945

EXP. 1299

REF # 801001

AMOUNT

\$ 1715.89

DESC E-14844

X. Wille Mac Morton

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (NERCHANT AGREEMENT IF CREDIT VOUCHER)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

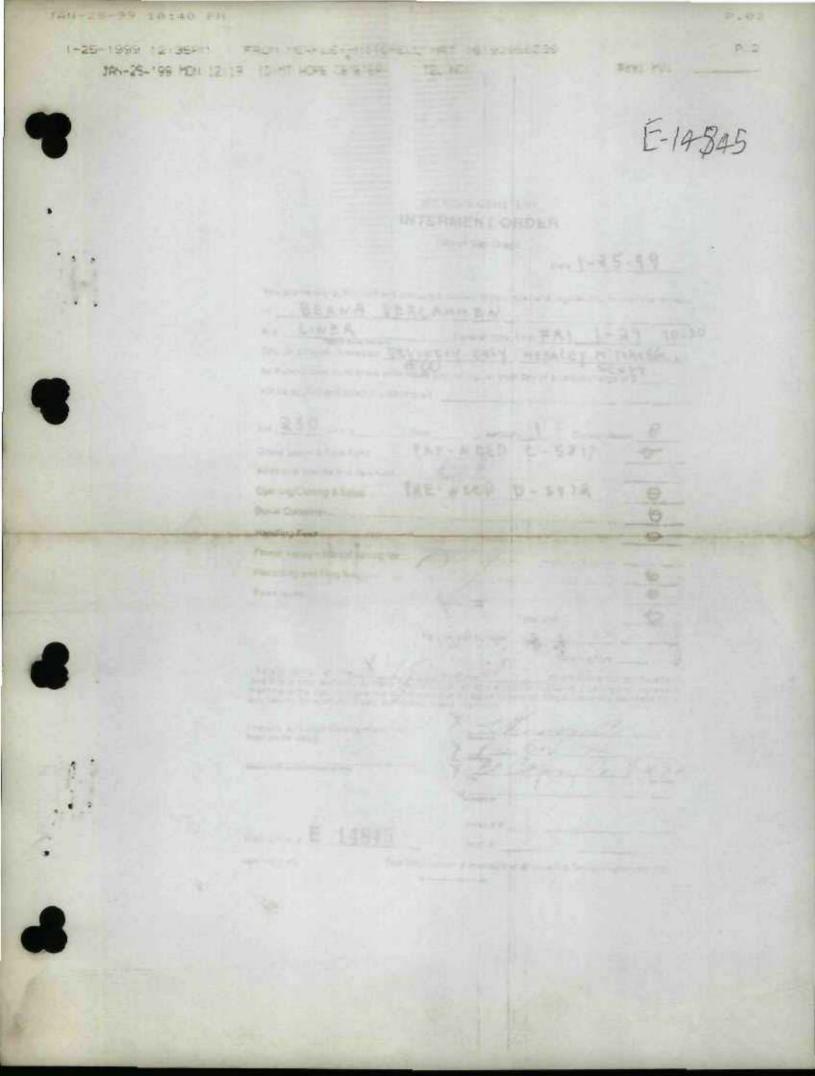
Date 1-35-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains BERNA VERCAMMEN LINER Funeral, date, time FR1 Type of Burlat Contain Church, Chapel, Graveside DeLivery All Funeral cars must arrive before 0 p.m. of regular work day or an extra charge of will be applied and billed to undersigned. 101 250 Grave Section \ Grave space & Care Fund Additional spaces and care fund PRE- NECT Flower vases - Marker setting fee Recording and filing fee Paid receipt number Balance due I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I Signature hold under deed. Signature of recorded holder of deed Zw Code Telephone Invoice # Work Order # E 14845 Acct. #

O Printed an recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14845

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

A. NAME OF DECEDER	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	CANADA	A TOTAL PROPERTY AND A SECOND CO.	DAY, YEAR M	DATE OF DEATH ONTH, DAY, YEAR	4. SEX
A CITY OF DEATH	EL CAJON	•	58. COUNTY OF DE	CAMMEN ATH-OUTSIDE CALIF., SAN DIEGO	8. NAME, RELATION OF INFORMANT	SHIP, FULL MAILI	01/23/1999 NG ADDRESS AND Z	IP CODE
16	DRESS OF CALIFORNI ERKLEY-MITCHE	A-FUNERAL DIRECTOR OR PER LL MORTUARY N DIEGO, CA 92103	RSON ACTING AS SUCH 78. C	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED	MERKLEY-MI 3655 FIFTH SAN DIEGO, BA. SIGNATURE OF	AVENUE CA 92103	Lashag agmit, BB. DAT	TE SIGNED
ACKNOWLEDGMENT OF AP	Section 10	echnowledge as applicant that the propos 376 of the Health and Safety Code, and wi	as authorized pursuant to Section 7100 o	The Health and Safety Code.	Mitores	M.Mi		9/1999
PERMIT	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PROPRIED IN ACCORDANCE WITH PROPRIED OF PROPRIED OF DISPOSAL OUTSIDE OF CALF	1FIED \$7.00	PAID 98 DATE PERMIT	99 99	TURE OF LOCAL 01533	PEGISTRAR ISSUM	IG PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF IN CAUFORNIA 22, SAN DIEGO, CA		ADDRESS OF REGISTRAR F DISPOSITION IS TO OCC	OF DISTRICT OF DI UR IN ANOTHER DISTR	SPOSITION— ICT IN CALIFORNIA		
B. CREMATION		AINS OTHER	E TEMPORARY EN			DISPOSITION PER Name and Addre	NDING REMAINS L	OCATED A
BURIAL	MOUNT HOPE	DDRESS OF CALIFORNIA CE CENETERY, 3751 MAI	NKET STREET, SAN	118. DATE BURIE	TIC SIGNATI	TRE OF PERSON	N IN CHARGE OF B	URIAL
CREMATION	DIEGO, CA 92102 (SAN DIEGO COUNTY) 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		128. DATE CREMA	TED 12C BIGNATI	HE OF SERSON	IN CHARGE OF CR	IEM (
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECE	IVED 13C, SIGNATI	JRE OF PERSON	N IN CHARGE OF F	ACILITY	
TRANSIT		DDRESS IN RECEIVING STAT CREMATED REMAINS ARE T		148. DATE SHIPF		S AND SIGNATU	JRE OF PERSON IN CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		AREST POINT ON SHORELINE, ENTIFY FINAL PLACE AND CA		15B. DATE OF DISPOSITIO		JRE OF PERSON OF DISPOSITIO	ON I OF CREATING	NUMBER MATED RE- DISPOSER PLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 1-25-99

ina Owh Vault	Funeral, date, time (ves 2-199	10:00
Church, Chapel, Graveside with	A STATE OF THE PARTY OF THE PAR	Mortuary.
All Funeral cars must arrive before 3.00	.m. of regular work day or an extra charge o	f\$
will be applied and billed to undersigned.		
Lot 146 5 Grave Row_	Section Division/Blo	8 S
Grave space & Care Fund	e-hud c-4784	0
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container		
Handling Fees		60.00
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		4 26
	Total Due	269.26
P	aid receipt number N.Sc. Charge	269-26
X	Balance due	_6_
	of the above na ition of remains as above indicated. I certify ation and I agree to hold Mt. Hope Cemetery on and interment.	and represent
I hereby authorize the interment in lot I	X Keanat	Heffern
hold under deed.	X 3910 Lacresta	Da
Signature of recorded holder of deed	Address Diego CA City 619 - 225 - 85	92/07 2p Code
Work Order # E 14846	Invoice #	
WORK OIDER W		

O Prented on recycled paper

E-14846 PACIFIC BEACH

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1/	MARION	NT-FIRST (GIVEN) 18. MIDDLE NANCE	1C. LAST (FAMILY) HEFFERN	2. DATE OF BRITH 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 11/11/1927 07/18/1997
54	SAN DIEGO		5B. COUNTY OF DEATH-OUTSIDE CALIF., ENTER STATE SAN DIEGO	N. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KENNETH W. HEPPERM — HUSBAND
71	PACIFIC B	DORESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSO RACH MORTUARY STREET, SAN DIEGO, CA 921	—IF APPLICABLE	3910 LA CRESTA DRIVE SAN DIEGO, CA 92107 8A. SIGNATURE OF APPLICANT—Person taking persit, 8B. DATE_SIGNED
	ACKNOWLEDGMENT OF A		aposition stated herein is one of the dispositions authorized by thorzed purposent to Section 7100 of the Health and Safety Gode	Virgottadhanden 37/18/1997
	PERMIT OUTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY COD AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT GIVES NO MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	\$7.00 07/21/	1997 - PROPERTY OF LOCAL REGISTRAR ISSUING PERMIT
'n	NY CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	9D ADDRESS OF REGISTRAR OF DISTRICT OF DEA II DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P. O. BOX SAN DIEGO, CA 92186-5222	I IF DISPOSITION IS TO OCCU	OF DISTRICT OF DISPOSITION— B IN ANOTHER DISTRICT IN CALIFORNIA
10	. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
The same of the same of	B. CREMATION		E. TEMPORARY ENVAULTMENT F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF CALIFORNIA	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMET HOUNT HOPE CEMETERY, 375 STREET, SAN DIEGO, CA 9	L HARKET	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
VBLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA CYPRESS VIEW CREMATORY, AVERUE, SAN DIEGO, CA 9	3953 IMPERIAL	ED 12C. SIGNATURE OF PERSON IN CHARGE OF PREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAINS 138, DATE RECEIV	ZED 18C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
MAPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE O REMAINS OR CREMATED REMAINS ARE TO B		14C, ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR FICIENT TO IDENTIFY FINAL PLACE AND CA DIST		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION OF CREMATED REMAINS DISPOSER OF 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 1-25-99

You are hereby authorized and instructed, subject of Auxander A. Lapi	to your rules and regulations, to inter the remains
In a AM VULLET Fun Type of Burial Container Church, Chapel, Graveside AM DIO	eral, date, time FY1. Jan 29 1.00
All Funeral cars must arrive before \$ 60 p.m. of re	egular work day or an extra charge of \$
will be applied and billed to undersigned.	
Lot Grave Dig Now	Section LOOF Division/Block 23
Grave space & Care Fund	
Additional spaces and care fund	ID IOP (0)
Burial Container	10 60.80
Flower vases - Marker setting fee JAN 2	1999
Recording and filing fee MT. HOPE	EMETERY
Sales taxes CTTY of SAN I	Total Due 209.20
Paid rece	olot number MC 249.20
V . ¬	Balance due
I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization an any liability on account of said authorization and	of the above named decedent remains as above indicated. I certify and represent d I agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the interment in lot I hold under deed.	937 Myra Cive,
Signature of recorded holder of devid	2000 420-0659 Religione
	Invoice #
Work Order # E 14847	Acct. #

E-14847

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)			2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF MONTH, DAY	
ALEXANDER		ALFRED	LAPUTZ		the state of the s	The state of the s	MONTH 02	The second second
A CITY OF DEATH			58. COUNTY OF DE	ATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MA ORMANT	ILING ADDRES	SS AND ZIP COL
SAN DIEGO				SAN DIEGO	A TRACES	OREM-MOTHER		
A. TYPED NAME AND A	DDRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERS		ALIF. LICENSE NUMBER	2500000	MYRA AVE		
320000000000000000000000000000000000000		VICES OF S.D.	1			A VISTA, CA	MARKET PROPERTY.	1
P.O.BOX 7	11036 S.D.	CA 92171-9972		FD-1516	8A SIGNA	TUPE OF APPLICANT -PU	son taking permit.	88, DATE SIG
ACKNOWLEDGMENT OF A	IPPLICANT Section 10:	Chrowledge as applicant that the proposed 176 of the Health and Safety Gode, and was a	I disposition stated finale is one of authorized pursuant to Section 7100 o	the depositions authorized by the Health and Safety Code.	M	bea Hav	2	01/26/19
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PRO- CRINIA HEALTH AND SAFETY COI Y FOR THE DISPOSITION SPECIFIC HERT OF DEPOSAL OUTSIDE OF CALFORN	IED IED	PAID 98. DATE PERMIT 01/27/1	999	9901475	AL REGISTRA	AR ISSUING PER
The state of the s	9D. ADDRESS OF RE IF DEATH OCCURRED P.O. BOX 8	GISTRAR OF DISTRICT OF DE	EATH— 9E. A	DORESS OF REGISTRAR	OF DISTRI	ICT OF DISPOSITION— THER DISTRICT IN CALIFORN	HA.	
						FOR CORO	NER'S US	E ONLY
O. AUTHORIZED DISP		PLICABLE HEMS	E. TEMPORARY EN	VAULTMENT		I DISPOSITION P		MAINS LOCATE
A. BURIAL (INCLU	OF CREMATED REMA EMETERY SE	NNS OTHER	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU			(Name and Add	iress)	
A. BURIAL (INCLE 8. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMARKERY SE 11A. NAME AND AD MT HOPE CE	INS OTHER DRESS OF CALIFORNIA CEME	F. DISINTERMENT G. SHIP IN TO CALI H. TRANSIT TO OU	FORMA	0 116		iress)	
A BURIAL (INCLUMENT) B CREMATION C DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REMARKED SE 11A. NAME AND AD MT HOPE CE 3751 MARKED SE 12A. NAME AND AD CREMATION	ORESS OF CALIFORNIA CEME	F. DISINTERMENT G. SHEP IN TO CALI H. TRANSIT TO OU ETERY CA 92102 MATORY	FORNIA TSIDE OF CALIFORNIA	7	(Name and Add	ON IN CHARG	GE OF BURIAL
A. BURIAL (INCLUMAN) B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	OF CREMATED REMARKED SE 11A. NAME AND AD MT HOPE CE 3751 MARKED SE 12A. NAME AND AD CREMATION 2570 FORTU	DRESS OF CALIFORNIA CEME METERY T ST SAN DIEGO, DRESS OF CALIFORNIA CREM SERVICES, INC.	F. DISINTERMENT G. SHEP IN TO CALI H. TRANSIT TO OU ETERY CA 92102 MATORY	TSIDE OF CALIFORNIA	7 D 12C.	SIGNATURE OF PERSO	CN IN CHARG	E OF CREMAT
A BURIAL (INCLUMENT) B. CREMATION C. DISPOSITION THAN IN A CREMATION BURIAL CREMATION SCIENTIFIC	OF CREMATED REMARKED SE 11A. NAME AND AD MT HOPE CE 3751 MARKED STATE OF CREMATION 2570 FORTUS STATE OF CREMATION AD N/A 14A. NAME AND AD N/A	ORESS OF CALIFORNIA CEME CMETERY CT ST SAN DIEGO, DRESS OF CALIFORNIA CREM SERVICES, INC. UNE WAY VISTA, C.	F. DISINTERMENT G. SHEP IN TO CALI H. TRANSIT TO OU ETERY CA 92102 MATORY A 92083 LITY RECEIVING REMAINS OR COUNTRY WHERE	TSIDE OF CALIFORNIA 11B. DATE BURIES 12B. DATE CREMAT	TED 12C.	SIGNATURE OF PERSON SIGNATURE OF PERSON L. J.	ON IN CHARG	GE OF BURIAL E OF CREMAT

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

MT. HOPE CEMETERY

INTERMENT ORDER

Pu- hud

City of San Diego

Date 1-26-99

ta la	Section (section)		
In a Type of Bunal Container	Funeral, date, tir	ne	_
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before	00 p.m. of regular work	day or an extra charge	of \$
will be applied and billed to undersig	ned		
Lot 111 Grave 6	Row Section	Division/BI	aak 11
	Miles - San Charles	- 1000	and of
Grave space & Care Fund			0 10
Additional spaces and care fund	Jel y		
Opening/Closing & Setup	p1 +624	······································	-
Burial Container 3	E-1- /	Val	
Handling Fees	hangel	^	
Flower vases - Marker setting fee	Mr.	***************************************	
	- 70 (~ 10		
Recording and filling fee	10 C 332	^ 15	
Dales taxes	manadaman manadah		895. DC
		R - 50780	448.00
	Paid receipt number	16. 24.10.0	
XI.		Balance due	447.00
I hereby certify I am the			amed decedent
and this is your authority to make di that I have the right to make this auth any liability on account of said autho	porization and I agree to I	above indicated. I certif hold Mt. Hope Cemeter	y and represent harmless from
I hereby authorize the interment in lo	ot I Simplify	tree te	usous
hold under deed.	* 49	to Ithe	Attre .
Signature of recineded holder of deed	— X Address	oner la	91941
	XI Co 19	464-0854	Zip Code
	Invoice #		
Work Order # E 14848	mvoice a		
WILD F LANGE	Acct. W		

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 1
Payment Due Date February-01
Payment Amount Due 19.00
Balance Due 428.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 2
Payment Due Date March-01
Payment Amount Due 19.00
Balance Due 409.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 3
Payment Due Date April-01
Payment Amount Due 19.00
Balance Due 390.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 4
Payment Due Date May-01
Payment Amount Due 19.00
Balance Due 371.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 5
Payment Due Date June-01
Payment Amount Due 19.00
Balance Due 352.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 6
Payment Due Date July-01
Payment Amount Due 19.00
Balance Due 333.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 7
Payment Due Date August-01
Payment Amount Due 19.00
Balance Due 314.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 8
Payment Due Date September-01
Payment Amount Due 19.00
Balance Due 295.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for.

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 9
Payment Due Date October-01
Payment Amount Due 19.00
Balance Due 276.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 10
Payment Due Date November-01
Payment Amount Due 19.00
Balance Due 257.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 11
Payment Due Date December-01
Payment Amount Due 19.00
Balance Due 238.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102

Andrea Kousens 4910 Taltec Drive La Mesa, CA 91941 619 464-0854 E-14848

Preneed for:

Lot 111 Grave 6 Sec 1 Div 11

Payment NO. 12
Payment Due Date January-02
Payment Amount Due 19.00
Balance Due 219.00

Mail Payment to: Mt. Hope Cemetery 3751 Market St. San Diego CA 92102



WHITE TO CUSTOMER CANARY CEMETERY AUDITOR PINK_

MOUNT HOPE CEMETERY (619) 527-3400

From Indiea Kriser Two Hundred Two In part Payment of	their yter	es: 8397.2	Date: 1-	# 3 & Dolla	ins (\$ 22	8.00	1
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ACCOUNT No. Pre-need Lot E-14848

Andrea Kousens 4910 Taltec Dr.

La Mesa, CA 91941

Lot 111 Gr 6 Sec 1 Div 11

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

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Amount Received S

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ADDRESS

CITY STATE ZIP

and or bring one coupon with each remittance COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14848

Andrea Kousens

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-99

Wyomia Scot	
n a	Funeral, date, time Saturday 1-30-99 11:0
Church, Chapel Graveside Chapel	(Gravesile: Barg-Roberts Mortuary.
Il Funeral cars must arrive before	.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
ot 73 Grave IV Row	Section / Division/Block 7
Brave space & Care Fund	A! 4-10 683
Additional spaces and care fund	AN 2 6 1999
Opening/Closing & Setup	CE 12 5 78
Burial Container MT-3	HOPE CEMETERY
CIDE	SAN DIEGO, CALIF
tandling Fees	turday Service Chase 600.00
	Present
Sales taxes	Prenant o
nust be paid	Total Due
20 1	1 F 10/183
on Saturday.	Balance due 600.00
hereby certify I am the and this is your authority to make dispess	of the above named decheen into of remains as above indicated. Vertify and terral ation and I agree to bout Mi, Hope/Comptery harmless from
hat I have the right to make this authorizations in the liability on account of said authorizations.	tion and I agree to bold Mt, Hope Cemetery harmess from
	y While the trust
hereby authorize the interment in lot I old under deed.	Significant Williams De
	Address - Carrey PC
lignature of recorded holder of deed	Commission of the Control of the Control
enterfuent grand	(160) 738-4199
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Nork Order # E 14849	Invoice #

E- A849

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) 2. DATE OF BIRTH 3. DATE OF DEATH 1B. MIDDLE IC. LAST (FAMILY) 4. SEX MONTH, DAY, YEAR MONTH, DAY, YEAR 11/19/1922 01/25/1999 WYOMIA SCOTT 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP COLE 5A. CITY OF DEATH 58 COUNTY OF DEATH-OUTSIDE CALIF... ENTER STATE OF INFORMANT NATIONAL CITY SAN DIEGO GAIL F. CORTELL - DAUGHTER 7A. TYPED NAME AND ADDRESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 1, 7B. CALIF. LICENSE NUMBER 2230 MELROSE ST -IF APPLICABLE BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY NATIONAL CITY, CA 91950 8A SIGNATURE OF APPLICANT-Person taking parmit, 8B. DATE SIGNED BLVD. NATIONAL CITY, CA 91950 FD-284 I bereby acknowledge as applicant that the proposed disposition stated berron is one of the depositions authorized by ACKNOWLEDGMENT OF APPLICANT Parette Valenten 01/27/1999 ction 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI. 9A, AMOUNT OF FEE PAID 9B, DATE PERMIT ISSUED 9C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 9901481 01/27/1999 AUTHORIZATION OF IN THIS PERMIT \$7.00 LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. P Valentine 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-GE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANCE IN DISPOSE III DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW PINAL VITAL RECORDS...PO BOX 85222 DISPOSITION. SAN DIEGO. CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY , 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED BURIAL MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C SIGNATURE OF BREBON IN CHARGE OF CREMA CREMATION 13A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B DATE RECEIVED 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 148. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15C SIGNATURE OF PERSON IN 15B DATE OF 150. LICENSE NUMBER SCATTERING AT SEA FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION CHARGE OF DISPOSITION OF CREMATED RE DISPOSITION OR MAINS DISPOSE DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

Eleanor Lons MT. HOPE CEMETERY Jeanne L. Rens City of San Diego In grave already DE

Date_ /- 26-99

of Elmer Rensl		2200
in a ASA Vault	Funeral, date, time WED 2-3	5:00
Church, Chapel, Graveside WHTTE	ss Greenwood	Mortuary.
All Funeral cars must arrive before also p.	m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.		
206xw		
Lot Grave Row _	Section S Division/Block	7_
Grave space & Care Fund	1	6
Additional spaces and care fund	AID _	
Opening/Closing & Setup	B 0 2 1000 -	105.00
Burial Container	-5 03 1999	55.00
Handling Fees MT. He	OPE CEMETERY -	60.00
Flower vases - Marker setting fee		
	<u> </u>	45.00
Sales taxes	_	4.26
were pair on all	(V) Total Due	269.24
ou payonda	aid receipt number R-50802	269.21
of pervice,	Balance due _	-0
I hereby certify I am the \ SON	of the above name	
that I have the right to make this authorizate	tion of remains as above indicated. I certify ar tion and I agree to hold Mt. Hope Cemetery ha	rmless from
any liability on account of said authorization	M and Mermant.	
I hereby authorize the interment in lot I hold under deed.	Januar Rens	-
riola allaer deed.	6238 CAMBOA DR	-
Signature of recorded holder of deed	SNW DIEVO CI	A 92/20
	619 582-7460	
	Invoice #	

1-28-99

pon of deceaped initialed the changing of grave numbers, from 19 to 20.
Caturer Apallone

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14850

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

3	A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		2. DATE OF MONTH, DAY		DAY, YEAR	4. SEX
	ELMER		EVERETT	R	ENS	04/07/1	910 01/2	6/1999	M
5	A. CITY OF DEATH			58. COUNTY OF DEA	ATH-OUTSIDE CALIF., 8.	NAME, RELATIONSHI	P, FULL MAILING AT	DORESS AND ZI	CODE
	LA MESA	A		ENTER STATE S	AN DIEGO	LEE RENS -	SON		
7	A. TYPED NAME AND AI GREENWOOD	MORTUARY:	I-805 & IMPE		ALIF. LICENSE NUMBER -IF APPLICABLE	6238 LAMBD	A DRIVE		
			SAN DIEGO, C.	A 92102 F	1 1 may 26 / 1 / 4	SIGNATORE OF APP	THE RESERVE OF THE PERSON NAMED IN		SIGNED
1	ACKNOWLEDGMENT OF A	PPLICANT 1 Thereby a Section 10	acknowledge as applicant that the 1176 of the Health and Safety Code	proposed disposition stated from is one of and was authorized gursuant to Section 7100 of	the dispositions authorized by the Health and Safety Code.	Outerie	more	02/01	/1999
	PERMIT AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT	LIED IN ACCORDANCE WI FORNIA HEALTH AND SAF TY FOR THE DISPOSITION TO RIGHT OF DISPOSAL OUTSIDE OF	7.00	VICTORIA M		RE OF LOCAL REG 98	ISTRAR ISSUIN	G PERMIT
	NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX			DDRESS OF REGISTRAR OF DISPOSITION IS TO OCCUR —				
1	O. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FC	R CORONER'S	USE ONLY	-
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	X B. CREMATION C. DISPOSITION THAN IN A CI D. SCIENTIFIC U	SE TIA. NAME AND A	DORESS OF CALIFORNIA	G. SHIP IN TO CALL	FORNIA TSIDE OF CALIFORNIA 1118. DATE BURIED	, TIC. SIGNATURE	OF PERSON IN C	HARGE OF BU	•-
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COMPLETE ALL APPLICABLE ITEMS	C. DISPOSITION THAN IN A CI D. SCIENTIFIC US BURIAL CREMATION SCIENTIFIC	11A. NAME AND AS MOUNT HOP 3751 MARK 12A. NAME AND AS GREENWOOD & IMPERIA 13A. NAME AND AS 14A. NAME AND AS	DDRESS OF CALIFORNIA THE CEMETERY THE STREET, SECONDERS OF CALIFORNIA THE CONTROL OF CALIFORNIA THE CONTROL OF CALIFORNIA THE CONTROL OF CALIFORNIA THE CONTROL OF CALIFORNIA	G SHIP IN TO CALE H. TRANSIT TO OUT A CEMETERY AN DIEGO, CA 9210: A CREMATORY I-805 N DIEGO, CA 92102 A FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	11B. DATE BURIED 12B. DATE CREMATED 12B. DATE CREMATED	12C. SIGNATURE	OF PERSON IN CO.	HARGE OF FA	CILITY

DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOC

REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date /- 27-99

na liner		at, date, time M	In Feb. 1	2:00
Church, Chapel, Graveside	ansile	: CAN	iamorial	Mortuary.
II Funeral cars must arrive before	p.m. of reg	ular work day or a	n extra charge of	150,00
vill be applied and billed to undersig	gned.	Fig. and		
ot 1045 Grave	Row	Section	Division/Blo	ck /0
Brave space & Care Fund	Prene	ed		-
Additional spaces and care fund				
Opening/Closing & Setup	P			375.00
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lower vases - Marker setting fee	INP	CEMETER		
Recording and filing fee	CITY of SAN	DIEGO CAL		45.00
Sales taxes			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14.75
E 4658		Total I	oue	769.7
1ot	Paid receip	t number	0185	1691
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hereby certify I am the	True	nl.	of the above na	med deceden
and this is your authority to make of hat I have the right to make this au	thorization and I	agree to hold ML	Hope Cemetery	harmless from
any liability on account of said auth	orization and int	erment.	Q C	fort.
hereby authorize the interment in I	lot I	Signmurp Like		- Tour
iola unual uasa,		X 502	-100	h_
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14851

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

2. DATE OF BIRTH 1A NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE 1C LAST (FAMILY) 3. DATE OF DEATH 4. SEX MONTH, DAY, YEAR MONTH DAY, YEAR JOHN RUFUS HARVEY 03/08/1930 01/23/1999 5A CITY OF DEATH SB. COUNTY OF DEATH-OUTSIDE CALIF. 6. NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO JOHN R. HARVEY, JR. - SON 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF, LICENSE NUMBER 1479 BATHURT PLACE --- IF APPLICABLE CALIFORNIA CREMATION & BURIAL CHAPEL EL CAJON, CA 92050 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 F-1357 BA. SIGNATURE OF APPLICANT-Person taking count. 88. DATE SIGNED I besety acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by 01/29/1999 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE

9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE PERMIT 01/29/1999 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED. AUTHORIZATION OF IN THIS PERMIT M. MITCHELL ▶ 9901723 NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CAUFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW VITAL RECORDS-P.O. BOX 85222 PERMIT TO SHOW FINAL DISPOSITION SAN DIEGO, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) + E. TEMPORARY ENVAULTMENT L DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY LIC. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED. MT. HOPE CEMETERY BURIAL 3751 MARKET ST., SAN DIEGO, CA 92102 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT 12B. DATE CREMATED CREMATION APPLICABL 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 13B. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-SIGNATURE OF PERSON IN 15B. DATE OF 15D. LICENSE NUMBER SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OF CHIMATED RE-MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	(Date / - X	//
Very search and search and leaders	led, subject to your rules and regulations, to ju	
	MANN TOP	nter the remains
of Michael W. Si	AND MOLE	
in a Line Container	Funeral, date, lime _Friday 1-2	19-17 2:00
Church Chapel, Graveside	apol : Ragsdale	Mortuary.
All Funeral cars must arrive before	p.m. of regular work day or an extra charge	ots 150 a
will be applied and billed to undersigne	d	
4	for set-op	
Lot 176 Grave 9 Ro	w Section _ Z _ Division/BI	lock 12
Grave space & Care Fund	62.63 80%	995.00
Additional spaces and care fund		
Opening/Closing & Setup		37500
Burial Container		19000
Handling Fees		145.00
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
30 day note	Total Due	1664.73
20 day 11010	Paid receipt number 50783	832.37
	Balance due	832.34
I hereby certify I am the 4	- 10-1	named decedent
and this is your authority to make disp	osition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeter ation and interment.	y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature Hoitl St	115
Signature of recorded holder of dead	- JSAN DIESO	92102
Symmetry and the second second	City 239-5544 ▼239-5544	Zip Code
	Invoice # 311776	
Work Order # E 14852	Acct. # 097713	
REA-104 (7-96) This i	nformation is available in alternative format	s upon request.

O Printed so recycled paper

W.O. # E 14852

NOTE

\$ 332.3/	San Diego, California Jones 1997
	signed maker promises to pay San Diego City Treasurer, or order at
	of Eight Hadred Thirty Two ad 3/10 - DOLLARS
with interest from January 27-1999	on the unpaid principal
at the rate of 12 percent per annum, payable on de	emand.
accrue at the rate indicated above. Principal and in- will be liable and consents to renewals, replacement maturity, and waives presentment, demand and properson who signs this note agrees that recourse re-	thereafter bear interest on the principal. Interest after maturity will terest are payable in lawful money of the United States. The maker ents and extensions of time for payment hereof before, at or after rotest and the right to assert any statute of limitations. A married may be held against his/her separate property for any obligation is note, the undersigned promise(s) to pay such sum as the Court
authorizes the removal of any remains from	7528 of the State of California Health and Safety Code a plot for which the purchase price is past due and unpaid.
PRINT NAME DANie/ Singleton	SIGNATURE Clavie Singleton
ADDRESS 4541 Cherokee Ave. =	=6 SAN Diego, CA. 92116
CALIFORNIA DRIVER LICENSE NUMBER 8970418	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Michael	EDENT-FIRST (GIVEN)	18. MIDDLE - Wayne	10. LAST (FAMILY) Singleto	n		2 DATE OF BIRTH		OF DEATH DAY, YEAR	4. SEX
5A CITY OF DEATH	enver		SB. COUNTY OF DEA	TH-OUTSIDE CALIF.	OF INF	RELATIONSHIP, FULL MA ORMANT dom Singleto			P CODE
	-Ragsdale Mo	A-FUNERAL DIRECTOR OR PERSON Tt.; 5050 Federal Diego, CA 92102	Blvd.	ALIF LICENSE NUMBER -IF APPLICABLE -1329	454 San	1 Cherokee A Diego, CA 9	ve. #	6	E SIGNED
ACKNOWLEDOMENT (OF APPLICANT Section 16	chrowledge as applicant that the proposed disp 1376 of the Health and Safety Code, and was nothe	estion states, territo is one of trived personnt to Section 7100 a	the dispositions subtentied by the Health and Safety Code	>10	Mu Wal	less	-01/2	9/1999
PERMIT AUTHORIZATION O LOCAL REGISTRAL	SIONS OF THE CALIF AND IS THE AUTHORI'	JED IN ACCORDANCE WITH PROVI- CRINIA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED O MIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	98. DATE PERMIT 01/29/19	SEED AND THE PARTY OF THE PARTY	9C. SIGNATURE OF LOC	CAL REGIS	99001	
ANY CHANGE IN DISPO TION REQUIRES A NEW PERMIT TO SHOW FIND DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH D IN CALIFORNIA	1 1	tal Records	P.O	THER DISTRICT IN CALIFOR			(
B. CREMATIO	ON OF CREMATED REM		E. TEMPORARY EN F. DISINTERMENT G. SHIP IN TO CALL H. TRANSIT TO OU			FOR CORC	PENDING-		
BURIAL	10 100 to	Cometery; 3751 Mar San Diego, CA 9	rket St.	118. DATE BURIE	7	SIGNATURE OF PERS	SON IN CH	ARGE OF BI	URIAL
CREMATION	12A. NAME AND A	ODRESS OF CALIFORNIA CREMAT	ORY	128, DATE CREMA	TED 120	SIGNATURE OF PERS	ON IN CHA	VAGE OF CR	EMATION
SCIENTIFIC USE	13A. NAME AND A	ODRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEI	VED 130	SIGNATURE OF PERS	SON IN CH	ARGE OF F	ACILITY -
TRANSIT		ODRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B, DATE SHIPP	ED 14C	ADDRESS AND SIGNA OF PLACING WITH TH			CHARGE
SCATTERING AT S OR DISPOSITION OTH THAN IN A CEMETI	FICIENT TO TEA	REST POINT ON SHORELINE, OR OT INTIFY PINAL PLACE AND CA <u>DISTR</u>		158. DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSI		19D, UCENSE OF CHEN MAINS E —IF APP	NATED RE-

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-27-99

You are hereby authorized and instructed, subje-	ct to your rules and regulations, to inter the remains
OF WILLIA MAE HA	KI CAT IANIZATA N
Type of Burtai Conjavier LLD / 11 / O	neral, date, time SAT. JANOUTU. U
Church Chapel, Graveside HUKUH 6K	AVESIDE CA BURIALMortuary
All Funeral cars must arrive before 2.86 p.m. of	regular work day or arrestira charge of \$ 100.00
will be applied and billed to undersigned.	your
Viol 72 Grave 2 Row	Section 2 Division/Glastr 12
	905 M
Additional spaces and care fund	
Opening/Closing & Setup	215 (1)
Burial Container	100 10
Handling Fees SATU	145 10
Flower wases - Marker colling for SATU	IRDAY OVERTIME GOO SO
Recording and filling fee	45.60
Sales taxes PAII)	14.73
14M 0.0 4000	Total Due
JAN 2 8 1999 Paid red	eipt number 1 50 18 7 22 64 13
MT. HOPE CEMETERY	Balance due
I hereby Edrilly I am the TOO CASTERNO of and this is your authority to make disposition of	of the above named decedent remains as above indicated. I certify and represent
that I have the right to make this authorization are any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemetery harmless from
	X In Hand-Lloud
I hereby authorize the interment in lot I hold under deed.	863 Friendly Civele
	Address FI Carun 92021
Signature of recorded hunder of deed	City (619) 4/47-6980 Zip Code
	Telephone 1) / 1 / 00
	Invoice #
Work Order # E 14853	Acct. #

E-14853

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	NAME OF DECEDE	NT-FIRST (GIVEN) 1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR		4. SEX
	WILLIA	MAE	HART		09/23/1935	01/23/1999	F
5A	LAS VEGAS		5B. COUNTY OF DEATH ENTER STATE		NAME, RELATIONSHIP, FULL OF INFORMANT JANISSA A. SCO		CODE
7A	CALIFORNI	DORESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON AC A CREMATION & BURIAL CHAPEL	TING AS SUCH , 7B. CALL	F. LICENSE NUMBER APPLICABLE	402 E. 6TH ST. IMPERIAL, CA 9	2251	
	2000 BL C	married and a service of the	, , ,	a.A	SIGNATURE OF APPLICANT-		100
	ACKNOWLEDGMENT OF AP	Section 1037% of the Health and Salety Cade, and was authorised	pursuant to Section 7100 of the	Health and Salety Code	form Walk	1 100,000	1999
	JTHORIZATION OF	THES PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. MOTE: THIS PERMIT GIVES NO RIGHT OF DEPOSAL OUTSIDE OF CALIFORNIA.	A. AMOUNT OF FEE PA	01/28/1	SUED, 9C, SIGNATURE OF L	DCAL REGISTRAR ISSUING	PERMIT
31	ON REQUIRES A NEW SMIT TO SHOW FINAL	DD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. OBOX 852	# 0		F DISTRICT OF DISPOSITION- IN ANOTHER DISTRICT IN CALF	ORNIA	
-	DISPOSITIONS.	SAN DIEGO, CA 92186-5222	1	-		DOMESTIC HOE ONLY	-
10	AUTHORIZED DISPO	DSITION(S) CHECK APPLICABLE ITEMS	1 100	131000 100	1000000	RONER'S USE ONLY	
	B. CREMATION	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVAL F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	Name and	N PENDING—REMAINS LOC Address)	ATED AT
4	BURIAL	MT. HOPE CEMETERY 3751 MARK SAN DIEGO, CA 92102	ET STREET	1-30-99	11C. SIGNAFURE OF PE	RSON IN CHARGE OF BUS	FIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	Y	128 DATE CREMATED	12C. SIGNATURE OF PER	RSON IN CHARGE OF CHEA	MATION
LL APPLICA	SCIENTIFIC USE	13A, NAME AND ADDRESS OF CALIFORNIA FACILITY RE	ECEIVING REMAINS	13B. DATE RECEIVE	D 19C. SIGNATURE OF PE	ASON IN CHARGE OF FAC	ALITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO. REMAINS OR CREMATED REMAINS ARE TO BE SH		148. DATE SHIPPED	14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN C THE CARRIER	CHARGE
٥	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER FIGENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		158 DATE OF DISPOSITION	15C. SIGNATURE OF PE CHARGE OF DISPO		TED RE-

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



MT. HOPE CEMETERY

INTERMENT ORDER

Preneed

City of San Diego

Date 1-27-99

na		Funeral, date, time		
Type of Burial Contains Church, Chapel, Graveside	et.	1		Mortuan
All Funeral cars must arrive be	atore 3:30 p.m.	of regular work day o	r an extra charge of	1\$
vill be applied and billed to un	ndersigned.			
1000				In
ot NGrave	Row	Section	Division/Sto	ex 10
Grave space & Care Fund	·	4		995.
dditional spaces and care fu	nd R	hul of		-
	D	14	\mathcal{W}	-
Jurial Container	Rayl	m		-
landling Fees	N	7- ()U	-
lower vases - Marker setting				-
	*******************			-
ecording and filling fee				
A CONTRACTOR OF THE PROPERTY O				-
And the second s				995.0
A CONTRACTOR OF THE PROPERTY O		Tota 0.6		35
A STATE OF THE PARTY OF THE PAR			10ue 078U	715
ales taxes		Tota 0.6	Due OTSU S	75.0 20.0 495
hereby certify I am the	Paid i	receipt number	Balance due	and enreser
hereby certify I am the not this is your authority to make the right to make the rig	Paid in passition his authorization	receipt number 5	Balance due	and seprese
hereby certify I am the and this is your authority to make the right to make the rig	Paid in passition his authorization	receipt number 5	Balance due	and seprese
hereby certify I am the and this is your authority to meat I have the right to make the intermetal hereby authorize the interm	Paid in passition authorization authorization a	receipt number 5	Balance due	and seprese
hereby certify I am the not this is your authority to make I have the right to make It in liability on account of said	Paid in passition authorization authorization a	receipt number 5	Balance due	and seprese
hereby certify I am the	Paid in passition authorization authorization a	receipt number 5	Balance due	and seprese
hereby certify I am the	Paid in passition authorization authorization a	receipt number 5	Balance due	and seprese
hereby certify I am the	Paid in passition authorization authorization a	receipt number 5	Balance due	and seprese
hereby certify I am the	Paid in passition authorization authorization a	of remains as above and lagree to hold fand interment	Balance due	and seprese
hereby certify I am the and this is your authority to make It have the right to make It any liability on account of said hereby authorize the intermental under deed.	Paid in a disposition a	receipt number 5	Balance due	and seprese

@ Printed on recycled paper

Means,	Peggy E 2345 Blackton DR. San Diego	Ca. 92105	E-14854	
1-27-99	Pre-need Lot Only	DEBIT	CREDIT	BALANCE
	Lot 1890 Divison 10 Trust includes. Lot ONLY 20 0 00000	995,00		48.40
1-27-99	Receipt# 50786 PN 149 796		500.00	495.00
3-18	R-51160 3 24 251359 540		42.00	411.00
8-17 99	P51448 748		42.60	327.0
9-27 99	R 51569 9 10 x 11		121,00	264.00
1-19-00	· R- 51792 13		21.00	243.00
2-4-00	R- 52096 15		81.00	180 00
3-17-00	R-52229 16 d 17		11.00	138.00
5-5-00	R- 52387		R1.00	96,00
7-19-00	R- 52154 21		21.00	75.00 54.00
9-20-00	Means , Peggy E. Pre-need Lot only		81.00	33.00
	neans ,reggy E. Fre-Reed Lot only	OVER		

Bolance 33,00 R-52969 Coupon 23 R-53041 Colypon 29 2100

OFFICIAL RECEIPT	
699	WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

59580

Date: 4-21-06 ,20 06

Dwo Lunched & for n_Full_Payment of_	marker setting Fee	+Triun	195e F	
Div /0 Sec_	Row Lot			-
invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 Opening/ 100 — Closing 77181 Bural 100 — Containers 77182		
	MOUNTHOFE CELET	100 - Handling Fee 77185	28	00-H
Money Order		Recording & 100 Misc Fees 77183	213	00 -M
Charge		Sales Tax 50101	7	71-ta
Check	ISSUED BY Autona	78390 - TOTAL PAID \$ _	143	71

PEGGY E MEANS 2345 BLACKTON DR SAN DIEGO, CA 82105-5024 PH. 619-264-5445	307 4-21-06 18-24/1220 4501 0754737971
Pay to the Mount Hope	le Cemetery \$ 243 7/
WELLS FARGO WEST FARGO BANK NA CASTORNIA WEST FARGO WEST FARGO WEST FARGO WEST FARGO FOR THE PARCE OF THE PAR	
For Heastons o Jase hur	of Loggy E. Means.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400 Dollars (\$ Payment of Division Section. Grave Row NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 87007 77184 Invoice No. 20% Sales Care 50% Sales of Lots Acct. No. -Opening/ Closing 100 77181 Burlat 100 Containers 77182 BALANCE DUE 100 Handling Fee 77185 Recording & Misc. Fees 77183 On Acct. Pre-Need 63033 9022 Pre-Need Lot Trust Sales Tax 60101 Pre-need Trust TOTAL PAID AC-212 (Rev. 5-94)

OFFICIAL RECEIPT



WHITE......TO CUSTOMER CANARYCEMETERY PINKAUDITOR

CITY OF SAN DIEGO, CALIFORNIA

From: Payment or Lu	Address: 2315 While	Date: 3-	ders.	12.00 P	105
Lot 18 10 Grave		ection		Division	0
Acct. No W.O	NOTVALIDEOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77183 —	42	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY MILLIUM	Trust Sales Tax TOTAL PAID	63033 9022 — 60101 78390 —	42	60



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

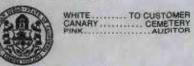
		Date: 9- 2	27 ,1999
From: Peggy E Means	Address: 2345	Blackton Dr.	50 92105
Twenty One and	09/100		(\$ 21.00)
In part Payment of pre	need lot for Peg	gy E. Means	
Lot 1890 Grave	Row	Section	Division 10
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STA	MPED CREDIT 67007 20% Sales Care 77184	
Acct. No		80% Sales 100 of Lots 7/184 Opening/ 100	~100
W.O E 14854		Glosing 77181 Burial 100	
BALANCE DUE 306,00		Containers 77182 100 Handling Fee 77185	
		Recording & 100 Misc. Fees 77183	
Pre-Need Lot ☐ At Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☑		Pre-Need 63033 Trust 9022 Sales Tax 60101	
AC-212 (Rev. 5-94) 1816	ISSUED BY Lynds	TOTAL PAID \$	

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Toly but Per	Address: 2345 Black	Date: 11-	8-99 - Dreho 12/00	92105
In Part Payment of RI Lot 1890 Grave	Row Se	ection	Division Block	10
Acct. No. W.O. P- 14854 BALANCE DUE 264.00	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 7 80% Sales of Lots 7 Opening/ Closing 7 Burial Containers 7 Handling Fee 7 Recording & Misc. Fees 7	7707 7784 100 7784 100 7781 100 7782 100 7782 100 7783 3033	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check Ac-212 (Rev. 594)	ISSUED BY Dhullla	Trust Sales Tax 6	9022 9022 9022 9101 8390 \$ 4 3	200



From: Payry Means In Payment of P	Address: 2345 Bult	Date: 1	Dollars (\$	42.00 92 42.00	105
Lot 1890 Grave	Row	Section		Division \C	
Invoice No.	NOT VALID FOR PUR DE ATTOUTHESS STAMPED			42	00
Acct. No	JAN 19 2001	60% Sales of Lots Opening/ Closing Burist	100 77184 — 100 77181 — 100	79	00
BALANCE DUE 301.00	MT. HOPE CEMETA CITY OF SAN DIE	Containers Handling Fee Recording & Misc. Fees	77182 — 100 77185 — 100 77183 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY J MINISTER	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 — 60101 78390 —	42	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From Beggy Means Surely One In part Payment of	Address: 9315 Blick	Date:	2 - 4 Dollars (\$.	21.00	1900
Lot \890 Grave	Row Se	ection	T I	Division Block	10
Invoice No	NOTVALIDEOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77183 6033 6022 80101 78390	19	00
AC-212 (Rev. 5:04) 1968	ISSUED BY J Million	TOTAL PAID	1_	21	00



AC-212 (Rev. 5-94)

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

2006

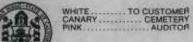
MOUNT HOPE CEMETERY 527-3400

Address: 2345

Date: 3 -	17 -	9	46
k all ma	in t	Jujo 9	2105
D	ollars (\$	42.00)
ection		Division Block	10
CREDIT	67007	42	100
20% Sales Care 80% Sales of Lots	77184 — 100 77184 —		
Opening/ Closing	100 77181 —	100	
Burial Containers	77182 —		
Handling Fee	77185 —		-
Recording & Misc. Fees	77183 —		
Pre-Need Trust	63033 9022 —		
Sales Tax	60101 78390 —		
TOTAL PAID		43	(DIC)

In fact Payment of P	u-hil It
Lot 1890 Grave _	Row S
Acct. No. W.O. E - 14854 BALANCE DUE 138:00	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.
Pre-Need Lot ☐ Ar Need ☐ On Acct ☐ Pre-need Trust ☐ Cash ☐ Check ☐	A CONTRACTOR OF THE PARTY OF TH

OFFICIAL RECEIPT

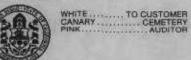


CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

52307

From Reasy Means turnly the Payment of	Address: 2315 Blackt	Date: 4-1	Dieto 9	12 105
Lot \8 9 0 Grave —	Row Se	action	Division Block	10
Pre-Need Lot Q At Need On Acct Pre-need Trust Cash Check	NOTVALIDEOR PURPOSESTATED UNLESS STAMPED PAID IN THIS SPACE	20% Sales Care 80% Sales 61 Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Feel Pre-Need Trust Sales Tux	87007 77184 100 11184 100 77181 190 77182 100 77185 100 77185 100 77183 83033 9022 60101 78390	00
AD-212 (Rev. 5.94)	ISSUED BY A AMERICAN	TOTAL PAID	5 21	00



From Beggy her	und	Address 23 4 5 Blackt	Date: 5-	3 ollars (\$	21.00	90
In path Paymer	grave	n- Nie It	ection_		Division Block	10
Acct. No. F- 14854 BALANCE DUE	96,00	NOTVALID FOR PURPOSESTATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Surial Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 102 77181 100 77182 100 77185 100 77185	21	100
Pre-Need Lot At Need D Pre-need Trust Cash C AC-212 (Rev. 5-94)	Check D	ISSUED BY J. Dulith	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 — 60101 78390 —	21	00



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

From: Perry means twilly bre In part Payment of P	Not Black of Market	Pate: 8,	- 9 Sen D ollars (\$ 2].	en .00	92105 ——)
Lot \8 90 Grave	Row Se	ection		vision	0
Acct. No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtal Containers Handling Fee Recording & Misc. Fees	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185	91	00
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY A Bhillia	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 60101 78390	21	00



WHITE.....TO CUSTOMER CANARYCEMETERY PINKAUDITOR

From Reggy heart	Address: 2345 Blickto	Dafe:	un Dollars (\$ _	al.00	2105
In Part Payment of	no hud det o	ection		Division	0
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 50% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	87007	21	60



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

From: Regnytherns turnly one In part Payment of P	Address: 2345 Blackto	al ale	ollars (\$	20 92 21,00	105
Lot 1890 Grave		ection		Division	0
Invoice No	NOTVALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Pre-Need Trust Sales Tax	67007 77184 — 100 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 — 100 77185 — 63033 9022 — 66101 78390 —	21	100
AC-212 (Rov. 594)	ISSUED BY 30 - SEMULATION	TOTAL PAID	1	al	00



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY (619) 527-3400

	Date	10-14		,20	
From Kerry herns	Address: 234 5 Blacktr	noly lin	Die	No.	5105
twenty One			ollars (\$ _	51.00)
In part Payment of	he had Lit				
					1000
Lot 1.890 Grave _	Row Se	ection		Division	10
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID' IN THIS SPACE	CREDIT 20% Sales Care	67007 77184	31	100
Acct. No.		80% Sales of Lots	77184		
w.o. E-14854		Opening/ Closing Burial	77181 — 100	-	-
BALANCE DUE 12:00		Containers	77182 — 100 77185 —		
		Handling Fee Recording & Misc. Fees	100		
Pre-Need Lot At Need On Acct		Pre-Need Trust	63033 9022 —		-
Pre-need Trust Cash Check 2	ISSUED BY Deliber	Sales Tax TOTAL PAID	60101 78390 —	5.1	00
AC AIR CO. CO.	100UED 01	TOTAL PAID		51	

ACCOUNT No. Pre-need Lot E-14854

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105 Lot 1890 Div 10

Month and Day Due Indicated Below

IAN	FEB	MAR 10	APR	MAY	TUN	JUL	AUG	SEP	OCT	NOV	DEC

due date above

21.00

Amount due if paid more than. after due date above

REGO STATE

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14854

Peggy E. Means 2345 Blackton Dr.

San Diego, CA 92105

Lot 1890 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.

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

Amount Received check (/) if this is new address ACCOUNT No. Pre-need Lot 1-14854

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

Lot 1890 Div 10

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

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

Amount due if paid more than date above.

70

NAME PLANE Amount Received \$21

ADDRESS, 2345 Black TON DE
CITY ALL LESS STATE (2 ZIP) 210

check (y) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14854

Peggy E. Means

2345 Blackton Dr.

San Diego, GA 92005 Lot 1890 Div 10

Month and Day Due Indicated Below

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

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

Amount due if paid more than after due date above.

if this is new address

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NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14854

Peggy E. Meuns

2345 Blackton Dr.

San Diego, CA 92405 Lot 1890 Div 10

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

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

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

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NAME 1866 4 En MERN S

CITY SAN DIEGO STATE OF TIPS III

☐ check (/) if this is new address

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NAME TECGY EMEANS

ADDRESS 2345 BLACKTON DR

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CITY SAN DIEGO STATE CA ZIP SQLOS

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nd or	bring	MAIL ENTIRE BOOK	remittance COU	PON 1/
DO	NOT	MAIL ENTIRE BOOK		14

ACCOUNT No.

Peggy E. Heune

2345 Blackton Dr.

San Diego, CA 92005

Lot 1890 Div 10

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

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ACCOUNT No.

2345 Blackton Dr.

San Diego, CA

Lot 1890 Div 10

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

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

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

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if this is new address

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CITY SANDIEGO STATE CA ZIP 105

and or bring are coupen with each remittance DO NOT MAIL ENTIRE BOOK	COUPON	20
ACCOUNT No.	E-14854	

Pagny S. Monus 2345 Blackton Dr.

San Diego, CA 92405 Lot 1890 Biv 10

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

due date above

Amount due when paid on, or before,

Amount due if paid more than after due date above.

this is new address

NAME PEOPLY EARNOUTH Received \$2100

ADDRESS 2345 BLACKTON DR

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Amount due when paid on, or before, due date above. Amount Received \$ 21.00 Amount Received \$	DO NOT MAIL ENTIRE BOOK
Month and Day Due Indicated Below MOY DEC JAN FEB MAR APR MAY JUN JUL AND SEP OCT Amount due when paid on, or before due date above. Amount due if paid more than days S Amount Received \$ 21.00 NAME PEGGYE MEAN S ADDRESS 2345 BLACKTON DR	ACCOUNT No.
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Check (/) if this is new address	

Send or bring one coupen with each remittance COUPON DO NOT MAIL ENTIRE BOOK ACCOUNT No. 45 Blackton Br. Sen Diego, GA Lot 1890 Div 10 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, que gale igrove Amount due if paid more th after due date shave A check (/) if this is new address

The Diller S INTERMENT ORDER City of San Diagram

Date

inaFi	uneral, date, time Mo	rdey 2-1-59	12:00
Church, Chapel, Graveside Gravital	1 : Accres	6-323-1342	740 -729 Mortuary
All Funeral cars must arrive before 3.00 p.m. o	f regular work day or a	n extra charge of	\$
will be applied and billed to undersigned.		12.7	
Lot 110 Grave 11 Row	Section 3	Division/Blac	* 13
Grave space & Care Fund			795.00
Additional spaces and care fund			
Opening/Closing & Setup	AID		375.00
Burial Container	, , , , , ,		19000
Handling Fees	N 29 1999		145.00
Flower vases - Marker setting fee	TOPE CEMETER	Υ	
Recording and filing fee MT. 1	SAN DIEGO, CAL	IF)	45.00
Sales taxes			14.73
	Total D	00/1	1564.7
Paid re	sceipt number	1911	2U4.
	,	Balance due	0
I hereby certify I am the AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	of remains as above in and I agree to hold Mt.	of the above nam dicated. I certify a Hope Cemetery h	and represen
hereby authorize the interment in lot I hold under deed.	Signatury Co.	resu U	flan
Signature of recurded holder of cleed	180 0 182	2605	- 93/ - Ep Cod

E-14855

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDER	NT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH	
LORENE	3		JORDA	N	04/1	1/1939 0	Andrew Mark to the second	FEMAL
6A. CITY OF DEATH			58. COUNTY OF DEATH	-OUTSIDE CALIF., I	OF INFORMANT	NSHIP, FULL MAILIN	G ADDRESS AND	ZIP CODE
LA MES			SAN I		THE RESERVE OF THE PARTY OF THE	A. DILLARI	DA DA	UGHTER
ACCI		ATION CENTER EET_STE.E		APPLICABLE	SANNOREG	MOOD STREE	05	e signer
ACKNOWLEDGMENT OF AP	excuser I hereby ac	92008 Involenter as applicant that the proposed disp	souther stated heroin is one of the	dispositions authorized by	Summight of	APPLICATION OF	01/	ATTERNATION OF THE PERSON
ALIMINTELDIMENT OF AF	3800m 103	76 of the Health and Safety Code, and was author ED IN ACCORDANCE WITH PROVI-	AND RESIDENCE OF STREET PROPERTY.	AND RESIDENCE OF THE PERSON NAMED IN COLUMN 1997 AND THE PERSON NA	ecurp or sic	NATURE OF LOCAL	The state of the s	- driedlands
PERMIT	SIONS OF THE CALIFF	ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED		JOHN TOLL	BERT	an func or Looms	negletina idau	ING PERMIT
	IN THIS PERMIT.	RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	01/29/19	9	901679		
Contract Con	PO BOX 8		i ii o	RESS OF REGISTRAR				
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B. CREMATION C. DISPOSITION O THAN IN A CE D. SCIENTIFIC US		INS OTHER	F. DISINTERMENT G. SHEP IN TO CALIFO H. TRANSIT TO OUTS			(Name and Address	se)	
BURIAL	MT. HOPE C 3751 MARKE SAN DIEGO,	T_STREET_	RY	2-1-99	11C. SIGNA	a An	IN CHARBE OF	BUFF
CREMATION	12A: NAME AND AD	DRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMATI	ED 12C SIGNA	TURBOF PERSON	IN CHARGE OF C	REMATION
SCIENTIFIC	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY N/A	RECEIVING REMAINS	13B, DATE RECEIV	ED 13C. SIGNA	TURE OF PERSON	IN CHARGE OF	FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR PREMATED REMAINS ARE TO BE N/A		14B. DATE SHIPPE		ESS AND SIGNATUR ACING WITH THE C		N CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O' NTIFY FINAL PLACE AND CA <u>DISTR</u> N/A		15B. DATE OF DISPOSITION		TURE OF PERSON BE OF DISPOSITION	V OF CRI	E NUMBER EMATED RE- DISPOSER PPLICABLE

COPY 2 IS RETAINED BY 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 GEMETERY

INTERMENT ORDER

musicals INI	EHMENT OHDER
Skeletel _	City of San Diego
remains.	Date 1-20-11
file box SIZE	TUES FEB. 2
You are hereby authorized and instru	cted, subject to your rules and regulations, to infer the remains
of John Julio	WC 17 10 00 00 10 10 10 10 10 10 10 10 10 10
in a CYLIC INICV	Funeral, date, time TVIOI
Church, Chapel, Graveside	VERY Mortuary.
All Funeral cars must arrive before	be p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ned.
10 2002 E	•
J Lot 277 Grave 10 R	low Section_2 Division /Block 12
Grave space & Care Fund	126.00
Opening/Closing & Setup	P 7 99 165.00
Opening/Closing & Setup Burial Container Handling Fees	3-17 50.00
Handling Fees	
	(334)
	<u> </u>
40.00 - 0.40 PM	
Sales taxes	2811.1
K. BUTT	Total Dué
P.A.	Paid receipt number
49-79-2004	Balance due
I hereby certify I am the	of the above named decedent sposition of remains as above indicated. I certify and represent
that I have the right to make this auth any liability on account of said author	orization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lo hold under deed.	1 Signature
	Address
Signature of recorded holder of deed	City Zip Code
	Telephone
	1947
E 440FC	
Work Order # E 14856	Acct. # 900957
REA-104 (7-96) This	s information is available in alternative formats upon request.
	© Printed on recycled paper 2 -17 - 9 9

SEE E 14857 for explination for delivery date changing. 1492 277-10-2-12

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14856

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

IA. NAME OF DECEDE John		1B. MIDDLE	IC. LAST (FAMILY)	Doe			DATE STORAGE 4. SEX D8/11/1998 Unk
SA. CITY OF DEATH	Potre	ro	5B. COUNTY OF DEA	TH-outside calif Diego		RELATIONSHIP, FULL MAILIN ORMANT Marco deleTo	Continues of the same of the s
TOTAL TERRETORISMENT STORAGE		A-FUNERAL DIRECTOR OR PER 9 Adams Ave., San E		AUF LICENSE NUMBER IF APPLICABLE FD1424		5201-A Ruff San Diego, C	A 92123
ACKNOWLEDGMENT OF A	nousewy I hereby a	chnowledge as applicant that the proposes 376 of the Health and Sufety Code, and was	d disposition stated herein is one of t	he depositions authorized by	BA. SIGN	APPRICANT—07501	01/28/1998
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSI SIONS OF THE CALF AND IS THE AUTHORI IN THIS PERMIT.	JED IN ACCORDANCE WITH PRO- ORNIA HEALTH AND SAFETY OF TY FOR THE DISPOSITION SPECIF IN BIENT OF REPOSAL DUTSEE OF CALFOR	DVI- DDE DDE ST.00	0 2 / 0 1/1		9C. SIGNATURE OF LOCAL	REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DI D IN CALIFORNIA P.O.Box 85222, Sal 92186-5222	1 11	DORESS OF REGISTRAR DISPOSITION IS TO OCCU		THE DISTRICT IN CALIFORNIA	•
B. CREMATION		AINS OTHER	E. TEMPORARY ENV F. DISINTERMENT G. SHIP IN TO CALIF			L DISPOSITION PEN (Name and Addres	DING—REMAINS LOCATED A 88)
BURIAL		Mt. Hope Cernet Market St., San Dieg	ery	2-1-99	110	SIGNATURE OF PERSON	IN CHARGE OF BURIAL
CREMATION	Market and the second second second	ODRESS OF CALIFORNIA CRE	A STATE OF THE PARTY OF THE PAR	12B. DATE CREMAT	ED 12C	SIGNATURE OF PERSON	IN CHARGE OF CREM
SCIENTIFIC USE	13A, NAME AND AL	ODRESS OF CALIFORNIA FACI	LITY RECEIVING REMAINS	13B, DATE RECEN	/ED 13C	SIGNATURE OF PERSON	IN CHARGE OF FACILITY
TRANSIT		DORESS IN RECEIVING STATE CREMATED REMAINS ARE TO		14B. DATE SHIPPE	D 140	ADDRESS AND SIGNATUR OF PLACING WITH THE C	RE OF PERSON IN CHARGE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FIGIENT TO IDE	REST POINT ON SHORELINE, OF INTIFY FINAL PLACE AND CA DI	R OTHER DESCRIPTION SUF- ISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C	SIGNATURE OF PERSON CHARGE OF DISPOSITION	

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

VS & (REV. 6)

MT. H	OPE CEMETERY		
Keletel INTER	MENT ORDE	R	
skeletel interi remains on	y of San Diego	1-28	-99
7US120 60X	ğ	TUES. F	EB. 2
You are hereby authorized and instructed,	subject to your rules an	nd regulations, to in	ter the remains
ina liner	Fuperal, date, time	MON FOL	1:00
Church, Chapel, Graveside	N V	wer	Mortuary,
3:00	n. of regular work day	or an extra charge	oficialisms
will be applied and billed to undersigned.		ACH SHILIFUR BRILLING SHOWN OF	
19	-		13
)Lot 277 Grave \\ Row_	Section	Division/	10/00
Grave space & Care Fund			1200
Additional spaces and care fund Opening/Closing & Setup	00 -9	·····	WAS A
Opening/Closing & Setup	T. 12 8 7	مئد	IRS'A
Burial Container	2	<u>~</u>	20.00
Handling Fees	out.		2 3
Flower vases - Marker setting fee			Ha K
Recording and filing fee			<u>-12.0</u>
Sales taxes			2910 N
0.278		al Due	200.A
Pai	id receipt number	02207401075010700	-
MB		Balance due	
I hereby certify I am the and this is your authority to make dispositi that I have the right to make this authorization any liability on account of said authorization	ion and I agree to hold	e indicated. I certif	
I hereby authorize the interment in lot I hold under deed.	Signature		
How trides deed.	Address		
Signature of seconded holder of deed	City		Zip Code
	Telephone		_18 8-4
		311949	
202	Invoice #	21.	W 155

This information is available in alternative formats upon request.

Acci. # 00095

Work Order # E 14857

1-29-99
Jim at Mayer said yes
to changing delivery date.
to Feb. 2, 1999. Due to
graves, not being open on
2-1-99.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1.4	NAME OF DECEDE John/	CONTRACTOR OF THE PARTY OF THE	18. MIDDLE	1C. LAST (FAMILY)	Doe		FOLKAR 4 SEX 22/1998 Unk
54	CITY OF DEATH	San Mar	cos	SB. COUNTY OF DEATH	Houtside CALIF. 6	NAME, RELATIONSHIP, FULL MAILING A OF INFORMANT Rebecca Barr-F	
TA			A JUNERAL DIRECTOR OR PERSON	ACTING AS SUCH 78. CAL	F APPLICABLE	5201-A Ruffin I San Diego, CA 9	Rd., 12123
_	III/IEW/EV/E	T Thurst	Adams Ave., San Dieg	jo, on		A SIGNATURE OF APPLICANT—PERSON AND	
	ACKNOWLEDGMENT OF A	YLICARI Section 10	076 of the Health and Safety Code, and was puth-	rignd pursuant to Section 7100 of th	e Health and Safety Code	1 AND CO	01/28/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CRINIA HEALTH AND SAFETY GODE BY FOR THE DISPOSITION SPECIFIED ID RIGHT OF DEPOSAL DISTREE OF CALFORNIA.	\$7.00	02/01/		SISTRAR ISSUING PERMIT
1	NY CHANGE IN DISPOSI- ION REQUIRES A NEW PRAIT TO SHOW FINAL DISPOSITION.	IF DEATH OCCURRE	EGISTRAR OF DISTRICT OF DEATH ID IN CAUFORNIA P.O.BOX 85222, San D 92186-5222	1 #1		OF DISTRICT OF DISPOSITION— I IN ANOTHER DISTRICT IN CALIFORNIA	•
10	AUTHORIZED DISPI	OSITION(S) CHECK A				FOR CORONER'S	S USE ONLY
	B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	OF CREMATED REM	AINS OTHER	E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	PINIA	L DISPOSITION PENDINI (Name and Address)	9-REMAINS LOCATED AT
	BURIAL		Mt. Hope Cemetery Market St., San Diego, (118. DATE BURIED	1 / 1/2	CHARGE OF BURIAL
HEE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORNIA CREMAT	ORY	12B, DATE CREMATE	ED 12C. SIGNATURE OF PERSON IN C	HARGE OF CHEM
LL APPLICA	SCIENTIFIC USE	13A. NAME AND A	DDRESS OF CALIFORNIA FACILITY	PECEIVING REMAINS	138, DATE RECEIV	ED 13C. SIGNATURE OF PERSON IN	CHARGE OF FACILITY
OMPLETE	TRANSIT		DDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPE	OF PLACING WITH THE CAR	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O' ENTIFY FINAL PLACE AND CA DISTR		15B. DATE OF DISPOSITION	15G. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	ISD, LICENSE HUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1 - 29-99

ina +-5. Vault	Funeral, date, t	int gan	2-4	1100
Church, Chapel, Graveside Chapel	mound	Ragi	elale	Mortuary.
All Funeral cars must arrive before 100 p.r	n, of regular work	day or an ex	dra charge o	ors 150.00
will be applied and billed to undersigned.	XC.H.			393
Lot 270 Grave 12 Row_	Section	, 2	Division/Ble	-ck 12
Grave space & Care Fund	AID			795.00
				375-00
Opening/Closing & SetupJAI	1 2 9 1999		177171111111111111111111111111111111111	250.00
Handling Fees	ONE CEMET	ERY		185.00
MT. HV Flower vases - Marker setting feet TY of	SAN DIEGO.	ALIF		_
Recording and filing fee				45.00
Sales taxes	***************************************			19.38
		Total Due		1669.30
Pai	d receipt number	R-50	790	1669.38
. X		E	alance due	-0
I hereby certify I am the 5137ect and this is your authority to make dispositi that I have the right to make this authorizati	ion and I agree to	above Indica	ted. I certify	armed decedent and represent harmless from
any liability on account of said authorization	and interment.	0 1	1 .	, /
I hereby authorize the interment in lot I hold under deed.	Signature	nta t	amil	ron
In the second se	Y Addigha	56 4	U. 74	1 97
Signature of recorded hubbler of deed	323	-752	eles . 859	CA 90044
	(Leadwann)			
	Invoice i	1		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS IA NAME OF DECEDENT-FIRST (GIVEN) IR MIDDLE 1C. LAST (FAMILY) 2. DATE OF BIRTH 3. DATE OF DEATH MONTH, DAY, YEAR MONTH, DAY, YEAR Tubbs Arrie Ruth 04/08/1929 01/27/1999 SA CITY OF DEATH 5B COUNTY OF DEATH-OUTSIDE CALIF... 8 NAME RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT San Diego San Diego Glinda Hamilton, Sister 7A. TYPED NAME AND ADDRESS OF CALIFORNIA. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B. CALIF. LICENSE NUMBER 1056 W. 74th St. -IF APPLICABLE Anderson-Ragsdale Mortuary; 5050 Federal Blvd. Los Angeles, CA 90044 San Diego, CA 92102 F-1329 8A. SIGNATURE OF APPLICANT—Person taking primit, 6B. DATE SIGNED I hereby acknowledge as applicant that the proposed disposition stated herein is one of the disconlines authorized by 01/28/1999 ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 9901750 02/01/1999 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED \$7.00 AUTHORIZATION OF IN THIS PERMIT NOTE: THIS PERMIT CIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW Vital Records: P.O. Box 85222 PERMIT TO SHOW FINAL DISPOSITION San Diego, CA 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY *A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D SCIENTIFIC USE H TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED Mt. Hope Cemetery: 3751 Market St. BURIAL San Diego, CA 92102 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATIO 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED CREMATION 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-158. DATE OF SIGNATURE OF PERSON IN 150 LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

RILE PORT ORDER City of San Diego

Date 1-29-99

ou are hereby authorized and	1 -			
John ad	COMA	wright		
a will provid ash	Contains Funera	l, date, time		
nurch, Chapel, Graveside		4		Mortuary.
Funeral cars must arrive be	3:00 ot requ	lar work day or an	evira charge of	\$
		iai noin aay or ai	CALL STRINGS ST	
Il be applied and billed to unc	dersigned,			
ot 96 Grave		- 7		8
I Grave	How	Section	Division/Block	·
ave space & Care Fund				
ditional spaces and care fun				-
pening/Clasing & Setup	for 2	***************************************		210.00
urial Container				-
	A STATE OF THE PARTY OF THE PAR			120.00
arolling reds	COMPANDATION OF THE OWNER, THE OW	*********************		
	· Macked	Pail for	no he	- 12
ower vases - Marker setting	tee Marker	Paid for 1	ney be	- 12
ower vases - Marker setting ecording and filing fee	tee Marker	Paid for 6	nay be	90,00
		Paid for 6	ney be	90.00
		Paid for 6	ney be ut with	90.00
eles taxes		Paid for 6	ney be	90.00
eles taxes		Paid for 6	ney be of which	- 12 90,00 420.00
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nereby certify I am the	Paid receipt	Paid for / b	ne be Balance due 5 of the above namiliested Licertify a	90,00 420.00 125.00 45,00
ales taxes	Paid receipt	Total Dunumber	ne be Balance due 5 of the above namiliested Licertify a	90,00 420.00 125.00 45,00
nereby certify I am the od this is your authority to make this y liability on account of said	Paid receipt What ake disposition of rems authorization and I a	Total Dunumber	ne be Balance due 5 of the above namiliested Licertify a	90,00 420.00 125.00 45,00
ereby certify I am the old this is your authority to me at I have the right to make this in the me and the reby euthorize the intermer	Paid receipt WM 25- ake disposition of rems authorization and integration an	Total Dunumber	Balance due 5 of the above namicated. I certify a lope Cemetery h	90,00 420.00 125.00 45,00 ned decedent armless from
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MT. HOPE CEMETERY INTERMENT ORDER

Estate case

REA-104 (7-96)

City of San Diego

Date_1-29-99

ot	earle D	umus	
na linev F	Funeral, date, time	WED 2	-10 1:0
Church, Chapel, Graveside Deli Very	ONLY : PL	asaal	e Mortuary.
All Funeral cars must arrive before 8:00 p.m.	of regular work day	or an extra char	ge of \$
will be applied and billed to undersigned			
Loi 278 Grave 4 Row	Section	2 Division	- 12
Lot F Grave How	Section	Division	TO S N
Grave space & Care Fund			<u>Ho.u</u>
Additional spaces and care fund			776 0
Opening/Closing & Setup			319.0
Burial Container			190.Q
Handling Fees	***************************************		145.01
Flower vases - Marker setting fee			
Recording and filing fee			45.Q
Sales taxes			111-11
parnell Price - PA	To receipt number		1 1 1 1 1
creditor's cla	im - 499	Balance	due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold	e indicated. I co	ve named decedent ertify and represent etery harmless from
hereby authorize the interment in lot I hold under deed.	Signature		
	Address		
Signature of seconded holder of deed	City		Zıp Code
	Telephone		
	STATE STATE OF THE		
20 . 000000	Invoice #		

@ Printed on recycled paper

This information is available in alternative formats upon request.

14860

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			DATE OF DEATH 4. SEX	
Earle -		Dum	Dumas		/17/1999 M	
A. CITY OF DEATH		56. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MAILIN OF INFORMANT	IG ADDRESS AND ZIP CODE	
San Diego		San Diego		Darnell Price, Public Administra		
		CTOR OR PERSON ACTING AS SUCH 78. CA	LIF. LICENSE NUMBER F APPLICABLE	5201-A Ruffin Rd.		
Anderson-R	agadale Mort.; 5050		CONTRACTOR OF THE PARTY OF THE	San Diego, CA 921		
	San Diego,	CA 92102 F-	AL AND PORT OF THE PARTY OF THE	SIGNATURE OF APPLICANT—Person		
ACKNOWLEDGMENT OF AF	Section 19376 of the Health and Se	lets Code, and was authorized pursuant to Section 7100 of th	e Health and Safety Code.	BILL TIDYET	01/28/1999	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDAN- SIONS OF THE CALIFORNIA HEALTH AN AND IS THE AUTHORITY FOR THE DISPO- IN THIS PERMIT, MOTE THIS PERMIT, NOTE THIS PERMIT,	ST - 00	02/09/1999	DUED, 9C. SIGNATURE OF LOCAL	9902312	
NY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DIS IF DEATH OCCURRED BY CAUFORNIA Vital Records; P. (0. Box 85222		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA		
	OSITION(S) CHECK APPLICABLE ITEMS	CA 92186-5222 -		1 500 000000	TAIL THE ONLY	
	A CONTRACTOR OF THE PROPERTY O			7.000,000,000	R'S USE ONLY	
	JDES ENTOMBMENT)	E. TEMPORARY ENV	MILTMENT	Name and Address	DING-REMAINS LOCATED AT	
B. CREMATION C. DISPOSITION	OF CREMATED REMAINS OTHER	F. DISINTERMENT	-mana			
D. SCIENTIFIC US	EMETERY	G. SHIP IN TO CALIFO				
U D. SOIENTETO D.						
11A. NAME AND ADDRESS OF CALIFORNI			118 DATE BURIED	11C. SIGNATURE OF PERSON	IN CHARGE OF BURIAL	
BURIAL	Mt. Hope Cemtery: San Diego,		12/10/99	- Tam 90		
	12A NAME AND ADDRESS OF CALL	FORNIA CREMATORY	128 DATE CREMATED	12C. SIGNATURE OF PERSON	IN CHARGE OF CREMATION	
CREMATION	_		1			
			1			
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALL	FORNIA FACILITY RECEIVING REMAINS	138. DATE HECEIVES	1 13C. SIGNATURE OF PERSON	IN CHARGE OF FACILITY	
	_		1			
	14A. NAME AND ADDRESS IN RECE	MIND CTATE OF COUNTRY WHERE	1 14B DATE SHIPPED	1 14C. ADDRESS AND SIGNATUR	SE OF DEDOON IN CHARGE	
TRANSIT	REMAINS OR CREMATED REMA		146. DATE SHIPPED	OF PLACING WITH THE C		
	-		1			
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON S	SHORELINE, OR OTHER DESCRIPTION SUF-	158. DATE OF	15C. SIGNATURE OF PERSON	IN 150, LICENSE NUMBER	
OR		CE AND CA DISTRICT OF DISPOSITION	DISPOSITION	CHARGE OF DISPOSITION	OF CREMATED RE-	
DISPOSITION OTHER THAN IN A CEMETERY	-		1		-IF APPLICABLE	

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



at Burial

Church, Chapel, Graveside

12 Grave

Grave space & Care Fund Additional spaces and care fund Opening/Closing & Setup..... Burial Container..... Handling Fees Flower vases - Marker setting fee Recording and filing fee

All Funeral cars must arrive before 3.50

will be applied and billed to undersigned.

of

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Funeral, date, tim

Section

50 p.m. of regular work d

You are hereby authorized and instructed, subject to your rule

	the remain
THUR 2-4	10:0
agsdale	_ Mortuary
or an extra charge of \$	
3 Division/Block	
9	-0-
	0
tal Due	-6
Balance due _	0

I hereby certify I am the and this is your authority to make disposition of remains as a that I have the right to make this authorization and I agree to h any liability on account of said authorization and interment. I hereby authorize the interment in lot I

Paid receipt number_

er deed.	ne media	

Signature

City

Signature of recorded holder of deed

Address Zip Code

Telaphone

Invoice #

Work Order # E 14861

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

E-14861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Alla	NT—FIRST (GIVEN)	18. MIDDLE Mae	IC LAST (FAMIL	117		2. DATE OF BIRTH	3. DATE OF M81728)		4. SEX
SA CITY OF DEATH	n Diego		5B. COUNTY OF I		OF INF	RELATIONSHP, FULL M ORMANT Die Lewis, F	meno-in manage	S AND ZIP	CODE
A LANGUAGE CONTRACTOR OF THE PROPERTY OF THE P	sdale Mort	.; 5050 Federal B iego, CA 92102		CALIF LICENSE NUMBER —IF APPLICABLE F-1329	676 San	Diego, CA S	2114	8B. DATE	SIGNED
ACKNOWLEDGMENT OF AP	PLICANT hereby a Section 10	cknowledge as applicant that the proposed dis- 576 of the Health and Safeta Code, and was auth	Position stated herein is one Orized pursuant to Section 710	of the dispositions authorized by 10 of the Health and Safety Code	ERE	the Wil	lean	02/03	/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	THE IN ACCORDANCE WITH PROVI- ORNIA MEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED D RIGHT OF DISPOSAL QUITIES OF CALFORNIA.	A LANGUAGE BANKS THE PARTY OF T	02/03/19		9C. SIGNATURE OF LO		01974	PERMIT
ANY CHANGE IN DISPOSA- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Rec	GISTRAR OF DISTRICT OF DEAT D IN CAUFORNIA ords; P.O. Box 85 Diego, CA 92186-	222	ADDRESS OF REGISTRAL IF DISPOSITION IS TO OCC			ENIA		
10 AUTHORIZED DISPO						FOR COR	ONER'S US	E ONLY	
B. CREMATION		UNS OTHER [E. TEMPORARY F. DISINTERMENT G. SHIP IN TO CO H. TRANSET TO C			L DISPOSITION (Name and Ad		MAINS LO	CATED AT
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CREMATION	12A, NAME AND A	DORESS OF CALIFORNIA CREMAT	TORY	128 DATE CREMA	IFED 120	SIGNATURE OF PERS	ON-IN CHARG	E OF CRE	
SCIENTIFIC	13A. NAME AND AI	DRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAIN	NS 13B DATE RECE	IVED 130	SIGNATURE OF PER	SON IN CHAR	GE OF FA	CILITY
TRANSIT		ODRESS IN RECEIVING STATE OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPP	PED 140	ADDRESS AND SIGN. OF PLACING WITH TO		RSON IN	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, OR O NTIFY FINAL PLACE AND GA <u>DISTF</u>		15B DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSE		OF CREMA MAINS DE —IF APPLI	SPOSER

COPY 2 IS RETAINED BY 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 2-1-99

You are hereby authorized and instructed, of Abra ham Chris		14	inter the remains
ina Top See Vault	Particular and the second		2-3-99
Church, Chapel, Graveside Withe	Been	15 lay Mitcall	& Mortuary.
All Funeral cars must arrive before 3:30 p.r	n, of regular work day of	an extra charg	e of \$
will be applied and billed to undersigned			
Lot 533) Grave Row_	Section	Division/	Block 10
Grave space & Care Fund		7	1095.0
Opening/Closing & Setup		9	375.00
Burial Container	FEB a 1 199	19	250.00
Handling Fees			185.00
Flower vases Marker setting fee	MT. HOPE CEMI	CALIF	125/62
Recording and filing fee			45.00
Sales taxes			19.38
11 Bild Monof	Total	Due	20943
Ocen Black" into Pai	id receipt number5	0796	2131.3
Placeron		Balance de	ue
I hereby certify I am the EXECUTO and this is your authority to make dispositi	on of remains as above	indicated. I cer	named decedent tify and represent
that I have the right to make this authorization any liability on account of said authorization	ion and I agree to hold M n and interment.	t. Hope Cemet	ery harmless from
	Um Al	Bilden (or se ta
I hereby authorize the interment in lot I hold under deed.	Agnimiro 1885	SEDANA	PRACE
	Apartino Park	DIEGO	CA 92107
Stiffseture of recorded holder of deed	(619)	275-87	TR Zip Code
DO NAME ESS TO ONE	Toisphohe	MYDA	e on .
HIS NADORE ANY	Invoice #	who	e of other
Work Order # E 14862	Acct. #		

E-14-862

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18 USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 2. DATE OF BIRTH 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC. LAST (FAMILY) 4. SEX MONTH, DAY, YEAR MONTH DAY, YEAR CHRISTIAAN PLANJE 04/15/1917 01/22/1999 MAHAREA 5A CITY OF DEATH 5B. COUNTY OF DEATH-OUTSIDE CALIF... B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE ENTER STATE OF INFORMANT BEARDSLEY-MITCHELL FUNERAL HOME SAN DIEGO SAN DIEGO 74. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF LICENSE NUMBER 1818 SUNSET CLIFFS BLVD. -IF APPLICABLE SAN DIEGO, CA 92107 BEARDSLEY-NITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107 FD-816 BA. SIGNATURE OF APPLICANT-Perces taking permit, BB. DATE SIGNED I hendly acknowledge as applicant that the proposed disposition stated horors is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A, AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED 02/03/1999 9901884 AUTHORIZATION OF IN THIS PERMIT LOCAL REGISTRAR MOTE: THIS PERMIT GIVES NO HIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. T.C. MITCHELL BE ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSI IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA IF DEATH OCCURRED IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL P.O. BOX 85222, SAN DIEGO, CA 92186-5222 DISPOSITION. FOR CORONER'S USE ONLY 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G SHIP IN TO CALIFORNIA THAN IN A CEMETERY H. TRANSIT TO OUTSIDE OF CALIFORNIA D. SCIENTIFIC USE 11C. SIGNATURE OF PERSON IN CHARGE OF BURGAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11B. DATE BURIED MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, BURIAL CA 92102 12C-SIGNATURE OF BERSON IN CHARGE OF 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128 DATE CREMATED CREMATION 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138 DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF SIGNATURE OF PERSON IN 150. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE-CHARGE OF DISPOSITION FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION MAINS DISPOSER DISPOSITION OTHER -IF APPLICABLE THAN IN A CEMETERY

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

MT. HOPE CEMETERY

INTERMENT GRDER

City of San Diego

Date 2-2-99

na Siner	Funeral, date, time Tule 2-9 11:00
Town of Bound Poundage b b	Craveil Rassale Mortuary.
3:10	of regular work day or an extra chargetons 150.
will be applied and billed to undersigned.	
ol 269 Grave 8 Row_	Section 2 Division/Block, 13
Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Salup	375.00
Burial Container	190.00
fandling Fees FEB 0 2 1999	145.00
Flower vases - Marker setting fee	PERY
Recording and WinMer HOPE CEME CITY OF SAN DIEGO.	CALIF. 45.00
Sales taxes	19, 73
	Total Dye
Paid	receipt number 1 3011 (S 64.17
XNEDA	F(1) Balance due
hereby certify I am the 1/6-7-7 and this is your authority to make disposition	of the above named decedent on of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmless from
hereby authorize the interment in lot I	Kickard V. Splensfield
hold under deed.	× 1729 Ramon At.
Signature of recorded holder of deed	X Lenor Breul 9/94.
	City 619 698-0275 Zip CSdii
	Invoice #

C Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

E- 14863

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	10. LAST (FAMILY)		2. DATE OF BIRTH	3. DATE OF DEATH 4. SEX
Ethel		Mae	Fair		03/18/1913	MONTH, DAY, YEAR 01/31/1999 F
SA CITY OF DEATH			58. COUNTY OF DEAT	H-OUTSIDE CALIF., 6.	NAME, RELATIONSHIP, FULL MA	ILING ADDRESS AND ZIP CODE
El Cajon			San Die	ego ,	Richard V. Sprin	offeld Washer
7A. TYPED NAME AND AD	ODRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PERSON		HE LICENSE MUMBER	1729 Ramon St.	Strerg' webues
Anderson		ort.; 5050 Federa	l Blvd.;		Lemon Grove, CA	91945 sen taking permit 8B > GATE SIGNED
ACKNOWLEDGMENT OF A		cknowledge as applicant that the proposed disp 376 of the Health and Safety Code, and was author			tiral lux	02/08/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	THE DESCRIPTION OF CALFORNIA OF THE DESCRIPTION OF CALFORNIA OF CALFORNIA OF CALFORNIA OF CALFORNIA	\$7.00	02/08/199		9902178
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FIMAL DISPOSITION.	Vital Re	EGISTRAR OF DISTRICT OF DEAT D IN CALFORNIA COTTOS: P. O. BOX 1000, CA 92186-522	85222		F DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CALIFORN	NA .
10. AUTHORIZED DISP			1		FOR CORC	NER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US	58		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	IDE OF CALIFORNIA	(Name and Ad	
BURIAL	Mt. Hope	Cemetery; 3751 Ma Diego, CA 92102		118. DATE BURIED	11C. SIGNATURE OF PERSO	ON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND AD	DDRESS OF CALIFORNIA CREMAT	ORY	128. DATE PREMATE	12C. SIGNATURE OF PERSO	ON IN CHARGE OF CREMATION
SCIENTIFIC	13A. NAME AND AL	DDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	13B. DATE RECEIVE	D 13C SIGNATURE OF PERS	ON IN CHARGE OF FACILITY
TRANSIT		DRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE		14B. DATE SHIPPED	0 14C. ADDRESS AND SIGNA OF PLACING WITH TH	TURE OF PERSON IN CHARGE E CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO IDE	rest point on shoreline, or o' entify final place and ca <u>distr</u>	THER DESCRIPTION SUF- NCT OF DISPOSITION	15B DATE OF DISPOSITION	15C. SIGNATURE OF PERSONAL CHARGE OF DISPOSIT	

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

MT. HOPE CEMETERY

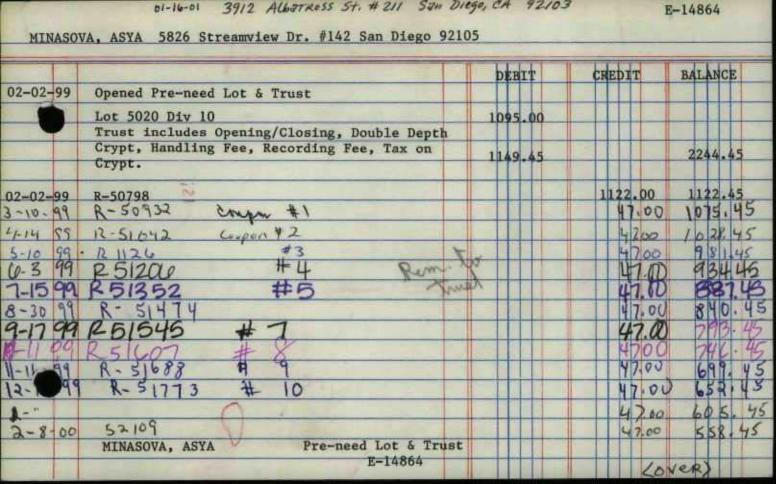
INTERMENT ORDER

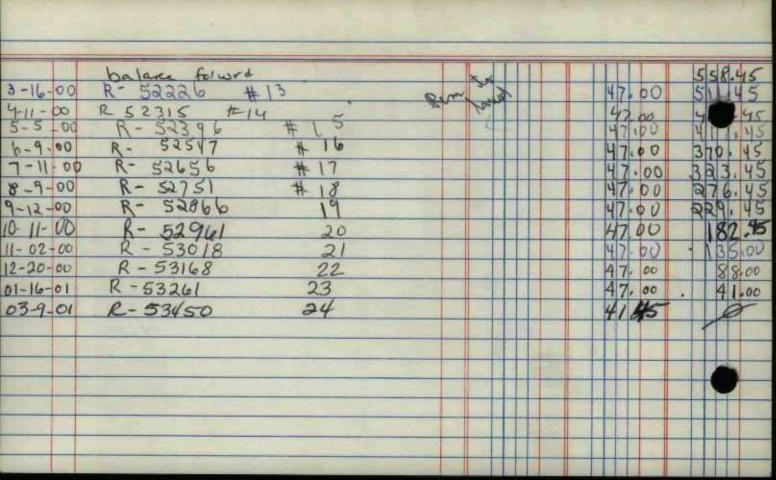
Bre- ruch

City of San Diego

Date 2-2-99

of ASYA MIA	1750 V	A 17	130 SEPT 1	7 WIGD
and stinds and	1	neral, date, tim		L M
Church Chapel Graveside			MAYER	Mortuary.
All Funeral cars must arrive before	3:00	rogular work de		
will be applied and billed to unders		regular work us	ny or an extra charge	
Lot 5020 Grave	Row	Section	Divisional	Hock 10
Grave space & Care Fund		***************************************		1095.00
Additional spaces and care fund	PAC			
chemidiciosniñ a samh	Accommence	*******************	**********************	11.
Burial Container				380.00
Handling Fees	FUL			390.00
Flower vases - Marker setting fee		a _ 0		
Flower vases – Marker setting fee Recording and filing fee	3		\	45.00
Sales taxes				70 11 6
			Fotal Due	2244.45
	Paid rec	eipt number	1-50798	1122.00
			Balance du	10 1122.45
I hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of said auti	thorization a	nd I agree to ho	ove indicated. I cert	named decedent ify and represent iry harmless from
I hereby authorize the interment in hold under deed.	lot I	Signature A	Gellles, Streamvie	THE RESERVE OF THE PARTY OF THE
Signature of recorded holder of deed		SAN City G /6	DIEGO 1) 582-53	CA 92/05 Zip Codu
		100000000000000000000000000000000000000		





CITY OF SAN DIEGO, CALIFORNIA

51688



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

John Deven	Address: 5826 Stream	Date: 11-1 H 10 men	142	Jan 00	97 Lev,
In Payment of 1	*	ection		Division \(()	0
Invoice No	NOTVALIDEOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	20% Sales Care 80% Sales	67007 77184 — 100 77181 — 100 77182 — 100 77185 — 100 77185 —		
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94)	ISSUED BY & Million	Pre-Need Trust Sales Tax TOTAL PAID	63033 9022 — 80101 78390 —	47	00

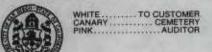
WHITE TO CUSTOMER CANARY CEMETERY FINK AUDITOR

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

From ASVA Minacot	Address: 5720 Thu	Date: Dr. #	142 6 1 6
In Port Payment of Fr.	RowS	True t	Division / O
NO. BALANCE DUE At Need On Acct	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 57007 20% Salen Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 Handling Fee 7185 Riscording & 100 Misc. Fees 77183 Pre-Need 50333 Trust 9922	47.00
Pre-need Trust Cash Check C	ISSUED BY KON IN JUST AND IN STREET	Sales Tax 60101 78980 TOTAL PAID \$	4700

99

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From acya minasora Torty Seven In patt Payment of from	Address: 5826 theam	Date: 02 t	# 147 1-80 lars (\$ 47.00) 93
Lot 50 20 Grave _	NOT VALID FOR PLIRPOSE STATED UNLESS STAMPED	OREDIT 6	Division ()
NO. E - 14864	"PAID IN THIS SPACE.	20% Sales Care 780% Sales of Lots 7 Opening/ Closing Burlat	77184 100 177184 190 177181 100 177182	
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check		Recording & Miss. Fees 7 Pre-Need 7 Trust Sales Tax 6	100 77185 100 77183 10033 10033 10033 10033 10033 10033 10033	00
AC-212 (Rev. 5-94)	ISSUED BY D. Durillia	TOTAL PAID	s 47	00

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

From: Asya Minesova		Date: 7	#142 SD F210
Folky Sevan and	tended trust	Dollars	(\$ 47.00
Lot 5020 Grave _	RowSe	ection	Division Block //
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE	CREDIT 67001 20% Sales Care 7718- 80% Sales 100 07 Lots 7778- Opening/ 100 Closing 7718- Surial 100 Handling Fee 77185 Recording 8 100 Misc. Fees 77185 Pre-Need 6303 Trust 902	47.00
Pre-need Trust	ISSUED BY Lynd	Sales Tax 6010 78390 TOTAL PAID	

CITY OF SAN DIEGO, CALIFORNIA

51206

WHITE TO CUSTOMER CANARY GEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400	10-2	aa
FAMILIAN	Date: Date: Date:	10 50 10 10

E-1484

	327-3400	Date: U-	3	19
From Asya Minasova	Address: 5820 Stree	amview	Dr. 142 SI	0921
In Part Payment of Pre	need 10+4 trust	Do	ollars (\$	
15020 Grave #	RowSo	ection	Division Block	0
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales	67007 77184 100	100
Acct. No. 14804		Opening/ Closing Bursal	77184 100 77161 100	
BALANCE DUE 934-45		Containers Handling Fee Recording &	77182	
Pre-Need Lot At Need On Acct O	Calina A	Recording & Misc. Fees Pre-Need Trust Sales Tax	77183 ————————————————————————————————————	
Pre-need Trust Cash Check	LATUNCY VALLENCE	TOTAL PAID	78390	100

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

				Date:	10		19 / 7
From Asya Minasov	1 00/	824	Streen	view Dr.			D 9210
FOITY SOVE	and 7/00	8 1 1	7.			47.00	
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Lot 5020 Grave _		Row	Sect	ion		Division /	0
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W.O. E14864	1		3.5	Closing Burisl	77181		
BALANCE DUE 981.45			2 - 3	Containers Handling Fee	77182 — 100 77185 —		
	201 - 1			Recording & Misc Fees	100 77183 —	1.00	-3
Pre-Need Lot At Need On Acct Pre-need Trust Cash Check			13	Pre-Need Trust Sales Tax	63033 9022 60101	47	00
AC-212 (Rev. 5-94) 3 41	ISSUED BY LYN	de		TOTAL PAID	78390	47	00
			21				

of or bring one coupon with each remittance COUPON	2
DO NOT MAIL ENTIRE BOOK	4
Pre-need Lot & Trust	

ACCOUNT No Pre-need Lot & Trust
Asya Minasova E-14864
5826 Streamview Dr. #142

San Diego, CA 92105 Lot 5020 Div 10

Lot 5020 Div 10 Month and Day Due Indicated Below MAR APR MAY JUN JUL AUG OCT NOV DEC JAN 10 Amount due when paid on, or before, due date above. 47.00 Amount due if paid more than, days after due date above. Amount Received NAME **ADDRESS** CITY STATE check (/) if this is new address

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INTERMENT ORDER

City of San Diego

Date_2-2-99

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n a Type of Build Container Church, Chapel, Graveside	Funeral, date,	time Ay D	Mortuary.
All Funeral cars must arrive before 3.00 p.m.	of regular wor	k day or an extra	a charge of \$
will be applied and billed to undersigned			
Lot 7 Grave 12 Row	Section	m MA S D	ivision/Block P
Grave space & Care Fund			-0-
Additional spaces and care fund	\mathbf{D}		
Opening/Closing & Setup			105.00
Burial Container FEB 2 1	1999	+	55.00
Handling Fees			60.00
MT. HOPE CE	GO CALIE		
Recording and filing fee			45.00
Sales taxes			4.26
		Total Due	269-26
Paid	receipt numbe	- V15A	267. 26
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization in liability on account of said authorization is	and I agree to	of the	ance due e above named decedent d. I certify and represent Cemetery harmless from
hereby authorize the interment in lot I hold under deed.	X Signature X Address	48 13	TST NE
ignature of recorded holder of doed	Telephone Invoice	28-3	27-4393
Work Order # E 14865	Acct. #		
REA-104 (7-96) This informa	ation is availa	ble in alternative	e formats upon request.

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2-8-99 & reinfield per 4 umphry that was AY D. delivery only and

E 14865

will let me know if they want flower was to a want se a contact was a

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

	DENT-FIRST (GIVEN)	1B. MIDDLE	1 C. LAST (FAMILY)		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX			
DOROTHY		CLAIRE	10.00	HALL	0970571965 0172771999 F			
SA. CITY OF DEATH	A CONTRACTOR OF THE PARTY OF TH	1	SB. COUNTY OF DEAT		NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE			
	Alpine		ENTER STATE SE	n Diego	Charles Jeffers - Son			
Humphrey C	hula Vista N	A-FUNERAL DIRECTOR OR PERS MOTTUARY STA CA 91911		LIF. LICENSE NUMBER IF APPLICABLE FD-964	548 First St. N.E. Hickory NC 28601			
ACKNOWLEDGMENT OF	applicant Thereby a	cknowledge as applicant that the proported	disposition stated herein is one of the	e depositions authorized by	A. SIGNATURE OF APPLICANT—Fersin taking permit, 8B. DATE SIGNED			
	Section 10	376 of the Health and Salety Code, and was a JED IN ACCORDANCE WITH PROV	othorized pursuant to Section 7100 of t	he Health and Safety Code.	SUED, 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT			
AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	ORNIA HEALTH AND SAFETY COL Y FOR THE DISPOSITION SPECIFIE O RIGHT OF DISPOSAL OUTSIDE OF CALIFORN	\$7.00	02/01/199 J.E. King	9 9910768			
ANY CHANGE IN DISPOS. TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Vital Recor	EGISTRAR OF DISTRICT OF DE. D IN CALIFORNIA Cds P.O. Box 852 CA 92186-5222	222 9E. AC	DISPOSITION IS TO OCCUR	P DISTRICT OF DISPOSITION— IN ANOTHER DISTRICT IN CAUPORNIA —			
10. AUTHORIZED DIS	POSITION(S) CHECK A	PPLICABLE ITEMS			FOR CORONER'S USE ONLY			
B. CREMATION	LUDES ENTOMBMENT)		F. DISINTERMENT	AULTMENT	L DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
C. DISPOSITION THAN IN A D. SCIENTIFIC	USE		G. SHIP IN TO CALIF	SIDE OF CALIFORNIA				
THAN IN A	USE 11A. NAME AND AD	ODRESS OF CALIFORNIA CEME Cemetery - 3751 1 CA 92102	H. TRANSIT TO OUTS		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL			
D. SCIENTIFIC BURIAL	11A NAME AND AL Mt. Hope (San Diego 12A NAME AND AL	DRESS OF CALIFORNIA CEME Cemetery - 3751 1 CA 92102 DRESS OF CALIFORNIA CREM Crematory - 162	H. TRANSIT TO OUTS TERY Market Street ATORY 5 Gisler Ave.	118, DATE BURIED	- Au modie.			
BURIAL CREMATION SCIENTIFIC SCIENTIFIC USE	11A NAME AND AD Mt. Hope (San Diego 12A NAME AND AD OCCUPATION COSTA Mess	DRESS OF CALIFORNIA CEME Cemetery - 3751 1 CA 92102 DRESS OF CALIFORNIA CREM Crematory - 162	H TRANSIT TO OUTS TERY Market Street ATORY 5 Gisler Ave.	118. DATE BURIED 128. DATE CREMATE FEB O 3 1999	- Au modie.			
D. SCIENTIFIC BURIAL CREMATION CREMATION SCIENTIFIC	11A. NAME AND AD Mt. Hope (San Diego) 12A. NAME AND AT Oceanview Costa Mesa 13A. NAME AND AD N/A	DRESS OF CALIFORNIA CEME Cemetery - 3751 I CA 92102 DRESS OF CALIFORNIA CREM Crematory - 1623 a CA 92626-5554	H. TRANSIT TO OUTS TERY Market Street ATORY 5 Gisler Ave. 4 TY RECEIVING REMAINS	118. DATE BURIED 128. DATE CREMATE FEB O 3 1999	D 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION D 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			

to be deliment to be deliment to be deliver

MT. HOTE DEMETERY

City of San Diego

Date 2 - 2 - 99

You are hereby authorized and instructed, s	own	
The state of the s	Funeral, date, time Down, 2	-4 1:00
Church, Chapel, Graveside	Crement: Razadale	Mortuary.
All Funeral cars must arrive before 3.00 p.m	of regular work day or an extra charge	ors 150.00
will be applied and billed to undersigned.	Typ	
) = 1		15
Lot 13 6 Grave 11 Row_	Section Division/	Block X
Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup	AIR	375.00
Handling FeesFEI	2 2 1000	250.00
Flower vases – Marker setting fee	0 7 1999	
Recording and filing fee		45.00
Sales taxes CTTY of S	AN DIEGO, CALIF	
	Total Due	1565.00
Paid	receipt number R - 50800	1565.00
. 1	Balance du	•
hereby certify I am the + VILO	of the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization.	on and I agree to hold Mt. Hope Cemete	ry harmless from
any liability on account of said authorization	and interment	
I hereby authorize the interment in lot I hold under deed.	Shamilla A D 10	1
loid under deed.		· Avenue
Signature of recorded holder of deed	San Diego, C	A 92114
	017-286-20	2) 2000
	Telephone	
E 14900	Invoice #	
Work Order # E 14800	Acct. #	

Modern Stairways Inc.

E- 14-866 DELIVERY / ORDER

3239 Bancroft Dr. Spring Valley, CA 91977 9) 466-1484 FAX 466-8920 (888) 842-6525

DATE INVOICE # 2/2/99 2394

BILL TO

La Vista Memorial Park P.O. Box 536 National City, CA 91950

ank you for your business.

(non-posting)

Mt. Hope Reordia Brown Service Thurs. 1:00PM

O. NUMBER	TE	RMS	REP	SHIP	VIA	F,O.B.	PROJECT
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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14 866

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

14	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)			ATE OF DEATH 4. SEX
	Oredia	Rosetta	Breen		01/07/1944 01	/28/1999 F
54	CITY OF DEATH		SB. COUNTY OF DEATH- ENTER STATE	-OUTSIDE CALIF., 8	NAME, RELATIONSHIP, FULL MAILING	
		; Valley	San Diego		Judy Williams-Rack	
7.4		Ragsdale Mort.; 5050 Federal San Diego, CA 92102	Blvd.	APPLICABLE	906 Galopago St. Spring Valley, CA A. SIGNATURE OF APPLICANT POSSER 18	91977 hing permit 88. DATE SIGNED
	ACKNOWLEDGMENT OF AP	PLEANT I hereby acknowledge as applicant that the proposed disposition Section 10376 of the Health and Safety Code, and was authorized			Lable Weller	02/03/1999
	UTHORIZATION OF	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PRIOVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRES NO RIGHT OF DISPOSAL OUTSDE OF CALIFORNIA.	\$7.00	02/03/199		EGISTRAR ISSUING PERMIT 9901966
Ŧ	IY CHANGE IN DISPOSE ON REQUIRES A NEW RMIT TO SHOW FINAL DISPOSITION	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH DOCUMED IN CALIFORNIA Vital Records; P.O. Box 8522 San Diego, CA 92186-5	2 * 500		OF DISTRICT OF DISPOSITION— I BY ANOTHER DISTRICT IN CAUFORNIA	
10	AUTHORIZED DISPO	OSITION(S) CHECK APPLICABLE ITEMS	AL SELECT		FOR CORONE	R'S USE ONLY
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	BURIAL	Mt. Nome Commetery; 3751 Mark San Diego, CA 92	100000	118. DATE BURIED	11C. SIGNATURE OF PERSON I	CHARGE OF BURIAL
BLE ITEMS	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATOR	Y	12B. DATE CREMATE	12C. SIGNATURE OF PERSON II	CHARGE OF CREMATION
ALL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY R	ECEIVING REMAINS	13B. DATE RECEIVE	ED 13C. SIGNATURE OF PERSON I	N CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR CO. REMAINS OR CREMATED REMAINS ARE TO BE SH		14B. DATE SHIPPEL	0 14C, ADDRESS AND SIGNATURE OF PLACING WITH THE CA	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON I CHARGE OF DISPOSITION	N 15D LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —# APPLICABLE

MT. HOPE COMETERY INTERMENT ORDER

City of San Diego

Date 2-2-99

n a	Coo	Funeral, date	e, time	Fri	day a	- 5	1:3
Type of Burial Container Church, Chapel, Graveside	Delner	only	: (5	00460	dv		Mortuary.
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hereby certify I am the and this is your authority to ma hat I have the right to make thi any liability on account of said	s authorization	and lagree	to hold	ve indica	ted. I certi	ty and	I decedent represent nless from
hereby authorize the intermer nold under deed.	nt in lot I	Signatu	ro				-
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grature of recorded holder of doed		City					Zip Code
		Telepho	ine			-	
		Invol	e#				
Work Order # E 1486							

E- 14867

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

100 USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 4. SEX 1A. NAME OF DECEDENT-FIRST (GIVEN) 1B. MIDDLE IC LAST (FAMILY) 2. DATE OF BIRTH MONTH DAY, YEAR MONTH, DAY, YEAR 04/27/1895 01/27/1999 KATHERINE COOK 5A. CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 5B. COUNTY OF DEATH—OUTSIDE CALIF... ENTER STATE OF INFORMANT SAN DIEGO SAN DIEGO PATRICIA BULLOUGH - NIECE & 7A TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 7B, CALIF, LICENSE NUMBER 316146 REGENT CRESENT -IF APPLICABLE GOODBODY MORTUARY: 5027 EL CAJON BLVD. BRANDON, MANITOBA R7B3L4 SAN DIEGO, CA 92115 FD-790 BA. SIGNATURE OF APPLICANT-Person taking pornst, BB. DAVE SIGNED I hereby astrowledge as applicant that the proposed disposition stated hereic is one of the dispositions authorized by 02/03/1999 ACKNOWLEDGMENT OF APPLICANS Section 10376 of the Health and Safety Code, and was authorized parament to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- 9A AMOUNT OF FEE PAID 9B DATE PERMIT ISSUED 9C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY DODE VICTORIA MEZA 9902012 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. 02/04/1999 NOTE: THIS PERMET GIVES NO INCH! OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-BE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSI IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW FERMIT TO SHOW FINAL P.O. BOX 85222 DISPOSITION SAN DIEGO, CA 92186-5222 ID AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY WA. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT I. DISPOSITION PENDING REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 11B. DATE BURIED MT. HOPE CEMETERY: 3751 MARKET STREET BURIAL SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATORY 12C. SIGNATURE OF PERSON'IN CHARGE OF CREMA 12B DATE GREMATED CREMATION APPLICABL 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 15C. SIGNATURE OF PERSON IN OF CREMATED RE SCATTERING AT SEA FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OB MAINS DISPOSER DISPOSITION OTHER IF APPLICABLE THAN IN A CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-2-99 _

or Adela Savage	McLane	10:3
in a Type of Burnel Cores	Funeral, date, time Fride, 2-5	-99 2:06
Church, Chapel, Graveside de live	Featury!	Mortuary.
All Funeral cars must arrive before	im. of regular work day or an extra charge of	\$
will be applied and billed to undersigned.		
112 11		
Lot A Grave Row	Section 3 Division/Bloc	k 12
Grave space & Care Fund		12 1, 00
Additional spaces and care fund		100,000
	1 201,	11.5 00
Opening/Closing & Setup	2 -1	50.00
Burial Container	,	50.00
landling Fees		45,00
Flower vases - Marker setting fee		_
Recording and filing fee		
Sales taxes		
PA# 1999665	Total Due	386.00
1171662 P	aid receipt number	
	Balance due	
I hereby certify I am the	of the above nar	ned decedent
and this is your authority to make dispositional I have the right to make this authorize	ition of remains as above indicated. I certify attion and I agree to hold Mt. Hope Cemetery I	and represent
any liability on account of said authorizati	on and interment.	ALITATIONS IS STATE
I hereby authorize the interment in lot I		
hold under deed.	Signature	
	Advens	
Signsture of recorded holder of deed	City	Zip Code
	Telephone	4
	110516 4	
E 14868	000953	
Work Order # E 14868	Acct. #	

3 YRS OLD

MT. HOPE CEMETERY

INTERMENT ORDER

0 " #

City of San Diego

Date 9-3-99

· CHRISTHOPER	ACOSTA	
18 June	Funeral, date, time 2-8-99 And 2	30
hurch, Chapel, Graveside Claus	SIDE : Humphrey Mc	ortuary.
Il Funeral cars must arrive before	p.m. of regular work day or an extra charge of \$	
vill be applied and billed to undersigned	d	
092	2 9	
ol 17 d Grave Row	v Section < Division/Block	
Grave space & Care Fund	195	,00
dditional spaces and care fund		-
Opening/Closing & Setup	195	1.00
lurial Container	95	.00
fandling Fees FEB	n 3 1999 50	.00
lower vases - Marker setting les		
Recording and filing faCITY of SAN	DIEGO CALIF	.00
	7-	36
	Total Due	.36
	Paid receipt number M C 587	.36
	Balance due	0
hereby certify I am the und this is your authority to make dispondent I have the right to make this authority liability on account of said authorization.	of the above named do position of remains as above indicated. I certify and relization and I agree to hold Mt. Hope Cemetery harmle ation and interment.	present ss from
hereby authorize the interment in lot I old under deed.	X Isoillermo H. Acos X A484 Orange ou	b.
ignature of recorded hooser of dwelf	- x apt 19. SAn Digo (G19) 283-5977	9211 211 Code
	Invoice #	
Nork Order # E 14869	Acct. #	
A STATE OF THE PARTY OF THE PAR	The second state of the se	

E-14869

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECED	ENT-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)				TE OF DEATH 4. SEX		
CHRISTOPHER -			ACOST	A		0370671993 02/02/1999 M			
5A. CITY OF DEATH	C	Diese	58. COUNTY OF DEATH ENTER STATE	A STATE OF THE STA	OF INF	RELATIONSHIP, FULL MAILING ORMANT			
7A. TYPED NAME AND A		Diego IA-FUNERAL DIRECTOR OR PERSON		IF. LICENSE NUMBER	100001111111	Llermo H. Acost	Marin Personal Property and Pro		
Humphrey C	hula Vista	Mortuary		APPLICABLE		2 Fairmont Aven Diego CA 921	CHARLE .		
		Lsta CA 91911		FD-964		TURE OF APPLICANT—Purise take			
ACKNOWLEDGMENT OF I		schrowledge as applicant that the proposed dis 1876 of the Health and Safety Code, and was eath			0	rath Exen	P 02/05/199		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE GALIF AND IS THE AUTHORI' IN THIS PERMIT.	JED IN ACCORDANCE WITH PROVI- CORNA HEALTH AND SAFETY CODE BY FOR THE DISPOSITION SPECIFIED IN MIGHT OF DISPOSAL OUTSIDE OF CILIFORNIA.	9A. AMOUNT OF FEE P.	02/05/19	99	90. SIGNATURE OF LOCAL RE 9902125	DISTRAR ISSUING PERMIT		
ANY CHANGE IN DISPOSE- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF R F DEATH OCCURRE Vital Reco San Diego		1 11 0	DRESS OF REGISTRAN ISPOSITION IS TO OCCU		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA			
10. AUTHORIZED DISF		PPLICABLE ITEMS				FOR CORONER	'S USE ONLY		
B. CREMATION		AINS OTHER [E. TEMPORARY ENVA F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	RNIA		I. DISPOSITION PENDIF (Name and Address)	IG-REMAINS LOCATED AT		
BURIAL	Mt. Hope	Cemetery - 3751 M CA 92102	The second secon	118. DATE BURIER	110.	SIGNATURE OF PERSON IN	CHARGE OF BURIAL		
CREMATION	12A NAME AND A	DDRESS OF CALIFORNIA CREMAT	FORY	128, DATE CREMAT	ED 12C.	SIGNATURE OF PERSON IN	CHARGE OF CREMATION		
SCIENTIFIC USE N/A 13A. NAME AND ADDRESS OF CALIFORNIA FA			RNIA FACILITY RECEIVING REMAINS 138, DATE REC	13B. DATE RECEI	VED 13C	ED 13C, SIGNATURE OF PERSON IN CHARGE OF FACILITY			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.			148. DATE SHIPPI	ED 14C.	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDI	REST POINT ON SHORELINE, OR O ENTIFY FINAL PLACE AND CA <u>DISTF</u>		15B, DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE		

E-19868

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

IA. NAME OF DECEDENT-F	IRST (GIVEN) 18. MIDDLE	10. LAST (FAMILY)		Z. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX
Adela Savage Mc				01/23/1999 F	
SA. CITY OF DEATH		5B. COUNTY OF DEATH	-OUTSIDE CALIF.,	8. NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP CODE
Santee		San Dieg		221	mare fare
	S OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON.	ACTING AS SUCH 78. CAL	F. LICENSE NUMBER	Rebecca Barr - 5201-A Ruffin I	
Featheringill	fortuary	1	APPLICABLE	San Diego, CA	7 (C-7) (C-2) (C-2)
	Blvd. San Diego, CA 92115	1 70	1083		Forsen taking permit, 88. DATE SIGNED
ACKNOWLEDGMENT OF APPLICANT	I have to advantages or registered that the property disco-	action stated herein is one of the	dispositions authorized by	· (Whhat	A half 02/02/1999
	PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-			ISSUED, 9C. SIGNATURE OF L	OCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF IN TH	FOR THE CALIFORNIA HEALTH AND SAFETY CODE IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED S PERMIT. THIS PERMIT GIVES NO BEST OF DISPOSAL OUTSIDE OF CALFORNIA.	\$ 7,00	02/02/19 C. Lathy	TOTAL COMPONENTS	
SD A	DORESS OF REGISTRAR OF DISTRICT OF DEATH	The Participant of the Participa		OF DISTRICT OF DISPOSITION-	
TRUM REQUIRES A NEW	DEATH OCCURRED IN CALIFORNIA	I IF D	SPOSITION IS TO OCCU	IR IN ANOTHER DISTRICT IN CAU	ORNIA
DISPOSITION. PO	BOX 85222 San Diego, CA				
IO AUTHODIZED DISPOSITIO	92186-5222 N(S) CHECK APPLICABLE ITEMS			FOR CO	RONER'S USE ONLY
	(CONTRACTOR OF A CONTRACTOR OF			364.25	ermore management.
A. BURSAL (INCLUDES E	NTOMBMENT)	E. TEMPORARY ENVAL	JETMENT	1. DISPOSITIO	N PENDING—REMAINS LOCATED AT Address)
B. CREMATION	L	F. DISINTERMENT		WENT STE	WWW.
HAN IN A CEMETE	REMATED REMAINS OTHER	G. SHIP IN TO CALIFOR	RINIA		
D SCIENTIFIC USE		H. TRANSIT TO OUTSI	DE OF CALIFORNIA		
11A.	NAME AND ADDRESS OF CALIFORNIA CEMETER	Y Y	118 DATE BURIER	11C, SIGNATURE OF PE	RSON IN CHARGE OF BURIAL
BURIAL M	t. Hope Cem. 3751 Market	St.	1 1	!	
S	an Diego, CA 92102		11511	41 May -2	-
12A.	NAME AND ADDRESS OF CALIFORNIA CREMATO	YRC	128 DATE CREMAT	ED 12C, SIGNATURE OF PE	RSON IN CHARGE OF CREMATIC
CREMATION			1	i	
n l			1	1.	
13A	NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEN	VED 130, SIGNATURE OF PE	RSON IN CHARGE OF FACILITY
SCIENTIFIC					
USE			i	i.	
Ē	NAME AND ADDRESS IN RECEIVING STATE OR	COUNTRY WHERE	148. DATE SHIPPE	D IAC ADDDCCC AND SIG	NATURE OF PERSON IN CHARGE
Till and the same of the same	REMAINS OR CREMATED REMAINS ARE TO BE		140. DATE SHIPPE	OF PLACING WITH	
TRANSIT			1	List	
3			1	1 >	
OCHTERING AT DEA	ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRI		15B. DATE OF DISPOSITION	16C, SIGNATURE OF PE CHARGE OF DISPO	SITION *OF CREMATED RE-
OR	The state of the s	The second secon	Section Section 1995	AND RESIDENCE OF SHIPPING	The state of the s
DISPOSITION OTHER				1	MAINS DISPOSER

INTERME	ENT ORDER
204 Furuya(X) city of	San Diego 7 U-99
remains in grave	Date 4-7 1
You are hereby authorized and instructed, subje	ect to your rules and regulations, to inter the remains
or Kameyo turun	ya
In a Type of flured Congress .	meral, date, time Tulk 2-9 10:00
Church, Chapel, Graveside Selwy	Inly Lewis Colonial Mortuary.
All Funeral cars must arrive before 2.20 p.m. of	regular work day or an extra charge of \$
will be applied and billed to undersigned	
Ver -	
Lot 1960 Grave Row	Section Division/Block
Grave space & Care Fund	MA E-5126 -0
Additional spaces and care fund	
Opening/Closing & Setup	110 36.0
Burial Container	A1D 90.00
Handling Fees	B n 5 1999
Flower vases - Marker setting fee	
Recording and filing fee	OPE CEMETERY 45.00
Sales taxes CTY OI	38111111
	Total Due
Paid rec	ceipt number <u>+ 50015</u> 109.15
V	Balance due
I hereby certify I am the MAULIFIC and this is your authority to make disposition of	of the above named decedent f remains as above indicated. I certify and represent
that I have the right to make this authorization a any liability on account of said authorization and	and I agree to hold Mt. Hope Cemetery harmless from
	X 9 2.
I hereby authorize the interment in lot I hold under deed.	Spranch Dog Havnenau
	Marine On DINW (A 0121)
Signature of seconded hooder of deed	City///// 2006 SipCode
	Telephone 190-1952
	Invoice #
Work Order # E 14870	Acct. #
	ion is available in alternative formats upon corruset

REA-104 (7-96)

per pay Snider cemeters manager, there will not be a disinterment charge for removing them and replacing them on top of this full body burial of Kameyo Furuya

E-14870

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

17	NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)				DATE OF DEATH 4. SEX
	KAMEYO		M.	FURUYA			11/25/1920 02	2/04/1999 F
54	CITY OF DEATH			58. COUNTY OF DE	ATH-OUTSIDE CALIF.,		RELATIONSHIP, FULL MAILING	G ADDRESS AND ZIP CODE
_	CHULA VIST				SAN DIEGO		FURUYA - DAUG	CHTER
7A				PERSON ACTING AS SUCH 78. C	ALIF. LICENSE NUMBER	223	31 HARRISON AVE	3
		THE RESERVE THE PARTY OF THE PA	UGH MORTUARY				DIEGO, CA 921	
_	BENEVAL AND SERVICE AND SERVIC	The second of	SAN DIEGO, C	A 92104 I	the describer of the		ATURE OF APPLICANT—Person to	MIK PETIT 88 DATE SIGNED
	ACKNOWLEDGMENT OF A	Section 10	076 of the Health and Safety Code, a	ind was authorized pursuant to Section 7100 d	the Health and Safety Code.	NAME OF STREET	AND STREET, ST	02/08/1999
	PERMIT	SIGNE OF THE CALIF	JED IN ACCORDANCE WITH ORMIA HEALTH AND SAFE	TY CODE	and the second	the state of		REGISTRAR ISSUING PERMIT
	UTHORIZATION OF	IN THIS PERMIT.	TY FOR THE DISPOSITION S		02/08/19	2070 40	9902206	
1	OCAL REGISTRAR		O RIGHT OF DISPOSAL OUTSIDE OF EGISTRAR OF DISTRICT (P Valent		DICT OF NICOOSTON	
	IV CHANGE IN DISPOSE ION REQUIRES A NEW	IF DEATH OCCURRE	D IN CAUFORNIA				THER DISTRICT IN CAUFORNIA	
P	DISPOSITION.		ORDSP.O. B	The second secon				
30	AUTHORIZED DISP		, CA 92186-52	42		_	FOR CORONE	R'S USE ONLY
-			CC COUNTY TO AND		ALL THE PARTY			
3	B. CREMATION	JDES ENTOMBMENT)	Lacerton #	E. TEMPORARY EN	VAULIMENT		(Name and Addres	OING-REMAINS LOCATED AT (8)
1		OF CREMATED REM	AINS OTHER	G. SHIP IN TO CALL	CODMA			
1	THAN IN A CE				TSIDE OF CALIFORNIA			
		TAA NAME AND A	DORESS OF CALIFORNIA		118. DATE BURIE	110	SIGNATURE OF PERSON	NI CHARGE OF BURIAL
	BURIAL		E CEMETERY	CEMETERI	I TIB. DATE BURIER	1110	. SIGNATURE OF PERSON	IN CHARGE OF BURIAL
	BUTINE	The state of the state of	or A Charles of the English of the Control	IEGO. CA 92102	1-14/9	11 -	1/2.14	
MS			DDRESS OF CALIFORNIA		128 DATE CREMAT	ED 120	SIGNATURE OF PERSON I	N CHARGE OF CREMATIC
H	CREMATION							
PPLICABLE ITEMS	1.55274040705				1			
ENCA	The state of the s	13A. NAME AND AD	DORESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	138. DATE RECEN	/ED, 13C	SIGNATURE OF PERSON	IN CHARGE OF FACILITY
APP	SCIENTIFIC	THE STOWNED WHO CO			1			
ALL	USE					-		
				TATE OR COUNTRY WHERE	14B. DATE SHIPPE	D 140	ADDRESS AND SIGNATUR	
37	TRANSIT	HEMAINS OR	CREMATED REMAINS AR	E TO BE SHIPPED	i	1	OF PLACING WITH THE C	ARRIER
COMPLETE								
O	SCATTERING AT SEA			E. OR OTHER DESCRIPTION SUF-		160	SIGNATURE OF PERSON	
	OR DISPOSITION OTHER	FIGIENT TO IDE	ENTIFY FINAL PLACE AND	CA DISTRICT OF DISPOSITION	DISPOSITION	-	CHARGE OF DISPOSITION	OF CREMATED HE AND DISPOSER IF APPLICABLE
	THAN IN A CEMETERY							-IF APPLICABLE

INTERMENT ORDER

0	nu.	L
光		. 7
24	day	<i>y</i> \

City of San Diego

of and man	Date 2-8-99
You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
0 4 1	w~
in a	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	are 4 to grave 2
Lot 27 Grave 2 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	f receipt number
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	on of remains as above indicated, I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	+ Otther ofer planson
nod drides deed.	Y DE 14 DISON ST.
Signature of recorded hilder of deed	7 Sen Duega 99114 City 619-7644392
	Invoice #
Work Order # E 14871	Acct. #

REA-104 (7-96)

Surade

MT. LOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-99

lames	Tarl	
a line	Funeral, date, time XX	~ 3-11 a:0
Shuron, Orlapes, Graveside	mak: which	semural Mortuary.
II Funeral cars must arrive before 3 vill be applied and billed to undersign		extra charge or \$
ot 69 Grave 4 A	owSection\	_ Division/Block 12
Brave space & Care Fund		895.00
Additional spaces and care fund	PAID	375.00
Burial Container	11AN 3 1399	190,00
Nower vases - Marker setting fee		45.00
Recording and filing fee		111 77
Sales taxes	Total Du	111477
Xe	Paid receipt number 5000	Balance due 204
hereby certify I am the hand this is your authority to make distributed I have the right to make this authority lability on account of said authority.	sposition of remains as above Indi orization and I agree to hold Mt. H	of the above named decedent cated. I certify and represent tope Cemetery names from
hereby authorize the interment in lo hold under deed.	ti X Signature 577	manage
Signature of recorded holder of deed	Y Cay Y 7	79139 2 9232
	Invoice #	

2-16-99 R-50856 600.00 Johnne it 664-73 300,00 3-1-99 R-50890 364:73 Boleve 367.00 3-5-99 72 50912

4381322159267486 MT HOPE CEMETARY 3751 MARKET STREET SAM DIEGO, CA 92182-4527 619 527-3488

85/射/胞

11:38:48

HATL/PHONE

ACCOUNT NUMBER 5497915998234588 EXP. 1198

TRAH CODE 22

AUTH. REF W 863466

881681

AMBUNT

\$ 125.98

DESC PHONE ORDER - E- 11872 HARRING SETTING FEE FOR JAMES FARL JR.

X MAIL PHONE ORDER

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

E-14872

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

2

1,4	. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMIL)	0		2. DATE OF BIRTH	3. DATE O	
	James		Carlos	Earl Jr.			06/09/1946	03/05/	
5/	CITY OF DEATH				EATH-OUTSIDE CALIF.		RELATIONSHIP, FULL N	MAILING ADDRE	ESS AND ZIP CODE
	San Die	RO		ENTER STATE	San Diego	OF INF	Catheri:	ne Earl	-Mother
7.6	TYPED NAME AND AD	DERESS OF CALIFORNI	A-FUNERAL DIRECTOR OR P	ERSON ACTING AS SUCH 7B.	CALIF. LICENSE NUMBER		1577 Ma		
	San Die	go Memorial	Chapel		IF APPLICABLE		San Die	go, GA.	92139
	2441 Un:	iversity Av	e. San Diego,	CA. 92104 1	7D-1575	8A. SIGNA	TURE OF APPLICANT-	Person taking pormi	88. DATE SIGNED
	ACKNOWLEDGMENT OF A	PPLICANT 1 hereby a Section 10	chnowledge as applicant that the prop 376 of the Health and Salety Code, and	osed disposition stated teresh is one own sutherized pursuant to Section 710	of the dispositions authorized by and the Health and Safety Code.	1/2	and A. Jag	ر معام	03/08/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	JED IN ACCORDANCE WITH I ORNIA HEALTH AND SAFETY Y FOR THE DISPOSITION SPE DIRECT OF DISPOSAL OUTSIDE OF CAL	CODE	03/09/1 M. Les	999		CAL REGISTE	RAR ISSUNG PERMIT
A)	TO SOCIAL PROPERTY OF THE PARTY	Vital Rec	GISTRAR OF DISTRICT OF D IN CALIFORNIA Ords; PO Box 6	35222	ADDRESS OF REGISTRAL	OF DISTR	ICT OF DISPOSITION-	AIMR	
10	. AUTHORIZED DISP			de fe			FOR COR	ONER'S U	SE ONLY
STATE OF THE PARTY	B. CREMATION		ains other	E. TEMPORARY E F DISINTERMENT G SHIP IN TO CA H. TRANSIT TO C			i. DISPOSITION (Name and A		EMAINS LOCATED AT
	BURIAL	Mt Hope Ce	odress of California commetery; 3351 1 CA. 92102	MARKET St.	7-11-90	ED 110	SIGNATURE OF PER	SON IN CHA	RGE OF BURIAL
CABLE ITEMS	CREMATION	12A. NAME AND AL	DORESS OF CALIFORNIA C	REMATORY	12B. OATE CREMA	TED 120	SIGNATURE OF PER	SON IN CHAR	IGE OF CREMATION
LL APPLICA	SCIENTIFIC USE	13A. NAME AND AD	DORESS OF CALIFORNIA F	ACILITY RECEIVING REMAIN	S 138. DATE RECE	IVED 13C	. SIGNATURE OF PER	SON IN CHA	RGE OF FACILITY
MPLETE A	TRANSIT		DDRESS IN RECEIVING STA CREMATED REMAINS ARE		148. DATE SHIP	ED 140	ADDRESS AND SIGN OF PLACING WITH T		
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE. INTIFY FINAL PLACE AND CA	OR OTHER DESCRIPTION SUDISTRICT OF DISPOSITION	IF 158. DATE OF DISPOSITIO		SIGNATURE OF PER CHARGE OF DISPOS		SD. LICENSE HUMBER OF CREMATED RE- MARIS DISPOSER —IF APPLICABLE

INTERMENT ORDER

City of San Diego

Date 2 - 8 - 9 9

You are hereby authorized and instruc	ted, subject to your rul	es and regulations, to	inter the remains
stander of the ani	Funeral, date, til	ne tr	
Type of Burtal Confiler	Fulleral, date, til	me	
Church, Chapel, Graveside	50		Mortuary.
All Funeral cars must arrive before		day or an extra charg	e of \$
will be applied and billed to undersigne	ed		
Lot_ 27 Grave 6 Ro	w Section	Division/	Block 12
Grave space & Care Fund			895.00
Additional spaces and care fund			
Opening/Opening & Aletu		0	
Burial Confiner ALD			
THE RESIDENCE OF THE PARTY OF T	THE PARTY OF THE P		****
1 20 1000	-		
Flower vases - Marker setting fee	\$ 45,01	0	90.00
RECOUNT AND PERSON CITY OF SAN DIEGO, CALL	e e		>0 11 E
Salo-4a-be/h.M.	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DULU H
		R - So 823	2401.1
	Paid receipt number	11- 20042	7464.1.
		Balance d	ue
I hereby certify I am the and this is your authority to make disp that I have the right to make this authoria any liability on account of said authoria	rization and I agree to	above indicated. I cer	e named decedent tify and represent ery harmless from
I hereby authorize the interment in lot hold under deed.	Signature 3 G Addresse	la John	son st
Signature of recorded holder of deed	City City Garage	264-43	72/14 24 Zip Cude
	Invoice #		
Work Order # E 14873	Acct. # _		

INTERMENT ORDER

City of San Diego

Date 2-8-99

ina	Funeral, date, time	
Type of Burial Containor	Λ.	DA Mortuary.
Church, Chapel, Graveside	3:00	
All Funeral cars must arrive before	p.m. of regular work day o	er an extra charge of \$
will be applied and billed to unders	signed.	
Lot Grave	Row Section	Division/Block
Grave space & Care Fund		
Additional spaces and care fund	1,9	
Opening/Closing & Setup	<u> </u>	
Burial Container	9	
Handling Fees	66° NAS	
Flower vases - Marker setting fee	100	
Recording and filing fee		
Recording and filing fee	Tota	
Recording and filing fee		
Recording and filing fee	Paid receipt number disposition of remains as above authorization and I agree to hold	Balance due of the above named decedent
Recording and filing fee	Paid receipt number disposition of remains as above authorization and I agree to hold thorization and interment.	Balance due of the above named decedent
Recording and filing fee	Paid receipt number disposition of remains as above authorization and I agree to hold thorization and interment.	Balance due of the above named decedent
Recording and filing fee	Paid receipt number disposition of remains as above authorization and I agree to hold thorization and interment.	Balance due of the above named decedent a indicated. I cartity and represent Mt. Hope Cemetery harmless from
Recording and filing fee	Paid receipt number disposition of remains as above authorization and I agree to hold thorization and interment. I lot I	Balance due of the above named decedent a indicated. I cartity and represent Mt. Hope Cemetery harmless from
Recording and filing fee	Paid receipt number disposition of remains as above uthorization and I agree to hold thorization and interment. n lot I	Balance due of the above named decedent a indicated. I certify and represent Mt. Hope Cemetery harmless from

INTERMENT ORDER

City of San Diego

Prened

Date 2-8-19

You are hereby authorized and instruct			
or Emilia Ba	ndek		
in a Type of Burial Container	Funeral, date, tir	ne	
Church, Chapel, Graveside			Mortuary,
All Funeral cars must arrive before and	p.m. of regular work	day or an extra charge of	\$
will be applied and billed to undersigne	d		
2373			
Lot Ro	w Section	Division/Bloc	* 10_
Grave space & Care Fund			199.00
Additional spaces and care fund	fx.11		796,00
Opening/Closing & Setup.			375.00
Burial Container	AII)		190,00
Handling Fees			145.00
Flower vases - Marker setting fee FE	B 6 1999		
Recording and filing fee	AND AND PRODU	· · · · · · · · · · · · · · · · · · ·	45.00
Sales taxes CITY of	OPE CEMETERS	E	14,73
		Total Due	1764.73
	Paid receipt number	K-20818	1764.7
		Balance due	-0-
I hereby certify I am the and this is your authority to make disp that I have the right to make this authority any liability on account of said authority	rization and I agree to	of the above na above indicated. I certify hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in lot hold under deed,	Signature -		
	Address		
Signature of recorded holder of deed	Cny		Zip Code
	Telephone		
	Invoice #		-
Work Order # E 14875	Acct. # _		11.5

Prenad

REA-104 (7-96)

INTERMENT ORDER

City of San Diego

Date 2-8-99

You are hereby authorized and instruc	Market and the second s	tions, to inter the remains
of Helen Hand	1	
in a Type of Burial Container	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before	p.m. of regular work day or an extr	a charge of \$
will be applied and billed to undersign	ed	
Lot <u>2391</u> Grave A	ow Section [Division/Block _ / O
Grave space & Care Fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	199.00
Additional spaces and care fund		796.00
Opening/Closing & Setup	PAID	
Burial Container	rrb a	
Handling Fees	FEB _ 8 1999	
Flower vases - Marker setting fee	MT HOPE CEMPERS	
Recording and filing fee	TTY of SAN DIEGO CALIF	
Sales taxes		
	Paid receipt number MC	995.00
		lance due
I hereby certify I am the and this is your authority to make dis that I have the right to make this auth any liability on account of said author	position of remains as above indicate	e above named decedent ed. I certify and represent Cemetery harmless from
I hereby authorize the interment in lot hold under deed.	Signature	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
	Invoice #	
Work Order # E 14876	Acct. #	

O Printed on recycles paper

This information is available in alternative formats upon request.

6 mo. old

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	100		-	
20	19	~	0	1 -
14	900 J		O	0
		_	-	100

Date 2-9-99

naF	uneral, date, time Tules 2-	9 2,00
Type of Burial Container Church, Chapel, Graveside	c : Greenwoo	Mortuary.
All Funeral cars must arrive before 2.00 p.m. o	f regular work day or an extra charg	e of \$
vill be applied and billed to undersigned.		
ui a	MUSLIM	
ol Grave 7 1 Row	Section Division	Block U
Grave space & Care Fund		160.00
Additional spaces and care und)	
Opening/Closing & Setup	, , , , , , , , , , , , , , , , , , ,	195.00
Burial Container FEB n 9 199	39	
landling Fees	CTERY	
NI HOLD CENT	CALIE	
Recording and filing fee		45.00
Sales taxes		
V11/16 .	Total Due	270.0
Paid re	oceipt number R - 30826	270.0
	Balance di	re
V 11 / 1		named deceden
hereby certify I am the Menum	of the above	SPANION STREET, SPANION STREET, SPANION SPANIO
and this is your authority to make disposition hat I have the right to make this authorization	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemete	tily and represen
and this is your authority to make disposition	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemete	tify and represen
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are hereby authorize the interment in lot I	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemete	tify and represen
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemete	tify and represen
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are hereby authorize the interment in lot I	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemete	tify and represen
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are hereby authorize the interment in lot I told under deed.	of remains as above indicated. I cer and I agree to hold Mt. Hope Cemete	tify and represer

E- 14877

149584

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

my

1.4	NAME OF DECEDE	NT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)		M	DATE OF BIRTH ONTH DAY, YEAR	3. DATE OF MONTH, DA	Y, YEAR	4. SEX
54	EMAC - RAF	DIEGO	TYQUAIL RA	58. COUNTY OF DEA	THE RESIDENCE OF THE PARTY OF T	6, NAME, RE	LATIONSHIP, FULL MA	Charle of Charles	The second secon	CODE
74	TYPED NAME AND AD	MORTUARY:	I-805 & IMPEN SAN DIEGO, CA	RIAL AVENUE A 92102	ALIF LICENSE NUMBER HF APPLICABLE FD-843	4444 SAN 1	OREGON STR	EET, #		SIGNED
	ACKNOWLEDGMENT OF A	Section 10	1376 of the Health and Sahrly Code.	proposed deposition stated herein is one of a and was authorized pursuant to Section 7100 of	the Health and Salvity Code	- (10	itori m	220	02/09	/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	UED IN ACCORDANCE WIT FORNIA HEALTH AND SAFE TY FOR THE DISPOSITION S 10 NIGHT OF DISPOSAL OUTSIDE OF	TY CODE SPECIFIED	VICTORIA 02/09/19	MEZA	9902278	SALTREGISTR	AR ISSUING	PERMIT
1	OF CHANGE IN DISPOSI- TION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX	85222		DDRESS OF REGISTRAR DISPOSITION IS TO OCCU			NIA.		
10	AUTHORIZED DISP	OSITION(5) CHECK A	PPLICABLE ITEMS	222		1	FOR CORC	ONER'S US	SE ONLY	
	B. CREMATION		AINS OTHER	G. SHIP IN TO CALI			I. DISPOSITION F (Name and Ad		EMAINS LO	CATED AT
	BURIAL	MOUNT HOP	ODRESS OF CALIFORNIA PE CEMETERY KET STREET, S	CEMETERY AN DIEGO, CA 9210	118, DATE BURIER	9 110 8	SIGNATURE OF PERS	ON IN CHAR	IGE OF BU	RIAL
ICABLE ITEMS	CREMATION	THE RESIDENCE OF THE PARTY OF T	DORESS OF CALIFORNIA		128. DATE CREMAT	ED 12C. S	SIGNATURE OF PERS	ÓN IN CHARI	GE OF CRE	MATION
L APPLICA	SCIENTIFIC USE	13A. NAME AND AL	ODRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	13B. DATE RECEIV	/ED 13C. S	SIGNATURE OF PERS	ON IN CHAR	IGE OF FA	CILITY
COMPLETE AL	TRANSIT		DDRESS IN RECEIVING S CREMATED REMAINS AR	TATE OR COUNTRY WHERE IE TO BE SHIPPED	14B. DATE SHIPPE		ADDRESS AND SIGNA OF PLACING WITH TH		ERSON IN	CHARGE
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			NE, OR OTHER DESCRIPTION SUF- CA <u>DISTRICT</u> OF DISPOSITION	155, DATE OF DISPOSITION		SIGNATURE OF PERS CHARGE OF DISPOSIT		D. DICENSE 1 OF CREM/ MAINS DI —IF APPLI	ATED RE-

INTERMENT ORDER

City of San Diego

Date 2-9-99

searce moon	9 : 3-12 100
n a Type of Burial Containes	Funeral, date, time
Church, Chapel, Graveside	Carbural Mortuary
All Funeral cars must arrive before 3.00	p.m. of regular work day or an extra charge of \$ \(\frac{150.00}{}\)
will be applied and billed to undersigned	XF,M,M,
	2 12
Lot 275 Grave 11 Row	Section Division/Black 12
Grave space & Care Fund	793.00
Additional spaces and care un	
Opening/Closing & Setup	375 00
opening closing a setup	2 1000
Burial Container	71000
Handling Fees	CEMETERY
Handling Fees Flower vases – Marker selling HOPE	DIEGO CALIFI 45.00
Recording and filing fee	43.00
Sales taxes	14-13
	Total Due
	Paid receipt number <u>R - 5082</u> / <u>782.00</u>
V	R-5037 Balance due 782.73
that I have the right to make this autheri	of the above named decodent sition of remains as above indicated. I certify and represent station and I agree to hold Mt. Hope Cemetery halmless from
any liability on account of said authoriza	tion and interment.
hereby authorize the interment in lot I hold under deed.	*356-N-28 5+
Signature of recorded holder of deed	- X52 N Diego (al 92/02
	Sieghone
	Invoice #
E 44070	

NOTE

\$782.73	San Diego, California _	Set.	9	1999
Thirty days after date for value received, the und 3751 Market Street, San Diego, CA 92101, the swith interest from			2 13/00	rer, or order at DOLLARS paid principal
at the rate of 12 percent per annum, payable or	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 X FLORA MOO		JRE X Flora m >	noore
ADDRESS _ 7356-N-26	st San Die		
CALIFORNIA DRIVER LICENSE NUMBER	180401757	ssn#	6-7252

E- 14878

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	US	E BLACK INK ONLY-MAKE	NO ERASURES, W	HITEOUTS OR OTH	HEH ALTENATIONS		
A NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	1C. LAST (FAMILY)	Barrier S.	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH DAY, YEAR	4. SEX
A CITY OF DEATH		-	MOORE 58. COUNTY OF DEATH	A OUTSIDE CALLE TA	NAME, RELATIONSHIP, FULL M	02/05/1999	- I
SAN DIEGO			SAN DIEGO	Halman State and Control of the	OF INFORMANT RUTH JACKSON-DA	THE REAL PROPERTY OF THE PARTY	
CALIFORNIA	CREMATION	FUNERAL DIRECTOR OR PERSON A & BURIAL CHAPEL SAN DIEGO, CA 921	-	F APPLICABLE	316 MEADOWBROOK SAN DIEGO. CA A SIGNATURE OF APPLICANT—	92114	TE SIGNED
ACKNOWLEDGMENT OF AF	I hereby ac	scowledge as applicant that the proposed disposed of the Health and Safety Code, and was author	dien stated heren in one of the	dispositions authorized by per Health and Safety Code.	Man that	102/	10/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUE SIGNS OF THE GALIFI AND IS THE AUTHORIT IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO	ED IN ACCORDANCE WITH PROVI- PRIMA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED RESIT OF DEPOSAL OUTSILE OF CALFORNA. GISTRAR OF DISTRICT OF DEATH	\$7.00	02/10/199 H. MITCHE		CAL REGISTRAR ISSU	NG PERMIT
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	VITAL RECO		1 10-1		IN ANOTHER DISTRICT IN CALIFO	RNIA	
IO AUTHORIZED DISP					FOR COR	ONER'S USE ONL	Y
A. BURIAL (INCL) B. CREMATION C. DISPOSITION IN A CE D. SCIENTIFIC US	OF CREMATED REMA	INS OTHER	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTS	SRNIA	(Name and A	PENDING—REMAINS (ddress)	ounies ai
BURIAL	MT. HOPE	DRESS OF CALIFORNIA CEMETERY KET ST., SAN DIEG		118 DATE BURIED	, 11C. SIGNATURE OF PER	SON IN CHARGE OF E	IURIAL
CREMATION	12A. NAME AND AD	DRESS OF CALIFORNIA CREMATO	DRY	128, DATE CREMATE	D 12C SIGNATURE OF PERI	SON IN CHARGE OF C	НЕМАТ
SCIENTIFIC USE				13B. DATE RECEIVE	D 13C SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT		DRESS IN RECEIVING STATE OR REMATED REMAINS ARE TO BE		148. DATE SHIPPES	OF PLACING WITH T		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	OR FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION OTHER			15B. DATE OF DISPOSITION	15C SIGNATURE OF PER- CHARGE OF DISPOS	TION OF CRE	E NUMBER MATED RE- DISPOSER PLICABLE

family to INTERMENT ORDER City of San Diego DE

E-14879

Date 2-9-99

You are hereby authorized and instructed, or Buch Huyo	subject to your rul	es and regulation SQ+.	reb. 13 %
ina Reprise	uneral, date, ti	me bat	a-13 [1.2
Church, Chapel, Graveside Wagel	Gravesch:	devis &	Lonial Mortuary.
All Funeral cars must arrive before 300 p.	m. of regular work	day or an extra	charge of \$ 150.0
will be applied and billed to undersigned.	A		
Lot 152 Grave \$5 Row	family Section	2 - LG	
Grave space & Care Fund	PAI)	<u> </u>
Opening/Closing & Setup	FEB 1 1 199	o l	375.00
Burial Container	. 20 1 1 100	9	190.00
	HOPE CEME	TERY	145.00
Flower vases Marker setting fee SQ	t. SVC 0	errime	1000.07
Recording and filing fee			45.00
Sales taxes			14.72
		Total Due	136973
Pa	aid receipt number	1.10	1369.7
		2010	nce due
I hereby certify I am the			above named decedent
and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	tion and I agree to	above indicated.	I certify and represent
I hereby authorize the interment in lot I hold under deed.	Address	3864 31	4
Bignature of recorded hulder of deed	XS X	282-67	29/ 24 Code
	- Ciepitolic		
	Invoice A		

MOUNT HOPE CEMETERY The undersigned hereby requests and authorizes the interment of the remains of in accordance with and subject to the rules and regulations CHINESE AREA governing said interment in Mount Hope Cemetery, and certifies and represents we or she has the legal right to make such authorization and agrees to fount Hope Cemetery harmless from any and all liability on account of said 功方女且山 authorization and interment. authority to sign author ASSOCIATION, INC. Swiners. for CHINESE CONSOLIDATED BENEVOLEN

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS € 14879

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

IA	. NAME OF DECEDE	NTFIRST (GIVEN) 1B. MIDDLE	10 LAST (FAMILY)	- 3	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
	BINH	LAN	HUYNH		03/28/1951	02/08/1999	M
5A	SAN DIEGO		58. COUNTY OF DEATH	AN DIEGO	8. NAME, RELATIONSHIP, FULL M OF INFORMANT	IAILING ADDRESS AND ZI	P #000E
ZA.		DRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON			GENE DU - FRIE	RD	
		ONIAL/BENBOUGH MORTUARY		APPLICABLE	3864 37TH ST SAN DIEGO, CA	The state of the s	
	3051 EL C	AJON BLVD, SAN DIEGO, CA 92		-480	BA. SIGNATURE OF APPLICANT-	erson towns permit, 88, DAT	E SIGNED
	ACKNOWLEDGMENT OF A	1 Section 19376 of the Health and Safety Code, and was with	orared pursuant to Section 710% of the		Partitle Vale	02/1	0/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT WAS NO RESIL OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	02/10/19 P Valent	9902369	CAL REGISTRAR ISSUIN	G PERMIT
ANT	CONTRACTOR OF THE PROPERTY OF	PD. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDSPO BOX 85. SAN DIEGO. CA 92186-5222	1 # 0	RESS OF REGISTRAR	OF DISTRICT OF DISPOSITION- IR IN ANOTHER DISTRICT IN CAUFO	RPEA	
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		4	FOR COR	ONER'S USE ONLY	,
I	B. CREMATION C. DISPOSITION THAN IN A CR	OF CREMATED REMAINS OTHER	E. TEMPORARY ENVA	RNIA	DISPOSITION (Name and A	PENDING—REMAINS LO ddress)	OCATED AT
	BURIAL	11A NAME AND ADDRESS OF CALIFORNIA CEMETE MT HOPE CEMETERY, 3751 M. SAN DIEGO, CA 92102		118, DATE BURIE	11C SIGNATURE OF PER	SON IN CHARGE OF BE	IRIAL
DE LEMO	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	12B. DATE CREMAT	ED 12C SIGNATURE OF PERS	SON IN CHARGE OF CRI	EMATION
THE APPLICA	SCIENTIFIC	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	Y RECEIVING REMAINS	138. DATE RECEI	VED 13C SIGNATURE OF PER	SON IN CHARGE OF FA	CILITY
MALES W	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPP	D 14C ADDRESS AND SIGN OF PLACING WITH TO		CHARGE
5	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTR		158. DATE OF DISPOSITION	15C. SIGNATURE OF PERI CHARGE OF DISPOS		ATED RE-

Preneed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-99

In a Type of Burtal Container	Funeral, date, time	_
Church, Chapel, Graveside	Mor	tuary
All Funeral cars must arrive before 3:0	Pp.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigne	id	
Lot 799 Grave Rot	w Section Division/Block)
Grave space & Care Fund	995	.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	20
	Paid receipt number	.00
	Balance due 4415	2.0
I hereby certify I am the and this is your authority to make disp that I have the right to make this author any liability on account of said authoriz	of the above named deconsistion of remains as above indicated. I certify and reprization and I agree to hold Mt. Hope Cemetery harmless zation and interment	reser
I hereby authorize the interment in lot I hold under deed.	Studio Dychar Rd	-
Signature of recorded holder of deed	City 619-263-9442 Telephone # Colluling 4/2	Esp Coc
Work Order # E 14880	Acct. #	
Work Order # - TTOOO	PAGE III	

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SMOOT, GLADYS D. 160 Sychar Road San Diego 92114

		DEBIT	CREDIT	BALANCE
02 99	Opened Pre-need Lot Lot 799 Div 10	995.00		995.00
02-09-99	Receipt 50829		500.00	495.00
3-18 03 4-21,03	dinguest feller mail d.			
	SMOOT, GLADYS Pre-need Lot E-14880			

\$ 50%

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2 -9-99

You are hereby authorized and instructed	, subject to your rules and regulations, to inter the remains
of OlaB. Pe	xry ·
ina T.S. Valut	Funeral, date, time Fri - Feb . 12 1:00
Church Chapel Graveside Church	HOTOWOODL RAAS dale Mortuary.
All Funeral cars must arrive before 8:00 p	m. of segular work day or an extra charge of \$ 150.0
will be applied and billed to undersigned.	X
1 m 11-	2 10
Lot DGre D Row	Section Division/Block
Grave space & Care Pund	895.10
Additional sheet and Sartolog	
Opening/Closing & Setup	375.00
Burlal MTHEHOPE CEMETERY	250.00
Handling Fees	185.00
Flower vases - Marker setting fee	SION HOWEK WAST 410.93
Recording and filing fee	45.00
Sales taxes	4 18/10 19 38 19 38
refunded 450	P TOUT Strotal Due
refunded 46.00	aid receipt number VIA
Flore S.	TOP OVER GILL Cordue
I hereby certify I am the and this is your authority to make dispos	of the above named decedent tion of remains as above indicated. I certify and represent
that I have the right to make this authorizati any liability on account of said authorizati	ation and I agree to hold Mt. Hope Cemetery harmless from
	X John C day
hereby authorize the interment in lot I hold under deed.	Sur Doekarak Ot
Told Co-tayer	house Cu 97111
Skinkibutovecorded halder of deed	Staluze wood 2000
24	Telliphone 1 4 13 -41 13
	Invoice #
Work Order # E 14881	Acct.#
	ormation is available in alternative formats upon request.

@ Printed on recycled paper

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY 527-3400

				Oate:	5-28		19.79
From: Ragsdale M	The second secon		5050 Feder		SD 57	375.0	0
In_fall_Paymen	nt of	kar setting	The state of the s	Olo Paris,	Ber	A Brus	
Lot_	_ Grave _	SATAS	Row	Section		Division Block	
Acct No	1	NOT VALID FOR PURPO "PAID" IN THIS SPACE	OSE STATED UNLESS STA	AMPED CREDIT 20% Sales Can a0% Sales of Lots Opening/ Closing Burlal Containers Handling Fee Recording & Mise, Fees	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185	375	00-
Pre-Need Lot ☐ At Need ☐ Pre-Need Trust ☐ Cash ☐ AC-212 (Rev. 5-94)	Control of the last of the las	ISSUED BY	y nd.	Pre-Need Trust Salos Tax TOTAL PAID	63033 9022 60101 78300	375	00

E14881

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

		minute ind employmen, in	minedia di di	The second second		T
IA. NAME OF DECEDE		IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEA	B. DATE OF DEATH	4. SEX
Ola	Bell	Perry		02/19/1915	02/08/1999	F
SA. CITY OF DEATH		58. COUNTY OF DEATH ENTER STATE	4-OUTSIDE CALIF.	- NAME, RELATIONSHIP, FULL -OF INFORMANT	MAILING ADDRESS AND Z	MP CODE*
San Di		San Diego		Mohert Hayes,	Son	
	odness of Californa-Funeral Director on Pe agsdale Mort.; 5050 Federa San Diggo, CA 921	il Blvd.	FAPPLICABLE	247 Parkcreek San Diego, CA	92114	TE SIGNED
ACKNOWLEDGMENT OF A	SPLICANT I hereby acknowledge as applicant that the propo-	sed disposition stated herein is one of the as authorized consent to Section 7100 of the	dispositions authorized by	Allecht.	(02/1	1/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH POSITIONS OF THE CALIFORNIA HEALTH AND SAFETY OF AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIC PROMITS PERMIT. NOTE: THE PERMIT ONES NO ROOM OF DEPOSAL OUTSIDE OF CALIF	PROVIDED 9A, AMOUNT OF FEE PA	THE RESERVE OF THE PARTY OF THE		OCAL REGISTRAR ISSUE 99025	
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	90. ADDRESS OF REGISTRAR OF DISTRICT OF IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box San Diego, CA 92	85222		OF DISTRICT OF DISPOSITION R IN ANOTHER DISTRICT IN CAU		
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CO	RONER'S USE ONL	Y
B. CREMATION C. DISPOSITION THAN IN A CE	OF CREMATED REMAINS OTHER	E, TEMPORARY ENVA	PINIA	i, pispositio (Name and	N PENDING-REMAINS L Address)	OCATED AT
BURIAL	Mt. Hope Cemetery; 3751 San Diego,	Market St.	118. DATE BURIED	TIC SIGNATURE OF PI	RSON IN CHARGE OF B	URIAL
CREMATION	12A, NAME AND ADDRESS OF CALIFORNIA CR	EMATORY	128, DATE CREMATE	ED 120 SKINATURE OF PE	RSON IN CHARGE OF CR	EMATION
SCIENTIFIC USE	ISA. NAME AND ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REMAINS	138 DATE RECEIV	ED 13C. SIGNATURE OF PE	RSON IN CHARGE OF F	ACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STAT REMAINS OR CREMATED REMAINS ARE T		148, DATE SHIPPE	D 14C. ADDRESS AND SHOP PLACING WITH	SNATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER	15A. ADDRESS, NEAREST POINT ON SHORELINE, FICIENT TO IDENTIFY FINAL PLACE AND CA		158 DATE OF DISPOSITION	15C. SIGNATURE OF PI CHARGE OF DISP	OSITION OF CREATING	NUMBER MATED RE- DISPOSER PUICABLE +

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



Lee Depir is Instant

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-99

You are hereby authorized and in	nstructed, subjec	t to your rules	and regulations	, to inter the remains
01	naghe	lene	Lepin	
gat where an	Uh Fune	eral, date, time	wer.	2-33 10:0
Church, Chapel, Graveside	much G	invoides	Hum	Mortuary.
All Funeral cars must arrive before	re 3.30 p.m. of re	gular work da	y or an extra ch	arge of \$
will be applied and billed to unde	irsigned			
Lot 113 Grave 4	_ Row	Section	2 Divisi	on/Block 13
Grave space & Care Fund				895,00
Additional spaces and care fund				
Opening/Closing & sel/ip	FLOR 3	75.00		750.00
Burial Container. PA	ID I			380.00
Handling Fees	1999			320.00
Flower vases - Marker setting fe	1 1222			and the same of th
Recording and filling tea OPE	CEMETERY	45.00		90.00
Sales taxes CITY of SANI	DIEGOLSON			29,45
		т	otal Due	2464.45
	Paid rece	ipt number R	- 50834	2164.45
X			Balance	e due
I hereby certify I am the		imalas as ab		ove named decedent
and this is your authority to make that I have the right to make this any liability on account of said au	authorization and	d I agree to hol	d Mt. Hope Cen	netery barmless from
any national or account of said at	umonzation and	M A	1 m ax	120
I hereby authorize the interment hold under deed.	in lot I	Stenature 5	una	Jeffen,
noid under dead.		X 142	EHOT	OXTORS
Signature of recorded todder of deed		ychu	la Vist	a.CA.91911
		Telephone		
		Invoice #		
Work Order # E 1488	2	Acct. #		

E-19882

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60 USE BLACK INK ONLY-MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 18. MIDDLE IC. LAST (FAMILY) 2. DATE OF BIRTH MONTH, DAY, YEAR MONTH, DAY, YEAR MAGDALENA SEPIN 05/01/1932 02/16/1999 5A CITY OF DEATH 58. COUNTY OF DEATH-OUTSIDE CALIF. 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ENTER STATE Chula Vista San Diego Teddy Sepin Duarte - Eaughter 74. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 78. CALIF, LICENSE NUMBER 6063 Garrett Street -IF APPLICABLE Rumphrey Chula Vista Mortuary Palm Beach FL 33418 855 Broadway Chula Vista CA 91911 PD-964 BA SIGNATURE OF APPLICANT—Person belong period, #38. DATE SIGNED I benefit acknowledge as applicant that the proposed disposition stated becam to one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-9A. AMOUNT OF FEE PAID, 9B. DATE PERMIT ISSUED, 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PERMIT SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE 02/19/1999 9902993 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. \$7.00 I.E. King LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO INCHIT OF DISPOSAL OUTSIDE OF CALIFORNIA. SE. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-9D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-ANY CHANGE IN DISPOSE IF DEATH OCCURRED IN CALIFORNIA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL VItal Records P.O. Box 85222 DISPOSITION 92186-5222 San Diego CA 10 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A. BURIAL (INCLUDES ENTOMBMENT) TEMPORARY ENVAULTMENT DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA I I A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BUBIAL 11B. DATE BURIED Mt. Hope Cemetery - 3751 Market Street BURIAL San Diego CA 92102 ITEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 12B. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CREMA CREMATION APPLICABLE B/A 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE N/A ALL 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14C ADDRESS AND SIGNATURE OF PERSON IN CHARGE 14B. DATE SHIPPED COMPLETE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT N/A 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B. DATE OF SIGNATURE OF PERSON IN 198. LICENSE NUMBER SCATTERING AT SEA OF CREMATED RE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION MAINS DISPOSER DISPOSITION OTHER -- IF APPLICABLE THAN IN A CEMETERY

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

INTERMENT ORDER

City of San Diego

Date 2-10-99

You are bareby subported and instructed	subject to your rules and regulations, to inter the remains
or Wanda Dome	
Ada Valle Vapth	Funeral, date, time Tues 3-16 1:00
Church, Chapel, Graveside	Granadi Rayshale Mortuary.
All Funeral cars must arrive before 3:80 p.	m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	×
Lot 1 5 Grave 1 Row	Section 2 Division/Block 1
Grave space & Care Fund	4- MUN E-11941 -0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	- New
Handling Fees	
Flower vases - Marker setting fee	<u> </u>
Recording and tiling fee	
Sales taxes	<u> </u>
m (B)	
1, 0, 6	hid receipt number
= 1	Balance due
I hereby certify I apathe	of the above named decedent
that I have the right to make this authoriza	tion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of sall authorization	in and interment.
I hereby authorize the inferment in lot I hold under deed.	Signature
noid under deed.	Address
Signature of recorded holder of deed	City Ze Code
	Telephone
	\
Work Order # E 14883	Invoice #
Work Order # L 13000	Acct. #

and Deficil

INTERMENT ORDER

City of San Diego

Date 2-10-99

You are hereby authorized and instructed, subject	to your rules and regulations, to inter the remains
	ral, date, time TUES Feb. 10 1 M
Church, Chapel, Graveside hurch ord	VESAL PAASAAL Mortuary
All Funeral cars must arrive before 0.00 p.m. of re	gular work day or an extra charge of \$ 50.00
will be applied and billed to undersigned.	PP.
Lot 128 Grave 2+3 Row	Section 2 Division/Black
Grave space & Care Fund	15.000
Additional spaces and care fund	
Opening/Closing & Setup	376.10
Burial Container	52610
Handling Fees	1200.00
Flower vases - Marker settling fee	
Recording and filing fee	45.00
Sales taxes	40.04
	Total Due
Paid recei	pt number
	Balance due
I hereby certify I am the 200	of the above named decedent
and this is your authority to make disposition of re	emains as above indicated. I certify and represent
	VmmiPo. al
I hereby authorize the interment in lot I hold under deed.	Signature 9
	Address Besnett St
Signature of recorded holiter of deed	Con Diego Ca 92/13
	19 266-1593 Telephone
	Invoice #
Work Order # E 14884	Acct.#

O Printed on recycled paper

REA-104 (7-96)

This information is available in alternative formats upon request.

Debbue to have Derrick (MI) back regarding Payment.

cellepte formulas member called regarding changing burial to cremains and putting a phes in 115-9-2-11 by pinici chambers. Moreuary to call back

5-24-94

Deltie To club

Mathew

* 21-11 hely to be a series of the seri

INTERMENT ORDER

City of San Diego

Lined has s

Date 2-10-99

of Elnora		
A Sypo of Humal Captainer	Funeral, date, time _Friday	2-12-99 1
Church, Chapel, Graveside	Ragsdels	
All Funeral cars must arrive before	90 p.m. of regular work day or an extra char	
vill be applied and billed to undersign	ned.	
ot 186 Grave 12 A	ow Section Division	n/Block 12
1997	42 F- 13848	
Additional spaces and care fund	DAID	
Opening/Closing & Setup	PAU	375.00
Burial Container		
landling Fees	FEB 1 U 1999	
Flower vases – Marker setting fee	MT. HOPE CEMETERY	
Recording and filing fee	CITY OF SAM DISCO CALL	45.00
Sales taxes		
	Total Due	42000
	Paid receipt number R-5083 5	420,00
	Balance	due
hereby certify I am the and this is your authority to make distinct I have the right to make this authority liability on account of said author	fposition of remains as above indicated. I control or indicated and I agree to hold Mt. Hope Cemi	ve named decedent ertify and represent etery harmless from
hereby authorize the interment in lo hold under deed.	Signalize Street	rd Dr.
Signature of recorded holder of deed	City 19-530-822 Telephone	92124 Zip Code
_	Invoice #	
Work Order # E 14885	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14	Elnora	NI-FIRST (GIVEN)	B.	Cavangt				DAY, YEAR
54	CITY OF DEATH	Diego		58 COUNTY OF DE ENTER STATE San Dieg	ATH-OUTSIDE CALIF.,	OF INF	RELATIONSHIP, FULL MAILING AT ORMANT nie Garner-Covin	
		agsdale Mon	FL.; 5050 Fee Diego, CA 92	OR PERSON ACTING AS SUCH 78.	CALIF LICENSE NUMBER —IF APPLICABLE —1329	San	48 Greenford Dr. Diego. CA 92126 TURE OF APPLICANT—Ferson taking	
	ACKNOWLEDGMENT OF A	PPLICANT I hereby Section 3.	oClasswiedge as applicant that the 0376 of the Health and Salety Code	e proposed disposition stated herein is one of	the dispositions authorized by of the Health and Salote Code.	> Be	Hubbelle	7 02/10/1999
	UTHORIZATION OF	THIS PERMIT IS ISS SIONS OF THE CALL AND IS THE AUTHORI IN THIS PERMIT	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	TH PROVI- ETY CODE SPECIFIED \$7.00				ISTRAR ISSUING PERMIT 9902489
1	ON CHANGE IN DISPOSI- ION REQUIRES A NEW ERMIT TO SHOW FINAL DISPOSITION.	Vital Reco	EGISTRAR OF DISTRICT ED IN CALIFORNIA D'Ids; P.O. Bo Diego, CA 92	ox 85222	ADDRESS OF REGISTRAR IF DISPOSITION IS TO OCC		ICT OF DISPOSITION— THER DISTRICT IN CALIFORNIA	•
10	AUTHORIZED DISPO	CARLO CONTRACTOR OF THE PROPERTY OF THE PROPER	The same of the sa				FOR CORONER'S	USE ONLY
	B. CREMATION		MINS OTHER	E TEMPORARY EN			L DISPOSITION PENDING (Name and Address)	REMAINS LOCATED AT
	BURIAL		Cemetery; 3	751 Market St.	118. DATE BURIE	D 11C	SIGNATURE OF PERSON IN A	CHARGE OF BURIAL
APPLICABLE ITEMS	CREMATION	12A. NAME AND A	DDRESS OF CALIFORN	A CREMATORY	128 DATE CREMA	TED 12C	SIGNATURE OF PERSON IN C	HARGE OF CREMA
ALL APPLICA	SCIENTIFIC USE	ISA. NAME AND A	DDRESS OF CALIFORN	A FACILITY RECEIVING REMAINS	138. DATE RECE	VED 13C	SIGNATURE OF PERSON IN (CHARGE OF FACILITY
COMPLETE	TRANSIT		DDRESS IN RECEIVING CREMATED REMAINS	STATE OR COUNTRY WHERE TO BE SHIPPED	14B. DATE SHIPP	ED 14C	ADDRESS AND SIGNATURE C OF PLACING WITH THE CARE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	FICIENT TO ID		LINE, OR OTHER DESCRIPTION SUI D CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE, NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE

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

VS 9 (REV.

MT. HOFE GEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-99

You are hereby authorized and instruct	ted, subject to your rules and regulations, to inter the remains
of Eathan State	Hightower
in a Type of Burist Container	Funeral, date, time 1. + 1. 1. 1. 0.0
Church, Chapel, Graveside	VESIAE Greenwood Monuary.
All Funeral cars must arrive before 3.3	e p.m. of regular work day or an extra charge of s
will be applied and billed to undersigne	ed
2724	1 9
Lot 2254 Grave Ro	w Section Division/Block
Grave space & Care Fund	100.00
Additional spaces and care fund	PAID
Opening/Closing & Setup	FED
Burial Container	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Handling Fees	T. HOPE CEMETERY
Flower vases – Marker setting terring	
Sales taxes	Total Due 270.00
N 110	Paid receipt number 50840 270.00
10	Balance due
Thereby certify I am the	of the above named decedent
that I have the right to make this author	osition of remains as above Indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorize	zation and interment.
I hereby authorize the interment in lot hold under deed.	Signature Signature
noid under deed.	Address / 373/ 37 St. #1
Signature of recorded holder of deed	San Dieso Ch. 92/0)
	Verephone 641-7967
Work Order # E 14886	Invoice #
VVOIX Order #	Acct. #

Father Tommy Hightower requipted this grave to be to the inght of their other pon Israel Jacob Hightower (3233-1-9)

641-7967

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS = 14886

	USE BLACK INK ONLY-MAK	E NO ERASURES, WI	HITEOUTS OR OT	HER ALTERATIONS \	PAG
1A. NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH 4. SEX
EATHAN	STONE	HIGHTOWER		02/07/1999	02/07/1999 M
SA. CITY OF DEATH		5B. COUNTY OF DEATH	-OUTSIDE CALIF.,	5. NAME, RELATIONSHIP, FULL OF INFORMANT	MAILING ADDRESS AND ZIP CODE
SAN DIEGO			DIEGO		OWER - FATHER,
	CORESS OF CALIFORNIA—FUNERAL DIFECTOR OR PERSON	TE STATE OF THE ST	F. LICENSE NUMBER	3731 37TH STRE	ET #1
GREENWOOD	MORTUARY: I-805 & IMPERIAL A	VENUE	242	SAN DIEGO, CA	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
	SAN DIEGO, CA 9210	The second secon		BA. SIGNATURE OF APPLICANT-	Farann taking permit 8B. DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby advisoredge an applicant that the proposed dop Section 10376 of the rigolith and Selety Code, and was author	pointion started herein is one of the prized oursaint to Section 7100 of the	Health and Selecty Code.	Menos 1 To	02/09/1999
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- BIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRES NO NIGHT OF DISPOSAL QUISIDE OF CALFORNIA.	9A. AMOUNT OF FEE PA \$ 7.00	VICTORIA I 02/11/199	MEZA 9902481	ocal registrar issuing permit
ANY CHANGE IN DISPOSE	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA	H— ∫ 9E. ADO	RESS OF REGISTRAR	OF DISTRICT OF DISPOSITION-	DRIVIA
TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222 SAN DIEGO, CA 92186-5222		-		
10. AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CO	RONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CLE D. SCIENTIFIC US		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI		NA SIGNATURE OF DE	ISON IN CHARGE OF BURIAL
BURIAL	MOUNT HOPE CEMETERY: 3751 SAN DIEGO, CA 92102	AND ADDRESS OF THE PERSON NAMED IN		· Chal	viele.
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMAT	ORY	128, DATE CREMATI	ED 12C SIGNATURE OF PEF	SON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PER	RSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR REMAINS OR CREMATED REMAINS ARE TO BE		148. DATE SHIPPE	D 14C. ADDRESS AND SIG OF PLACING WITH	NATURE OF PERSON IN GHARGE THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	1SA. ADDRESS, NEAREST POINT ON SHORELINE, OR O' FICIENT TO IDENTIFY FINAL PLACE AND CA DISTR		15B DATE OF DISPOSITION	15C. SIGNATURE OF PEI CHARGE OF DISPO	

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

INTERMENT ORDER

family to witness burial

REA-104 (7-96)

City of San Diego

Date 2 - 11-99

VITIONS EMILION	
GOVY MOOVE	act to your rules and regulations, to inter the remains
or gal & Marc	COL 12 10 12 11 17
In a Special Contains In a Fu	neral, date, fine ST. 100.10 11.00
Church Chapel Graveside	MOTULAN MORTULARY
All Funeral cars must arrive before 9:86 p.m. of	regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.	1
Lot 112 Grave 1 Row	Section 2 Division/Block 12
Grave space & Care Fund	IN 895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vones - Markor southing fee SQL .	SVC. Overtime 600.00
Recording and filling fee	116 11
Sales taxes	
20 day note	Total Dua
Paid red	ceipt number 50840 1500.00
- P D	Balance due 7/04-73
I hereby certify I am the X	OV Eet Re above named decedent
and this is your authority to make disposition o	remains as above indicated 1 certify and represent and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and	d interment.
I hereby authorize the interment in lot I	X Shormaine Sense
hold under deed,	5357 Charling
	Don Dian a Gold
Signature of recorded holder at deed	20 500-00 2k 20 Cody
	Telephone
*	Invoice# 312168
Work Order # E 14887	Acct. # 597876

O Printed on recycled paper

This information is available in alternative formats upon request.

764.73 Balance 700.00 aug Anomin 3-25-98 64.73 Balance

- E-14887

105+00 + 800+00 + 45+00 + 14-73 + 004-----

w.o. # E 14887

NOTE

\$ 764.73	San Diego, Ca	alifornia February 11	19 99
Thirty days after date for value rece			97/Rider
3751 Market Street, San Diego, CA	92101, the sum of Sever 1 1	mises to pay San Diego City Treasurer Whated SIXTY FOUR 47: on the unpa	bollars
with interest from Much	10,1999	on the unpa	id principal
at the rate of 12 percent per annum	n, payable on demand.		
Object the standard based of			

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 SHARMAINE			in Semps
ADDRESS \$357 Chan			
CALIFORNIA DRIVER LICENSE NUMBER	4657227	SSN#	29-5572

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

11	NAME OF DECEDE	PENT-PHST (GIVEN) 18. MIDDLE		IC. LAST (FAMILY)		MONTH DAY, YEAR MONTH, DAY, YEAR &		
	GARY		-	MOORE	A THE PARTY OF THE	03/27/1956 02/06/1999 M		
5/	NATIONAL O	OTOW		5B. COUNTY OF DEATH ENTER STATE SAN DIFEC	Section of the sectio	NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SHARMATNE SIMPSON-SISTER		
7/			A-FUNERAL DIRECTOR OR PER	RSON ACTING AS SUCH ! TEL CAL	IF. LICENSE NUMBER	5357 CHURCHWARD STREET		
	CALIFORNIA	CREMATION	& BURIAL CHAPI		FAPPLICABLE	SAN DIEGO, CA 92114		
	5880 ELCD		SAN DIEGO, CA		1001	SIGNATURE OF APPLICANT—Ferson taking primit, BB, DATE SIGNE		
	ACKNOWLEDGMENT OF AS	PLICANT herring at Section 100	donawledge as applicant that the propose 176 of the Health and Salety Code, and wa	ed disposition stated herein is one of the s authorized durseant to Section 7100 of th	e Health and Editiv Code.	fin Walter, 102/12/199		
	PERMIT UTHORIZATION OF OCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT	ED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY C Y FOR THE DISPOSITION SPECI DIDENT OF DISPOSAL DUTSIDE OF CALFO	ODE	02/12/199 K. WALK			
1	ON REQUIRES A NEW FIGHT TO SHOW FINAL DISPOSITION.	VITAL RECO	RDS - P. O. BOX	ļ IF C		DISTRICT OF DISPOSITION— N ANOTHER DISTRICT IN CALIFORNIA		
10	White the Party of	SAN DIEGO.	CA 92186-5222			FOR CORONER'S USE ONLY		
Consultation of the Control of the Control	B CREMATION C. DISPOSITION THAN IN A CE		AINS OTHER	E. TEMPORARY ENVA	ORNIA	L DISPOSITION PENDING—REMAINS LOCATED (Name and Address)		
ļ	D. SCIENTIFIC US			H. TRANSIT TO OUTS	DE OF CALIFORNIA			
	BURIAL	MT. HOPE SAN DIEGO		MARKET STREET,	2-13-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL		
IBLE ITEMS	CREMATION	12A. NAME AND AD	ODRESS OF CALIFORNIA CRE	EMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREAT		
LL APPLICA	SCIENTIFIC USE	ISA. NAME AND AC	ODRESS OF CALIFORNIA FAC	CLITY RECEIVING REMAINS	138. DATE RECEIVED	19C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
14A. NAME AND ADDRESS IN RECEIVING STATE OR CREMATED REMAINS ARE TO BE S			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER				
ō	SCATTERING AT SEA OR STATE TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION OTHER THAN IN A CEMETERY			15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN 15D LICENSE NUMBER OF CHARGE OF DISPOSITION AND DISPOSER —IF APPLICABLE			

COPY 2 IS RETAINED BY 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-14987

CITY OF BAN DINGO, CALIFORNIA

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

CUSTOMEN ACCOUNT NO. 097876 PAYMENT DATA 3-25-99 PAYMENT P.M. NECEIVED DATE PAID BY (CIRCLE ONE) CA HF PAYMENT REFERENCE NUMBER AMOUNT PAID 700,00 THEASURER VALIDATION CUSTOMER DATA CUSTOMER ACCOUNT NAME PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) CUSTOMER (PAYOR) ADDRESS 072 E-14887 HEMARKS INV. NO. 312168

TH-1861 (2-02)

E-1458/

CITY OF SAN DIRGO, CALIFORNIA

ACCOUNTS RECEIVABLE AUXILIARY INVOICE - PAYMENT FORM

CUSTOMEN ACCOUNT NO. 097876

	CUSTOMEN ACCOUNT NO.
PAYME	NI DATA
PAYMENT P.M. RECEIVED DATE	24-99 4.0.
PAYMENT REFERENCE NUMBER	#999 NF
76.28	
" CUSTOM	ER DATA
PAYON NAME THAN GUSTOME	MELTE SUMPET
HEMARKS Gay Moon	e E-14887
CASHIER	INV. NO. 312168

NUMBER TYP CHRG CODE

ACCT NUMBER

GE 312168

097876 SHARMAINE SIMPSON

DATE DUE DATE

AMOUNI ACTION

02/24/99 03/26/99 E-14-8 64.73 REBILL-PARTIAL PAYMENT

.00

INTERMENT ORDER

City of San Diego

alled of Jan	Da	te Z 1 - 1
s buried in o	Irave.	
You are hereby authorized and inst	tructed, subject to your rules and re	egulations, to inter the remains
of Arma Mar	yuror Grusty	1 3-19. 2:00
in a AST VAUAT	Funeral, date, time	2 3-17. 2100
Church, Chapel, Graveside	aviació (CN)	Mortuary.
All Funeral cars must arrive before	8:00 p.m. of regular work day of a	extra charge of \$
will be applied and billed to undersi	gned,	
1 9	IM	- 11
Lot Grave D	Row Section	Divistop/Block
Grave space & Care Fund	reneed B-1	0188 0
Additional spaces and care fund		7000
Opening/Closing & Setup		105.00
Burial Container	DAID	55.00
Handling Fees		100.00
Flower vases - Marker setting fee	FFR 4 7 1000	1100
Recording and filing fee		45.00
Sales taxes	MT. HOPE CEMETERY	4.20
	CITY of SAN DIEGO CALD	ie 20920
	Paid receipt number	50861 269 26
		Balance due
I hereby certify I am the	Son	of the above named decedent
	disposition of remains as above inc athorization and I agree to hold Mt. I porization and interment.	
	X Lad	May Day
I hereby authorize the interment in hold under deed.	lot I Sprinter of CO	1 wasy ++ c
COMPANY OF THE PARTY OF THE PAR	1 6886	roadway + 30

Work Order # E 14888

Signature of recorded holder of deed

Invoice # Acct. #

C Proposit on recycled paper

E-14888 TASSE COLONIAL

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

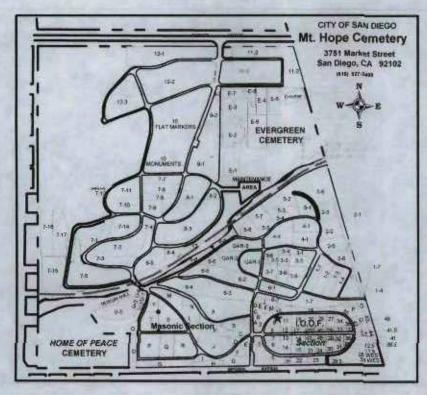
1A. NAME OF DECEDENT—PERST (GIVEN) 1B. MIDDLE		IC. LAST OF		MONTH, DAY, YEAR M	DATE OF DEATH 4 SEX	
ANNA MARGARET SA. CITY OF DEATH CORONADO			ENTER STATE OF IN		8. NAME, RELATIONSHIP, FULL MAILI OF INFORMANT JULIA G. DAVIS -	THE RESERVE OF THE PARTY OF THE
7,0	LEWIS COLC	ODRESS OF CALIFORNA—FUNERAL DIRECTOR OR PERSON A ONIAL/BENBOUGH MORTUARY		—IF APPLICABLE	288 BROADWAY, #13 CHULA VISTA, CA	33 91910
-	ACRICATION OF A	LJON BLVD, SAN DIEGO, CA 9210 PPLKANT 1 Berely administings as applicant that the proposed dispor- Section 18376 of the Health and Safety Code, and was author	sition started herein is		BA. SIGNATURE OF APPLICANT—Person	02/12/1999
	PERMIT UTHORIZATION OF OCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. HOTE THIS PERMIT CIVES NO RIGHT OF DEPOSAL OUTSIDE OF CALFORNIA.	9A. AMOUNT O			REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. SAN DIRECT OF DEATH— PORT OF THE PERMIT OF DEATH— PORT OF SHOW FINAL DISPOSITION. SAN DIRECT OF SHOW FINAL DISPOSITION. SAN DIRECT OF SHOW FINAL DISPOSITION.			4	9E. ADDRESS OF REGISTRAL	R OF DISTRICT OF DISPOSITION— CUR IN ANOTHER DISTRICT IN CAUFORNEY	
16	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS			FOR CORON	ER'S USE ONLY
	B. CREMATION		F. DISINTERM G. SHIP IN TO H. TRANSIT T		(Name and Address (Name and Add	
BLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMATO CYPRESS VIEW CREMATORY, 39 AVE, SAN DIEGO, CA 92113	Man	128 DATE CREMA	THE PARTY	IN CHARGE OF CREMATIC
ILL APPLICA	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REA	MAINS 138 DATE RECE	IVED 130 SIGNATURE OF PERSON	IN CHARGE OF FACILITY
OMPLETE A	TRANSIT	14A NAME AND ADDRESS IN RECEIVING STATE OR I REMAINS OR CREMATED REMAINS ARE TO BE		RE 14B DATE SHIPP	OF PLACING WITH THE	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC			15C, SIGNATURE OF PERSON CHARGE OF DISPOSITIO	

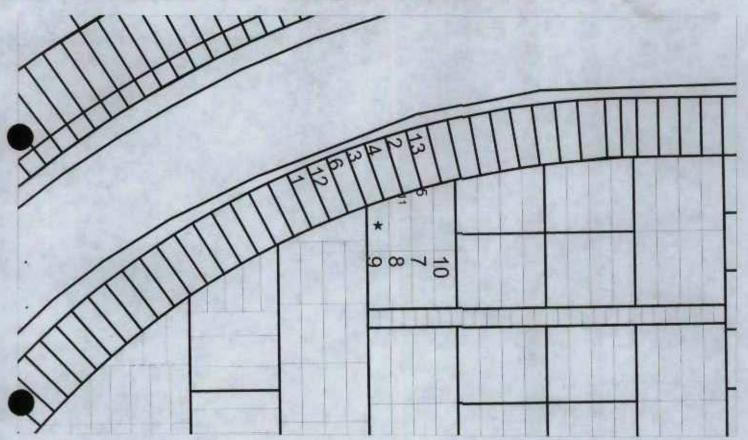
COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

VS 9 (REV. 6/9)

E-14888

Locator Map





INTERMENT ORDER

City of San Diego

Date 2 - 11 - 99

You are hereby authorized and instructed, subject to	your rules and regulations, to inter the remains
onallo 1. aut	THE TOP HE TIN
	date, time 1000 . FCD. 100 1.0
Church, Chapel, Gravesida Graves Cl	: NEPTUTE & Mortuary
All Funeral cars must arrive before 3:36 p.m. of regul	ar work day or an extra charge of 100.00
will be applied and billed to undersigned.	
20/411	In
Lot SOU Grave Row	Section Division/Block
Grave space & Care Fund Preneto	C-5420 0
Additional spaces and care fund	540 A
Opening/Closing & Setup	31500
Burial Container	250.00
Handling Fees	85.00
Flower vases - Marker setting fee FEB 1 1 195	19
Recording and filing fee IN FULL	45.00
Sales taxes MT. HOPE CEMI	CALE
CHIC	Total Due
Paid, receipt r	number 5084 874.38
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition of remains that I have the right to make this authorization and I a	gree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and inter	ment
I hereby authorize the interment in lot I	Lanne Hoose
hold under deed.	7390 ook Beach
Signature of recorded holder of deed	Harrison med
19	48625 = 3
T	Menore 1-517-5396130
F	rvoice #
Work Order # E 14889	set. #



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

		Date: U-	2	901
From Ronnie S. FOUt	L_Address: 4260 00K	Booch	Y. Harriot	n up
one hundred +	wenty full -		ollars (\$ 125 (10,
In Payment of MY	reroctumente	ATX		
dames v	1000	0		
Lot 3804 Grave _	Row S	ection	Division Block	0
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	57057 77184	
Acct. No.		80% Sales of Lots Opening/	77184 100	-
w.o. = 14889	THE RESERVE	Closing Burial	17181	
BALANCE DUE		Containers Handling Fee	77182 100 27135	
		Recording & Misc. Fees	77183 25	CU
Pre-Need Lot At Need On Acct	0-1-	Pre-Need Trust	63033 9032	-
Pre-need Trust Cash Check	Catura-valine	Sales Tax	78390	OY
AC-212 (Rev. 5:94)	ISSUED BY TITCHET LITE	TOTAL PAID	127	PU

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

TA. NAME OF DECEDE	ENTFIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)	1		2. DATE OF BIRTH 3. DATE OF DEATH 4. SEX	
JAMES	VERNON	COB	COBB 02/05/1927 02/10/			
SA. CITY OF DEATH		58. COUNTY OF DEATH	-OUTSIDE CALIF.	 NAME, RELATIONSHIP, FULL MAILING AT OF INFORMANT 	DORESS AND ZIP CODE	
CHUL	A VISTA		DIEGO	BONNIE FOOTE-BISTER		
7A. TYPED NAME AND A	DORESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON A			4093 OAK BEACH DR.		
NEPTUN	E SOCIETY	1 -	APPLICABLE	HARRISON, MI 48625		
	HWY 8 BUS. EL CAJON. CA 92021		D-1352	8A. SIGNATURE OF APPLICANT—Person taking	permit BB. DATE SIGNED	
ACKNOWLEDGMENT OF A		ation stated heren is one of the	dispositions authorized by	A Bunton	02/12/199	
	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI-	THE PERSON NAMED OF THE PE	THE PARTY NAMED AND ADDRESS OF THE PARTY.	ISSUED, 9C. SIGNATURE OF LOCAL REG	THE RESERVE OF THE PARTY OF THE	
PERMIT	SIGNS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED	and the same of the same	02/12/1		DITTON NASIONES (ECHNIC)	
AUTHORIZATION OF LOCAL REGISTRAR	IN THIS PERMIT GIVES NO RIGHT OF DEPOSAL DITISER OF CALFORNIA.	7.00	- 1 - CONTRACTOR STATE OF THE PARTY OF THE P	PLER.		
The same and the s	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	The state of the s	The second secon	OF DISTRICT OF DISPOSITION—		
TION REQUIRES A NEW	IF DEATH OCCURRED IN CALIFORNIA	, was 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		IR IN ANOTHER DISTRICT IN CALIFORNIA		
PERMIT TO SHOW FINAL DISPOSITION.	P.O. BOX 85222					
IA AUTHODITED DIED	OSITION(S) CHECK APPLICABLE ITEMS	1 -		FOR CORONER'S	LUCE ONLY	
A CONTRACTOR OF THE PARTY OF TH	SERVICE AND ADDRESS OF THE PROPERTY OF THE PRO			FOR CONONERS	USE UNLT	
-	UDES ENTOMBMENT)	E. TEMPORARY ENVA	ULTMENT	I. DISPOSITION PENDING (Name and Address)	-REMAINS LOCATED AT	
B. CREMATION	OF COSMITTE OF MAIN OF ME	F. DISINTERMENT		Visitor and Contract		
HAN IN A CE		G. SHIP IN TO CALIFO	Marie Committee of the			
D. SCIENTIFIC U	SE	H. TRANSIT TO OUTS	DE OF CALIFORNIA	1 _ 1	1	
	11A. NAME AND ADDRESS OF CALIFORNIA CEMETER	Υ .	11B. DATE BURIER	LIC SIGNATURE OF PERSON IN	HARGE OF BURIAL	
BURIAL	MT. HOPE CEMETERY, 3751 MARI	KET ST	1 00	(MA bush	w a	
	SAN DIEGO. CA 92102	2	-16-79	A July Some		
E E E E E E E E E E E E E E E E E E E	12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMAT	ED 12C SIGNATURE OF PERSON IN C	HARGE OF CREMATION	
CREMATION			1	i		
CABLE	n/a		1			
3	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138 DATE RECEN	/ED 13C SIGNATURE OF PERSON IN C	CHARGE OF FACILITY	
SCIENTIFIC						
- USE			i		. 40	
₹	TAL NAME AND ADDRESS BY DESCRIPTION STATE OF COUNTRY WARDS		148 DATE SHIPPED 114C ADDRESS AND SIGNATU		E DEDOON IN PHABOE	
4	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		INC. DATE GRAFIE	OF PLACING WITH THE CARR		
TRANSIT REMAINS OR CREMATED REMAINS ARE TO BE						
8	n/a		1	 		
SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	150. LICENSE NUMBER OF CREMATED RE	
DISPOSITION OTHER					MAINS DISPOSER	
THAN IN A CEMETERY	n/a				N. J. Colonia	

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

INTERMENT ORDER

City of San Diego

Date 2-11-99

You are hereby authorized and instructed, subject	t to your rules and regulations, to in	ter the remains
or IZELIA IVI. REGICT	7	2100
THE RESIDENCE OF THE PARTY OF T	eral, date, time how 2-2 o	3 4100
Church, Chapel, Graveside Thepul Gra	well: GreenWDQQ	Mortuary.
All Funeral cars must arrive before \$1.00 p.m. of r	egular work day or an extra charge of	
will be applied and billed to undersigned		
Lot 9 Grave 3 Row	Section Division/Bit	ock 7
Grave space & Care Fund	1 0-1390	2
Additional spaces and care fund Opening/Closing & Setup	d D-1390	8
Burial Container DU III	la D-1390	0
Handling Fees	***************************************	
Flower vases - Marker setting fee		
Recording and filling fee		
Sales taxes		
	Total Due	10-
Paid rece	elpt number	
I hereby certify I am the Louise Land this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	remains as above indicated. I certify d I agree to hold Mt. Hope Cemetery	amed decedent y and represent harmless from
I hereby authorize the interment in lot I hold under deed.	Sypators 5589 MT. Acar	ZR.
Signature of recorded holder of slead .	San Tiego (619) 277-713	92// 2p Code
	Invoice #	
Work Order # E 14890	Acct. #	
REA-104 (7-96) This informatio	n is available in alternative formats	upon request.

& Printed on respeled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14890

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

A NAME OF DECEDE	DENT—FIRST (GIVEN) 1B. MIDDLE		1C. LAST (FAMILY)			3. DATE OF DEATH	4. SEX
IZEL	LA	HAE	ROC	ROGERS		02/17/1999	F
SA CITY OF DEATH	OF SA		SB. COUNTY OF DEA	SAN DIEGO	6 NAME, RELATIONSHIP, FULL OF INFORMANT LOUISE BEZIO -		MP CODE
7A. TYPED NAME AND AL	DRESS OF CALIFORNI	A-FUNERAL DIRECTOR OR PER I-805 & IMPERI SAN DIEGO, CA	AL AVENUE	ALIF LICENSE NUMBER	5589 MT. ACARA SAH DIEGO. CA BA SIGNATURE OF APPLICANT	DRIVE 92111	TE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT I hereby a Section 10	cknowledge as applicant that the proposition of the Health and Safety Gods, and wa	ed disposition stated herein is one of this authorized pursuant to Section 7100 of	to depositions authorized by the Health and Safety Code.	· Sutario	ne 102/	22/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH PR ORNIA HEALTH AND SAFETY C TY FOR THE DISPOSITION SPECI ID BIGHT OF DISPOSAL DUTSIDE OF CALFE	FIED R 7 00		MEZA 9903046	LOCAL REGISTRAR ISSUIT	NG PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	P.O. BO		1 19		OF DISTRICT OF DISPOSITION II IN ANOTHER DISTRICT IN CAL		
10. AUTHORIZED DISP	OSITION(S) CHECK A	PPLICABLE ITEMS			FOR CO	RONER'S USE ONL	Y
D SCIENTIFIC US	11A. NAME AND AS	AMS OTHER DDRESS OF CALIFORNIA CEA	-	ORNIA SIDE OF CALIFORNIA	(Name and	Address)	BUR
BURIAL	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	KET STREET, SAN	DIEGO, CA 9210	12 2-22-99	1. Stay	Sheolu	
CREMATION	12A. NAME AND AL	ODRESS OF CALIFORNIA CRE	EMATORY	12B. DATE CREMATI	ED 12C. SIGNATURE OF PE	rson in Charge of Cr	REMATION
SCIENTIFIC	13A. NAME AND AD	DDRESS OF CALIFORNIA FAC	PLITY RECEIVING REMAINS	13B. DATE RECEIV	ED 13C. SIGNATURE OF PI	ERSON IN CHARGE OF F	ACRLITY
14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPE	D 14C, ADDRESS AND SI OF PLACING WITH	GNATURE OF PERSON IN THE CARRIER	CHARGE
SCATTERING AT SEA OR DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION THAN IN A CEMETERY			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PI CHARGE OF DISP	OSITION OF CREATING I	NUMBER MATED RE- DISPOSER PLICABLE	

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



INTERMENT ORDER

City of San Diego

Date 2-12-99

of Mrs. San Las	n Wona		
n a Type of fluidal Contener	Funeral, date, time	wed	2-17-99 @1:0
Church, Chapel, Graveside	1_6	ewis Coloni	Mortuary.
All Funeral cars must arrive before 9:30 p.m.	of regular work day	or an extra char	ge of \$
will be applied and billed to undersigned			
Lot Grave 3 Row) Section	L Division	n/Block China
Grave space & Care Fund			<u>-6-</u>
Additional spaces and care fund			
Opening/Closing & Setup	AID		375.00
Durial Captaines			190 00
Handling Fees	1 2 1999		145.00
	1	and the same of th	
Recording and filing fee	THE CRIVITY I EAR	JR .	45.00
Sales taxes	10,000,000		
			769.73
Paid	receipt number		
		Balance	due _
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	n and I agree to hold	ve indicated. I c	ve named decedent ertify and represent etery harmless from
hereby authorize the interment in lot I hold under deed.	Signature 124	o73 Darki	week Rd.
Signature of recorded trader of doed	Address S .	D. 9	
	Telephone		
	Invoice #		
Work Order # E 14891			

E14891

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1 IC LAST (FAMILY)

ALTERATIONS

1.2 DATE OF BIRTH 1.3 DATE OF BEATH 1.4 SEX

				MONTH, DAY, YEAR	MONTH, DAY, YEAR	90000
6A CITY OF DEATH	1 TAN	SB. COUNTY OF DEATH—OUTS		, RELATIONSHIP, FULL M	AILING ADDRESS AND ZI	CODE
NATIONAL 7A. TYPED NAME AND A	CITY ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON A	ENTER STATE SAN D	IEGO GAM	LEE - SON 73 DARK WOOD	nn.	
	LONIAL/BENBOUGH MORTUARY	—IF APPLIC	SAN	DIEGO, CA 9	2129	e elquen
ACKNOWLEDGMENT OF	CAJON BLVD, SAN DIEGO, CA 921 APPLICANT Section 10376 of the Health and Safety Code, and was applicant.	ution stated herein is one of the disposition	authorized by	Lutte & ale to	A. A	-
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT GIVES NO MORT OF DISPOSAL OUTSIDE OF CALIFORNIA.	\$7.00	THE RESERVE OF THE PARTY OF THE	90. SIGNATURE OF LO	CAL REGISTRAR ISSUIN	A PERMIT
ANY CHANGE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CAUFORNIA VITAL RECORDSPO BOX 852: SAN DIEGO. CA 92186-5222	IF DISPOSITE		RICT OF DISPOSITION— OTHER DISTRICT IN CAUFOR	DAIA	
B. CREMATION		E. TEMPORARY ENVAULTMEN F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT TO OUTSIDE OF		L DISPOSITION (Name and Ac	PENDING REMAINS LO	CATED AT
BURIAL	TIA NAME AND ADDRESS OF CALIFORNIA CEMETER MT HOPE CEMETERY, 3751 MARS	Y (11E.		C. SIGNATURE OF PERS	SON IN CHARGE OF BU	RIAL
CREMATION	SAN DIEGO, CA 92102 12A NAME AND ADDRESS OF CALIFORNIA CREMATO	RY 128.	DATE CREMATED 12	C SIGNATURE OF PERS	ON IN CHARGE OF CRE	MATION
SCIENTIFIC USE	13A NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS 13B.	DATE RECEIVED 13	C. SIGNATURE OF PER	SON IN CHARGE OF FA	CILITY
TRANSIT TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OR CREMATED REMAINS ARE TO BE		DATE SHIPPED 14	C. ADDRESS AND SIGN, OF PLACING WITH TO		CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETER	FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		DATE OF DISPOSITION 15	C SIGNATURE OF PERI CHARGE OF DISPOS		ATED RE-

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

1A NAME OF DECEDENT-FIRST (GIVEN) 18 MIDDLE

E-14891

y ii la	676
MGUNT HOPE CE	
	12 Feb 950
The undersigned hereby requests and autho	7.4
Mrs. Whose Sail	times the interment of the remains of
Block San Kanin Lot_	_G: #13_Row #11_ Sec. #1_
in accordance with and sul	bject to the rules and real Chinese Oren
The ming said interment in Mount Hope Cor	and regulations
the Athan te or she has the	metary, and certifies and represents 11
held Mount War on	such authorization and agrees to
hold Mount Hope Cemetery harmless from any	and all labour
THE TOTAL OF ANY INFORMATION	
	II O - The state of
	Wr. Lee Gom Ecometery months
Signature of relative or legal	12673 DORKWOORD SO 92129
THE PROPERTY OF THE PROPERTY O	
EG Albertalon Min	- that it's to sign authorization
Witness)	CHINESE CONSOLIDATED BENEVOLENT
- Condent	
Witness	Rand +0884

CITY OF SAN DIEGO, CALIFORNIA

51092



WHITE TO CUSTOMER CANARY CEMETERY PINK AUDITOR

MOUNT HOPE CEMETERY 527-3400

Comtre Lee	20	45) 6	Date:	1 111	1 R.	de et
One Junded Twenty	Address S	*	13673 00	Dollars (\$	125.00	4515
In full Payment of Mar	Lan Wong	1 re	45 7	ermi	goe 7	
Lot Grave	13	Row_\\	_ Section\	4	Block CH	WESE
Acct. No	MOTYALIDFOR PURPOSES "PAID" IN THIS SPACE.	TATED UNLESS STAM	20% Sales Ca 80% Sales of Lots Opening/ Closing Burtal Containers	100 77184 — 100 77181 — 100 77182 —		
Pre-Need Lot □ At Need □ On Acct □ Pre-need Trust □ Cash □ Check □ AC-212 (Rev. 5-94)	ISSUED BY	bleddin	Handling Fee Recording & Misc. Fires Pre-Need Trust Sales Tax TOTAL PAID	77185 100 77183 83033 9022 60101 78390	125	6 (7

INTERMENT ORDER

City of San Diego

Date 2-12-99

You are hereby authorized and instructed, sut	bject to your rules and ret	gulations, to inter the remains
of Ruby Robins	n PA#	
ina liner F	Funeral, date, time	
Church, Chapel, Graveside	en : Hu	nonyey Mortuary.
All Funeral cars must arrive before 8:30 p.m.	of regular work day or an	extra charge of \$
will be applied and billed to undersigned	**	
	2.2	
Lot Row	Section	Division/Block
Grave space & Care Fund		140.00
Additional spaces and care fund		11068
Opening/Closing & Setup		142,16
Burial Container	No all	20.00
Flower vases – Marker setting fee	- 100° CO Q	
Flower vases - Marker setting fee	7487	
Recording and filing fee	Jan	45.00
Sales taxes		
A.	Total Du	384-11
Davnill Price Paidre	ecelpt number	
burnet.		Balance due
I hereby certify I am the		of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. F	cated. I certify and represent ope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Signoture	
	Address	
Signature of recorded holder of deed	City	Zip Code
	Telephone	
27/28/01228	Invoice #	
Work Order # E 14892	Acct. #	

INTERMENT ORDER

City of San Diego

Date 2-16-99

You are hereby authorized and instruct	ted, subject to your rules and regulations, to inter the remains
	Funeral, date, time 2 2 - 18 10:3
Church, Chapel, Graveside	new : mc Rennie Mortuary.
All Funeral cars must arrive before 3.9	o p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	//
Lot 276 Grave Ro	wSection
Grave space & Care Fund	300.00
Additional spaces and care	
Opening/Closing & Setup	105.00
Burial Container FEB. 1	6.1999
Handling Fees	
Flower vases - Market selling ica N T	CEMETERY DIEGO, CALIF
Recording and filing fee	U 2 0 0
Sales taxes	
	Total Due
	Paid receipt number R-50855 450.00
I hereby certify I am the	Balance due
and this is your authority to make disp	of the above named decedent osition of remains as above indicated. I certify and represent rization and I agree to hold Mt. Hope Cemetery harmless from attion and interment.
I hereby authorize the interment in lot I hold under deed.	X Sprange Marter X 141 65 FOOThill Ohrd
Signature of recorded holder of deed	X SV & MAR CA 9/342 To Code V Coty 6/9 - 593 - 1099
	Invoice #
Work Order # E 14893	Acct. #

E-14893

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	ENT-FIRST (GIVEN)	1B. MIDDLE	IC. LAST (FAMILY)			DATE OF BIRTH		OF DEATH DAY, YEAR	4. SEX
Donnie	nie Lee Avila			01/01/1951 01/15/		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE P	Mal		
A CITY OF DEATH Los Angeles		6B. COUNTY OF DEATH ENTER STATE Los Angeles	ENTER STATE OF IN		ELATIONSHIP, FULL M RIMANT	MAILING ADD	DRESS AND Z	P CODE	
			PERSON ACTING AS SUCH 78. CAL	APPLICABLE	14165	inza Martinez Foothill Blv	d #118		- 1
uckensie no	McKenzie Mortuary 2870 Orange Ave Signal Hill		Hill CA	1 11-15-20 -		SVImar California 91342 8A. SIGNATURE OF APPLICANT—Person triving permit, 8B. DATE SIGNE			
ACKNOWLEDGMENT OF A	PPLICANT 1 Thereby a Section 10:	canowledge as applicant that the pro 376 of the Health and Salety Code, and	sposed disposition stated tweete is one of the d was authorized pursuant to Section 7100 of the	dispositions authorized by Health and Safety Code.	x	11		1 01/	29/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIF AND IS THE AUTHORIT IN THIS PERMIT.	JED IN ACCORDANCE WITH OANIA HEALTH AND SAFETY BY FOR THE DISPOSITION SP 0 80HT OF DISPOSAL OUTSIDE OF CI	Y CODE ECIFIED \$7.00	01/29/1999 Ken McKenz		061- 2945	.1	STRAR ISSUI	IG PERMIT
NY CHANGE IN DISPOSI- TION REQUIRES A NEW FEMIT TO SHOW FINAL DISPOSITION,	IF DEATH OCCURRE	GISTRAR OF DISTRICT OF D IN CALIFORNIA . Figueroa STreet	11 0	RESS OF REGISTRAR OF			ORNIA		
	OCITION/OL OURSE A	PELICABLE ITEMS			I	FOR COR	ONER'S	USE ONL	
X B. GREMATION	UDES ENTOMBMENT)		E. TEMPORARY ENVAL	JLTMENT	1	L DISPOSITION (Name and A		REMAINS L	
A. BURIAL (INCLI	OF CREMATED REMINERRY SE		F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA	1 11C.		(ddress)		OCATED A
A BURIAL (INCLI	OF CREMATED REMARKERY SE 11A. NAME AND AD 12A. NAME AND AD	AINS OTHER ODRESS OF CALIFORNIA CONTROLS ODRESS OF CALIFORNIA CONTROLS	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI	RNIA DE OF CALIFORNIA	1 -	(Name and A	ISON IN CH	ARGE OF CR	OCATED A
A BURIAL (INCLI	OF CREMATED REM: EMETERY SE 11A. NAME AND AC 12A. NAME AND AD SECURE Cre	AINS OTHER DERESS OF CALIFORNIA CONTROLS OF C	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI CEMETERY CREMATORY	RNIA DE OF CALIFORNIA 11B. DATE BURIED 1 2-18-97	120. 1	SIGNATURE OF PER	ISON IN CH	HARGE OF B	DICATED OF STREET
A BURIAL (INCLI	OF CREMATED REMISERRY SE 11A. NAME AND AD 12A. NAME AND AD SECURE CRE 13A. NAME AND AD	AINS OTHER ODRESS OF CALIFORNIA C EMISTORY 1020 N. F	F. DISINTERMENT G. SHIP IN TO CALIFO H. TRANSIT TO OUTSI CEMETERY CREMATORY Puller Santa Ana CA FACILITY RECEIVING REMAINS ATE OR COUNTRY WHERE	RNIA DE OF CALIFORNIA 11B. DATE BURIED 12B. DATE PREMATED 12B. DATE PREMATED 12B. DATE PREMATED	12C. 1	SIGNATURE OF PER	ISON IN CH	ARGE OF B	OCATED A

COPY 1

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.

INTERMENT ORDER

City of San Diego

Date 2-16-99

OF QURATUL A	Funeral, date, time Twee 2-16	2:00
In a Type of Buriel Container		2 1005
Church, Chapel, Graveside	3:00 · M	ortuary.
All Funeral cars must arrive before	ore 9.90 p.m. of regular work day or an extra charge of \$	
will be applied and billed to unde	ersigned	
3aA	Row Division/Block	
		20
Grave space & Care Fund	700	100
	L	
Opening/Closing & Setup	64 / 8 d 152	100
Burial Container	71, 8,	
Handling Fees	\\d	
	ee	A 70
Recording and filing fee	45.	00
Sales taxes		
	Total Due	1,00
	Paid receipt number R-50857 21	0.00
	Balance due	0
I hereby certify I am the	of the above named do	ecedent
and this is your authority to mai that I have the right to make this any liability on account of said a	ke disposition of remains as above indicated. I certify and re a authorization and I agree to hold Mt. Hope Cemetery harmle authorization and interment.	present as from
hereby authorize the interment hold under deed.	in lot 1 Spending (M. 1-	ADMA
	Address Address	
Signature of recorded holder of deed	5900 344-8950	Zip Code
	(760) 344-8970 Telephone	10000000
	Invoice #	
Work Order # E 1489	4 Acct. #	

E-14894

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

DAY

1A NAME OF DECEDENT—FIRST (GIVEN) 18. MIDDLE		1C. LAST (FAM	1C. LAST (FAMILY)			2 DATE OF BIRTH 3, DATE OF DEATH 4, 8 MONTH, DAY, YEAR MONTH, DAY, YEAR		
QURATUL AINE			ADMANI		02/12/1999	02/12/199		
SA. CITY OF DEATH	rawley		ENTER STAT	DEATH—OUTSIDE CALIF TE mperial	OF IN	, RELATIONSHIP, FULL I FORMANT Nammad Adman		ID ZIP CODE
		IA FUNERAL DIRECTOR OR PER	ISON ACTING AS SUCH 7	B CALIF LICENSE NUMBER —IF APPLICABLE	431	9 Julia Driv	re	
	Chapel & I	The state of the s				awley, CA 92		4
799		- Brawley, CA		FD 512	U 5/15/19/2000	NATURE OF APPLICANT	SECTION AND SECTION ASSESSMENT	DATE SIGNED
ACKNOWLEDGMENT OF A	PPLICANT hereby : Section 10	acknowledge as applicant that the proposi 0376 of the Hexills and Safety Code, and wa	ed disposition stated herein is on as authorized purposet to Section 2	to of the dispositions authorized by (100 of the Health and Safety Gode.	18	seeta R Kh	unce 100	/16/199
PERMIT AUTHORIZATION OF	SIONS OF THE CALIF AND IS THE AUTHORI IN THIS PERMIT.	UED IN ACCORDANCE WITH PE FORNIA HEALTH AND SAFETY O TY FOR THE DISPOSITION SPECI	FIED S7 00	S. Kru	ger	9C. SIGNATURE OF LA	OCAL REGISTRAR IS	
LOCAL REGISTRAR	And the second s	NO MIGHT OF DISPOSAL ONTWOE OF CALIFO EGISTRAR OF DISTRICT OF E	annan.	E ADDRESS OF REGISTRA	STATE OF THE PARTY	RICT OF DISPOSITION-		330
ANY CHANCE IN DISPOSI- TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	Imperia	al Co. Health De	ept.	San Diego Co	. Head	thh Dept.	DRNIA	(
IO. AUTHORIZED DISPO	Control of the last of the las	dway - El Centro	o, CA	P.O. Box 85	222 -	San Diego,		
		PPLICABLE ITEMS				FOR COP	RONER'S USE O	NLT
A BURIAL (INCLU	DES ENTOMBMENT)		E TEMPORARY	ENVAULTMENT		I. DISPOSITION	PENDING-REMAIN	S LOCATED A
B. CREMATION			F. DISINTERME	NT		treame and r	10010007	
THAN IN A CE		AINS OTHER	G. SHIP IN TO	CALIFORNIA OUTSIDE OF CALIFORNIA				
	TIA NAME AND A	DDRESS OF CALIFORNIA CEN	METERY	1 118. DATE BURI	ED 1 110	C. SIGNATURE OF PER	SON IN CHARGE O	F BURIAL
BURIAL	Mt. Hope C	Cemetery		13 119	0	(la	1	//
	San Die	THE RESIDENCE OF THE PARTY OF T		id-16-1	1 1	say	xmi	de
GREMATION	12A. NAME AND AI	DDRESS OF CALIFORNIA CRE	EMATORY	128 DATE CREM	ATED 12	C. SIGNATURE OF PER	SON'IN CHARGE OF	CREMATION
SCIENTIFIC	ISA. NAME AND A	DDRESS OF CALIFORNIA FAC	OLITY RECEIVING REMA	INS 138. DATE RECI	EIVED 13	C. SIGNATURE OF PER	RSON IN CHARGE C	F FACILITY
TRANSIT		DDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO		148. DATE SHIP	PED 141	OF PLACING WITH I		N IN CHARGE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		REST POINT ON SHORELINE, O ENTIFY FINAL PLACE AND CA (C. SIGNATURE OF PER CHARGE OF DISPOS	SITION OF	ENSE NUMBER CREMATED RE- NS DISPOSER APPLICABLE

	1A. NAME—FIR	and the latest terminal		USE BLACK INK OF	1B. MIDOLE	ABURES, WHITE	OUTS. OR OTHER	the same of the same of	T (PAMILY)	ISTRATI	ON DISTRIC	T AND CENTIF	ICATE NUM
	annual de	ATUL		1		INE		1	ADM	ANT			
THIS FETUS	2. SEX	3A. THI	a Ferus, Sings IN, ETC.	#. 38. IF MULTI 15T. 2N	PLE THIS PETUS	4A. DATE	OF EVENT-	MONTH, DAY		-		N CLOCK TIME	1
	F		ingle		-	-	12/1999				1814	1	.70
	SA. PLACE OF	EVENT-	NAME OF HOS	PITAL OR FACILITY	31	B. STREET AC	ORESS-SIN	ET, NUMBER	OR LOCATION				
OF	PLACE Pioneers Memorial Hospital			THE PERSON NAMED IN COLUMN	 Legion 	n Road					*		
DELIVERY	ISC. CITY				50	D. COUNTY			SE.	PLANN	ED PLAC	E OF DELIVE	HY
Brawley				Impe	torium .				ospita				
FATHER	Mohamma	HELICIES OF	RAT (GIVEN)	Igbal	60	LAST (FAMIL Adm	727 gar		1,00	Indi	of BIRTH		DAY, YEAR
	SA. NAME OF MO	-	RST (GIVEN)	9B. MIDDLE	90	C. LAST (MAID	EN)	T- U	10.	STATE	OF BIRT	H 11. DATE	OF BIRT
MOTHER	Khairur	nisa		Karen	1	Admi	ani	Pakista		tan		1959	
ERTIFICA-	I CENTRY THAT T	HIS PETU	S WAS BORN	12A. SIGNATURE OF	PHYBICIAN, CORO	NER, OR 12B	DEGREE OR	TITLE AND	TYPED NAME	12C.	DATE SIG	NED 12D. UC	KNISE MUN
TION	DEAD AT THE HO		Printed Contraction	Jan St. A	Stann		nton G.				/13/199		
FUNERAL	13A. DISPOSITI	ON(5)	138. PLACE	OF DISPOSITION	the same of the sa	- American Company of the Company of	13C. DATE MO, DAY, Y	14	A. SIGNATURE	OF EN	HEALMER	14B. UC	ENSE NUM
DIRECTOR	BU		Mt. H	ope Cemetery	- San Diec	jo, CA	02/16/19	000	Not Embalm	red		1	-
LOCAL	15A, NAME OF P	UNERAL D	ner the commence and a few sections	ERSON ACTING AS SU	The second secon		16. SIGNAT	URE OF LO	CAL REGISTRA	AR	17.	REGISTRATI	ON DAT
REGISTRAR	Frve C	anel	& Mort	narv	FD 5	12	>						
	18. FETAL DEA									19,		H REPORTED T	
	IMMEDIATE .	(A)	Tmmat	urity - 17	Weeks						YES	FERRAL NUMB	ER X
	ON GUL		Thunat	urrey - 11	HCCAB					204	. WAS A	JTOPSY PER	manufacture de
CAUSE	DUE TO	(12)	Incom	petent Cer	vix						YES		x
OF	1	-	2110011	podene e						SOE		USED IN DET	海州西州
DEATH	DUE TO	(C)									YES	OF DEATH?	
	The second section is a second		T CONDITION	S OF PETUS OR N	OTHER CONT	WISUTING TO P	ETAL DEATH BU	T HOT RELA	TED TO CAUSE O	SIVEN B	Hitter RED		
	None												
	22 RACE	2	S. HISPANIC	SPECIFY	24A USUA	L OCCUPATION	ON 24		KIND OF BUSI	NESS	24C. ED	UCATION-Y	RS. COMPL
FATHER	East Indi		YES	×,	No Pedia	diatrician Healthcare					21		
	25. RACE	100.00	6. HISPANIC	-	The second second second	L OCCUPATION		min harristan familia	KIND OF BUSIN	NESS	-	UCATION-Y	AS. COMPL
	East Indi	r	YES	x	No Offi	ce Mana		Healt!	STRY			14	1
MOTHER	28A. RESIDENC	E-STRE	ET, NUMBER, C	IR LOCATION	288, CITY		28	C. STATE	280. ZIP		28E. CO	UNTY	7
	439 Ju	lia D	rive		Bra	wley	1	CA	92227	1	Im	perial	
		NORMAL I				N 29C.	NUMBER OF PRE	NATAL VIBIT	5 31. PREGN	ANCY I			GR SECTIO
MEDICAL	29A. DATE LAST		98	(1st, 2ND,	BUE HUR		8		-	BIRTH	5	OTHER TERM	MINATION
MEDICAL DATA	MONTH		1 20	30. FETAL WEIG	HT	32A. METHO	OF DELIVER	ey.	NOW LIVING	INDW	DEAD D	EFORE 20	AFTER 20
DATA (Enter the	10 29D. PRINCIPAL	04		THE REAL PROPERTY.			03		A 3	DIUM!		KE (NUMBER)	F O
DATA (ENTER THE APPROPRIATE CODE(S) FOR	10 29D. PRINCIPAL FOR PRENA	04 SOURCE O			PRAME			The last two last and an inches to	125	1	-		
DATA (ENTER THE APPROPRIATE CODE(S) FOR ITEMS 29D AND 32A-35 FROM	20D. FRINCIPAL FOR PRENA CODE: (04 SOURCE C TAL CARE 06	PAL SOURCE	196	Committee of the Commit		ANCY AND CON	CURRENT	DATE OF LA			DATE OF LAST	
DATA (INTER THE APPROPRIATE CODE(S) FOR ITEMS 29D AND 12A-35 FROM THE VS 12A SUPPLE-	29D. FRINCIPAL FOR PRENA CODE: () 32B. EXPECTED OF PAYMI	04 SOURCE OF TAL GARD 06 PRINCI		196 33. COMPLICATION RLINESSES	M AND PROCEDU	RES OF PREGN		CURRENT	MONTH	DAY	YEAR	MONTH	YEAR
DATA (INTER THE APPROPRIATE CODE(S) FOR ITEMS 29D AND 32A-35 FROM THE VS 12A SUPPLEMENTAL	29D. FRINCIPAL FOR PRENA CODE:	04 SOURCE C TAL CARI 06 PRINCI ENT FOR 06	PAL SOURCE DELIVERY	196 33. COMPLICATION RLINESSES	27, 29,	09, 14,	24		c 09 2	5	89 F	0.5	96
DATA (CHIER THE APPROPRIATE CODE(S) TOR ITEMS 29D AND 32A-35 FROM THE VS 12A SUPPLE-	29D. FRINCIPAL FOR FRENA CODE: 32B. EXPECTER OF PAYMI CODE: 34. COMPLICATION	04 SOURCE OF TAL CARE)6 PRINCE ENT FOR 06	PAL BOURCE DELIVERY	196 33. COMPUCATION RINESSES COM(S):	27, 29,	09, 14,	24 BNORMAL CO		c 09 2	5	89 F	0.5	96
DATA (INTER THE APPROPRIATE CODE(S) FOR ITEMS 29D AND 32A-35 FROM THE YS 12A SUPPLEMENTAL	29D. FRINCIPAL FOR PRENA CODE:	04 SOURCE OF TAL CARE 06 PRINCI ENT FOR 06	PAL SOURCE DELIVERY	196 33. COMPUCATION RINESSES COM(S):	27, 29, ND DELIVERY	09, 14,	24		c 09 2	5	89 F	0.5	96

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2 - 16 - 99

	ZEICH	99 11:34
Type at Suital Convoluer	_ Funeral, date, time 18-	99 11:30
Church, Chapel Graveside	i Ande	
All Funeral cars must arrive before 3:30 p	m. of regular work day or an extra	charge of \$ \\ \50_0 0
will be applied and billed to undersigned.	× S.Z.V.	
7		7
Lot Grave _ Row _	Section 5 Div	Islon/Bleek
Grave space & Care Fund		1595.00
Additional spaces and care fund		
Opening/Closing & Setup	110	375.00
Burial Container FEB	1 6 1999	190.00
1	1.3.1933	145.00
	CEMETERY	
Tower vases - Marker setting weet SAN		45 00
Recording and filing fee		14 77
Sales taxes		11-13
	Total Due	3564.1
Pe	aid receipt number VISA	5791-13
Y	Balar	ice due
hereby certify I am the DALGH and this is your authority to make disposi that I have the right to make this authoriza any liability on account of said authorization	tion of remains as above indicated.	bove named decedent I certify and represent emetery harmless from
hereby authorize the interment in lot I hold under deed.	X Stello Z > Signature 886 HAC	· Varagic
Bignature of recorded holder of doed	Y City G19 - H69 - 1	1626 Zecode
	Invoice #	
	THE STATE OF THE S	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14-895

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

1/	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	IC. LAST (FAMILY)			ATE OF DEATH 4. SEX
	OLGA	ALCOHOLD TO THE REAL PROPERTY OF THE PARTY O	ZEICU		Manager House District Control of the Control of th	/12/1999 F
5/	CITY OF DEATH		5B. COUNTY OF DEA ENTER STATE	TH-OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING OF INFORMANT	ADDRESS AND ZIP CODE
	SAN DIEGO			AN DIEGO	STELLA VARAGIC - D	AUGHTER ,
74	TYPED NAME AND AL	DDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON A		LIF. LICENSE NUMBER	1985 HACIENDA DR	
	ERICKSON-	ANDERSON MORTUARY	1	III ALLEIGABLE	EL CAJON, CA 92020	
	8390 ALLI	SON AVE, LA MESA, CA 91941	The second secon	-296	BA. SIGNATURE OF APPLICANT—Ferson to	ling permit, 88. DATA SIGNED
	ACKNOWLEDGMENT OF A	Section 19376 of the Health and Safety Cook, and was authors	red pursuant to Section 7100 of	the Health and Safety Code.	> Parette vale ten	02/17/1999
	PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE	RA. AMOUNT OF FEE	PAID 98. DATE PERMIT	TISSUED SC. SIGNATURE OF LOCAL P	EGISTRAA ISSUING PERMIT
A	UTHORIZATION OF	AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	\$7.00	02/17/19	99 9902783	
	OCAL REGISTRAR	MOTE: THIS PERMIT GIVES NO ENGIFT OF DISPOSAL OUTSIDE OF CALIFORNIA.		P Valent		
	IY CHANGE IN DISPOSI	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH- IF DEATH OCCURRED IN CAUFORNIA			OF DISTRICT OF DISPOSITION—	
	FIGURES A NEW FIRMIT TO SHOW FINAL DISPOSITION.	VITAL RECORDSPO BOX 8522 SAN DIEGO, CA 92186-5222	22		-	
10	AUTHORIZED DISP	OSITION(S) CHECK APPLICABLE ITEMS		44100	FOR CORONE	R'S USE ONLY
1	A BURIAL (MCL)	DES ENTOMBMENT)	E. TEMPORARY ENV	AUCTMENT	I DISPOSITION PEND	ING-REMAINS LOCATED AT
2	B. CREMATION		F. DISINTERMENT		(Name and Address	
		OF CREMATED REMAINS OTHER	G. SHIP IN TO CALIF	ORNIA		
3	D. SCIENTIFIC U		H. TRANSIT TO OUT	SIDE OF CALIFORNIA		
G		11A NAME AND ADDRESS OF CALIFORNIA CEMETER	Y	118. DATE BURIE	ED THE SIGNATURE OF PERSON	N CHARGE OF BURIAL
	BURIAL	MT HOPE CEMETERY, 3751 MARI	KET ST.	1 00	· · · · · · ·	//
	NEW E	SAN DIEGO, CA 92102	THE SERVICE STREET	12-18-79	1 Mughil	du -
TEMB		12A. NAME AND ADDRESS OF CALIFORNIA CREMATO	RY	128. DATE CREMA	TED 12C. SIGNATURE OF PERSON IN	CHARGE OF CREMATION
#	CREMATION	The state of the s		1		
E.E.	O SEESTIVE ART			1		
5		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECE	IVED 13C. SIGNATURE OF PERSON I	N CHARGE OF FACILITY
APP	SCIENTIFIC			1		
=	USE			!		
4 =		14A, NAME AND ADDRESS IN RECEIVING STATE OR (COUNTRY WHERE	148 DATE SHIPP	ED 14C ADDRESS AND SIGNATURE	OF PERSON IN CHARGE
9	TRANSIT	REMAINS OR CREMATED REMAINS ARE TO BE S	SHIPPED		OF PLACING WITH THE CA	ARRIER
B				1		
Ö	SCATTERING AT SEA	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTH	ER DESCRIPTION SUF-	158. DATE OF	15C. SIGNATURE OF PERSON I	N 150. LICENSE NUMBER
	OR	FIGIENT TO IDENTIFY FINAL PLACE AND CA DISTRIC		DISPOSITION		OF CREMATED RE-
	DISPOSITION OTHER THAN IN A CEMETERY			1	1	-IF APPLICABLE
_						

ok per

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-99

in a	Funeral, date, time Thun 3-18 3	: 2
Type of Burial Container		
Church, Chapel, Graveside	Morting Morting	uary.
All Funeral cars must arrive before 3.5	p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned	ed	
Lot Grave Ro	w Section Division/Block	
Grave space & Care Fund		
Additional spaces and Care Man.	UNIS AREA	
PIET	EKAM	
Burial ContainerFEB7.2.	1922	-
Handling Fees	EMETERY 150.	0
Flower vases - Markey Total OPE D	ACROPAL DEL	VE.
Recording and filing TX of SA		
Sales taxes which	50.	00
or many own.	Total Due	nn
50.00	Paid receipt number N 50000	-
	Balance due	
hereby certify I am the	of the above named dece	
and this is your authority to make disp that I have the right to make this autho any liability on account of said authori	position of remains as above indicated. I certify and repre- trization and I agree to hold Mt. Hope Cemetery harmless zation and interment.	from
I hereby authorize the interment in lot hold under deed.	Signature	-
	Address	-
Signature of recorded holder of deed	City	p Code
	Telephone	
	Invoice #	
Work Order # E 14896	Acct. #	
The state of the s	COACA -	_

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-16-99

The state of the s	SMITH DE	_
TO DEL CRYPT	Funeral, date, time _Sd . 2 12100	
Church, Chapel Graveside		tuary
Il Funeral cars must arrive befo	ore 3:00 ore 3:00 p.m. of regular work day or an extra charge of \$	
vill be applied and billed to unde	ersigned.	
ot	Row Section Division/Block	2
Brave space & Care Fund	PRE-NEED C	0
Additional spaces and care fund	·	7
Opening/Closing & Setup	VILE-NESD O	
Burial Container	DBC CRYPT _'G	5
landling Fees		
	ee	_
	Aurden Sorvice	60
		_
Sales taxes	Marin Control of the	
	F- 9648 Total Due.	1
	E- 9648 Total Due	8
		000
8/16/91 #	Paid receipt number R - 50865 Balance due 609	1
F-TicKsT # 8/86/91 hereby certify I am the and this is your authority to make	Paid receipt number R - 50865 Balance due Of the above named det ke disposition of remains as above indicated. I certify and rep	eder
F-TicKsT # 8/86/91 hereby certify I am the and this is your authority to make	Paid receipt number R - 50865 Balance due of the abeve named det ke disposition of remains as above indicated. I certify and rep s authorization and I agree to hold Mt. Hope Cemetery harmles	eder
hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said a	Paid receipt number R - 50865 Balance due of the above named det ike disposition of remains as above indicated. I certify and rep is authorization and I agree to hold Mt. Hope Cemetery harmles authorization and interment.	eder
hereby certify I am the and this is your authority to make that I have the right to make this	Paid receipt number R - 50865 Balance due of the above named det ike disposition of remains as above indicated. I certify and rep is authorization and I agree to hold Mt. Hope Cemetery harmles authorization and interment.	eder
hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said a hereby authorize the interment hold under deed.	Paid receipt number R - 50865 Balance due 609 of the above named det set disposition of remains as above indicated. I certify and rep authorization and I agree to hold Mt. Hope Cemetery harmles authorization and intermed. I in lot I Sensitive Smith Address Address	ede
hereby certify I am the and this is your authority to make this any liability on account of said a hereby authorize the interment hold under deed.	Paid receipt number R - 50865 Balance due of the above named det ike disposition of remains as above indicated. I certify and rep is authorization and I agree to hold Mt. Hope Cemetery harmles authorization and interment.	eder
hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said a hereby authorize the interment hold under deed.	Paid receipt number R - 50865 Balance due 609 of the above named det set disposition of remains as above indicated. I certify and rep authorization and I agree to hold Mt. Hope Cemetery harmles authorization and intermed. I in lot I Sensitive Smith Address Address	eder
hereby certify I am the and this is your authority to make this any liability on account of said a hereby authorize the interment hold under deed.	Paid receipt number R - 50865 Balance due of the above named det is disposition of remains as above indicated. I certify and rep authorization and lagree to hold Mt. Hope Cemetery harmles authorization and interment. It in lot I Spontage Spontage Appless SAN Diegu, CA. 93 City 479-2548	eder

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E-14897

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

A. NAME OF DECEDE	NT-FIRST (GIVEN)	18. MIDDLE	IC. LAST (FAMILY)		2. DATE OF BIRTH MONTH, DAY, YEA	
Henry		Anderson	Smith		07/10/192	Contract to the second
A. CITY OF DEATH Sa	n Diego		San Dieg	Old Branch Branch	S NAME, RELATIONSHIP, FUL OF INFORMANT Sabrina Smith	. Daughter
A. TYPED NAME AND AD	DRESS OF CALIFORNIA BEST OF CALIFORNIA	FUNERAL DIRECTOR OR PERSON t.; 5050 Federal an Diego, CA 9210	Blvd.	ALIF LICENSE NUMBER	1435 Ava St. San Diego, CA	92114 T-firan taking pemili, 8B. DATE SIGNED
ACKNOWLEDGMENT OF AP	on make I hereby as	Recovering as applicant that the proposed disp 76 of the Health and Safety Gode, and was author	osition stated herein is one of t	the dispositions authorized by	Alle 11h	02/18/199
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	SIONS OF THE CALIFO AND IS THE AUTHORIT IN THIS PERMIT.	ED IN ACCORDANCE WITH PROVI- ORNIA HEALTH AND SAFETY CODE Y FOR THE DISPOSITION SPECIFIED MONT OF DISPOSIL OUTSIDE OF CALFORNA.	9A. AMOUNT OF FEE \$7.00		SSUED BC. SIGNATURE OF	LOCAL REGISTRAR ISSUING PERMIT 9902957
NY CHANGE IN DISPOSI-	9D. ADDRESS OF RE IF DEATH OCCURRED Vital Recor	GISTRAR OF DISTRICT OF DEATH	22		DE DISTRICT OF DISPOSITION R IN AMOTHER DISTRICT IN CAL	
O. AUTHORIZED DISPO			110 5 10 0 0 0 0 10 10 10 10 10 10 10 10 10 1	011	FOR C	ORONER'S USE ONLY
B. CREMATION C. DISPOSITION THAN IN A CE D. SCIENTIFIC US BURIAL	TIA. NAME AND AD	ORESS OF CALIFORNIA CEMETE CEMETERY; 3751 Max	RY rket St.	FORNIA TSIDE OF CALIFORNIA 118. DATE BURIED	11C. SIGNATURE OF P	PERSON BY CHARGE OF BURIAL
	12A. NAME AND AD	San Diego, DRESS OF CALIFORNIA CREMAT		128 DATE CREMATI	ED 12C. SIGNATURE OF P	ERSON IN CHARGE OF CREMATI
CREMATION	~					
CREMATION SCIENTIFIC USE	13A. NAME AND AD	DRESS OF CALIFORNIA FACILITY	RECEIVING REMAINS	138. DATE RECEIV	ED 13C SIGNATURE OF P	PERSON IN CHARGE OF FACILITY
	14A. NAME AND AD	DOCCO IN DECEMBED STATE OF	COUNTRY WHERE	14B. DATE SHIPPE	D 14C ADDRESS AND S	IGNATURE OF PERSON IN CHARGE
TRANSIT	REMAINS OR C	CREMATED REMAINS ARE TO BE			OF PLACING WITH	H THE CARRIER *

CABRINA 479-2548
HENRY -> lagsna Ca

E-14897

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ou are hereby authorized and instructed, subj	ect to your rules and neral, date, time Z		
thurch, Chapel, Graveside Chape! G	5. 2	SDA/E	Mortuary.
Il Funeral cars must arrive before 3:30 p.m. o	ALL CONTRACTOR		The state of the s
nd billed to undersigned. War time veteran	AND EXPERIENCE OF THE PROPERTY.	or an extra char	ge will be applied
ot 79 Grave 2 Row	Section	Division/I	Steek 12
rave space & Care Fund			5950
dortional spaces and care fund	علامت و النا	······	
pening/Closing & Setup Two 22.	(D) 350.		700
urial Container			3300
andling Fees		***********	32000
ower vases - Marker setting fee			
ecording and filling fee Them. (2).	@ 45°	- TE	400
ales taxes			3733
DA	Total	Dun	2062=
	ceipt number# 9	41148	10312
7 Pain rec		1 Suplance d	1031 00
11. 1. 1	7		DUE. Ø
hereby certify I am the TUSDAND		of the above	named decedent
nd this is your authority to make disposition of nat I have the right to make this authorization is	and lagree to hold !	At. Hope Cemete	try and represent try harmless from
ny liability on account of said authorization a	nd interment.	0	11 10
nereby authorize the interment in lot I	Nes	NYH	Smoth
old under deed.	143	saura	St
promote til teccetted holder of deeth	Sunt	Orieno C	a 92114
	State 479-	2548	Zip Code
	Telephone	- 8	
■ 9648	Invoice #		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

2-26-

	2 11	3:44
n a Type of Burial Containing (Funeral, date, time 2 - 18	05.00
Church, Chapel, Graveside 3:00	Humphres !	Mortuary
All Funeral cars must arrive before 3:00 p.m	of regular work day or an extra charg	e of \$
will be applied and billed to undersigned		
376 4		
Lot 276 Grave 4 Row	Section 2 Division/	Block 12
		131 40
Additional spaces and care fund		
Opening/Closing & Setup	۹۷, ۹۷,	165.00
Burial Container	3-11	50.00
Grave space & Care Fund	and vo	
Flower vases - Marker setting fee	***************************************	no
Recording and filing fee		
Sales taxes		
K. Hewory	Total Due	386.00
Y- T	d receipt number	
	Balance d	ue
I hereby certify I am the	1000000000	named deceden
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on of remains as above indicated. I cer on and I agree to hold Mt. Hope Cemet	tify and represent
hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
Signature of recorded holder of doest	City	Zip Code
	Telephone	
	Telephone	
Work Order # E 14898	Invoice # 312309	

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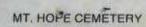
REA-104 (7-96)

E-14898 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A	NAME OF DECEDE	NT-FIRST (GIVEN) 18. MIDDLE	1C. LAST (FAMILY)				TE OF DEATH 4. SEX
	RUBY		ROB	INSON	1	the Physical Control of the Party of the Par	/11/1999 F
5A	CITY OF DEATH	San Diego	58 COUNTY OF DEATH ENTER STATE	n Diego	OF INFOR		
7A	TYPED NAME AND AD	ORESS OF CALIFORNIA-FUNERAL DIRECTOR OR PERSON	ACTING AS SUCH TH. CALL	F. LICENSE NUMBER	The state of the s	Marie Robinson	
	CONTROL OF THE PARTY OF THE PAR	Chula Vista Mortuary		APPLICABLE TO OKA	San Di	The second secon	3
_	AND DESCRIPTION OF THE PARTY OF	ray Chuls Vists CA 91911	number stated become in one of the	FD-964	on signatu	ne or arrower data an	SHIM OB. DATE STURED
	ACKNOWLEDGMENT OF AF	PSICANT Section 10376 of the Health and Salety Code, and man auth	onzed pursuant to Section 7100 of the	Health and Salety Code	10	ATTA TOKAN	02/17/1999
		THIS PERMIT IS ISSUED IN ADCORDANCE WITH PROVI- SIONS OF THE CALIFORNA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT SHEET NO RIGHT OF DEPOSAL OUTSIDE OF CALFORNAL MOTE. THE FEMILE SHEET NO RIGHT OF DEPOSAL OUTSIDE OF CALFORNAL		02/17/19	199 9	SIGNATURE OF LOCAL AB 1902754	GISTRAR ISSUING PERMIT
AN	A STATE OF THE PROPERTY OF THE PARTY OF THE	DD. ADDRESS OF REGISTRAR OF DISTRICT OF DEAT IF DEATH OCCURRED IN CAUPORNIA Vital Records P.O. Box 85	1 11 01	RESS OF REGISTRAR SPOSITION IS TO OCCU		OF DISPOSITION— IL DISTRICT IN CALIFORNIA	
10		San Diego CA 92186-5222 DISTION(S) CHECK APPLICABLE ITEMS	1		1	FOR CORONER	S LISE ONLY
	B. CREMATION		F. DISINTERMENT G. SHIP IN TO CALIFOR H. TRANSIT TO OUTSI	RNIA		I. DISPOSITION PENDIN (Name and Address)	G-REMAINS LOCATED AT
	BURIAL	Mt. Hope Cemetery - 3751) San Diego CA 92102	Service and the service and th	118. DATE BURIE	9 110 5	IGNATURE OF PERSON IN	CHARGE OF BURIAL
ABLE ITEMS	CREMATION	12A NAME AND ADDRESS OF CALIFORNIA CREMA N/A	TORY	128. DATE CREMA	ED 120. 6	HONATURE OF PERSON IN	CHARGE OF CREMA
LL APPLIC	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY	13B. DATE RECEI	VED 13C, 5	NGNATURE OF PERSON IN	CHARGE OF FACILITY	
OMPLETE /	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OF REMAINS OF CREMATED REMAINS ARE TO BE		14B. DATE SHIPP		ODRESS AND SIGNATURE OF PLACING WITH THE CAP	
0	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OF FICIENT TO IDENTIFY FINAL PLACE AND CA DISTI		15B. DATE OF DISPOSITION		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D, LICENSE PARIMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE





INTERMENT ORDER

City of San Diego

Date 2-17-99

Attack where an	Funeral, da	te, time	i 2-10	1 10:0
Church, Chapel, Graveside	Craveil	thest u	eringell	Mortuary.
All Funeral cars must arrive before 230		vork day or a	n extra charge	of \$
will be applied and billed to undersigned.		-		
Lot 71 Grave 8 Row	Se	ction 2	Division/B	toek 11
Grave space & Care Fund	he Nu		11559	-0
Additional spaces and care fund Opening/Closing & Setup		- 11	40	-6
Bunal Container		44	-11:	-9
Handling Fees				-0
Flower vases - Marker setting fee				
Recording and filling fee				
Sales taxes			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
enterfusa 9	aid receipt num		ue	
3-3%	ald receipt num	iber	Balance due	
I hereby certify I am the	Mouro		of the above r	named decedent
and this is your authority to make disposithat I have the right to make this authorizany liability on account of said authorization.	ation and I agre	e to hold Mt.	dicated. I certil Hope Cemeter	ly and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signat	luk	Moun	ne
now under deed.	Address	5525	Olvern	we
Signature of recorded holder of deed	× City	1019-	263.9	3193 Zip Code
	¥ Teleph	one Gra	ndauge	ter
F 4.000	Invo	ice #		
Work Order # E 14899	Acct			

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REA-104 (7-96)

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY-MAKE NO ERASURES. WHITEOUTS OR OTHER ALTERATIONS 3. DATE OF DEATH 1A. NAME OF DECEDENT-FIRST (GIVEN) 2. DATE OF BIRTH 4. SEX 18. MIDDLE IC. LAST (FAMILY) MONTH, DAY, YEAR MONTH, DAY, YEAR Renteria 10/07/1914 Guadalupe 02/16/199 SA. CITY OF DEATH 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE 58. COUNTY OF DEATH-CUTSIDE CALIF. OF INFORMANT San Diego Bertha Carrillo - Daughter in Law National City 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUICH 7R. CALIF LICENSE NUMBER 5525 Olvera Ave. -IF APPLICABLE Featheringill Mortuary San Diego, CA 92114 6322 El Cajon Blvd. San Diego, CA 92115 FD 1083 BA. SIGNATURE OF APPLICANT-Person taking primit, BB. DATE SIGNED I hereby acknowledge as applicant that the proposed dispussion stated terrain is one of the dispositions authorized by ACKNOWLEDGMENT OF APPLICANT 02/18/1999 Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE

9A. AMOUNT OF FEE PAID 9B. DATE PERMIT ISSUED 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE PERMIT 9902891 AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED AUTHORIZATION OF IN THIS PERMIT. 7.00 C. Lathrem MOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. LOCAL REGISTRAR 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-9E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-ANY CHANGE IN DISPOSE BOX 85222 Satt Diego, CA IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA TION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 92186-5222 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY A BURIAL (INCLUDES ENTOMBMENT) TEMPORARY ENVAULTMENT I. DISPOSITION PENDING-REMAINS LOCATED AT (Name and Address) B. CREMATION F. DISINTERMENT C. DISPOSITION OF CREMATED REMAINS OTHER G. SHIP IN TO CALIFORNIA THAN IN A CEMETERY D. SCIENTIFIC USE H. TRANSIT TO OUTSIDE OF CALIFORNIA 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL LIB. DATE BURNED Mt. Hope Cem. 3751 Market St. BURIAL San Diego, Ca.92102 TEMS 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 128. DATE CREMATED 12C. SIGNATURE OF PERSON IN CHARGE OF CRE CREMATION APPLICABLE

13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 138. DATE RECEIVED 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY SCIENTIFIC USE 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE 14B. DATE SHIPPED 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED OF PLACING WITH THE CARRIER TRANSIT 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF-15B DATE OF 16C. SIGNATURE OF PERSON IN 15D. UCENSE NUMBER SCATTERING AT SEA. OF CHEMATED RE FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION DISPOSITION CHARGE OF DISPOSITION OR MAINS DISPOSER DISPOSITION OTHER H APPLICABLE THAN IN A CEMETERY

COPY 4 IS TO BE RETAINED BY THE REGISTRAR ISSUING THE PERMIT, THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

ALL

COMPLETE