

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-9-98

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

of James E. Taylor

in a double death Funeral, date, time Fri 11-13 1:00

Church, Chapel, Graveside Church/Ground: Daysdale 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. X Hattie M. Taylor.

✓ Lot 86 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 29.45

Total Due ..... 1944.45

Paid receipt number R-50549 972.00

Balance due 972.45

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Hattie M. Taylor.  
Signature  
X 244 N. 26th St.  
Address  
X S.D. CA 92102  
City Zip Code  
X \_\_\_\_\_  
Telephone

Work Order # E 14700

Invoice # 307121  
Acct. # 097042

11-20-98

MT. HOPE CEMETERY

W.O. # E-14700

# NOTE

\$ 972.45 San Diego, California November 9 1998

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 Hundred Seventy Two & 45/100 DOLLARS with interest from December 14, 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 authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X HATTIE M. TAYLOR SIGNATURE X Hattie M. Taylor  
ADDRESS X 244 N. 26<sup>th</sup> St. S.D. CA. 92102  
CALIFORNIA DRIVER LICENSE NUMBER X E0050615 SSN # X 569-64-9208



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-14700  
78

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>James</b>	1B. MIDDLE <b>Edward</b>	1C. LAST (FAMILY) <b>Taylor</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/22/1919</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/08/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Hattie M. Taylor, Wife 244 N. 26th St. San Diego, CA 92102</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED <b>11/10/1998</b>	

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/13/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9816497</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>11-13-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

50982

## OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

## MOUNT HOPE CEMETERY

527-3400

From: Anderson Paychale Address: 5050 Federal Blvd San Diego 92102 Date: 3-31, 19 99

One Hundred Twenty Five Dollars (\$ 125.00)

In full Payment of burial & handling fee James & Hattie Taylor

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14700BALANCE DUE 1 - 0Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check 

AC-212 (Rev. 5-94)

3637

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.ISSUED BY J. Shultz

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	125 00
Pre-Need Trust	63033	
Sales Tax	60101	
TOTAL PAID	78390	125 00



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-9-98

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

of Jeri Page Edwards  
 in a lined Funeral, date, time MON. NOV 16 11:00

Church Chapel, Graveside Chapel + Inside Page date SKUPPER Mortuary 150.00

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 144 Grave 12 Row \_\_\_\_\_ Section 1 Division/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

Paid receipt number R-50564 782.00

Balance due 782.73

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

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

Signature of recorded holder of deed \_\_\_\_\_

Edward Kennedy  
 Signature 2350 Park Pl. #58  
 Address Terry Towal LA 70056  
 City 504-433-5961 Zip Code  
 Telephone

Work Order # E 14701

Invoice # 307108  
 Acct. # 097035

11-20-98

*Done  
 582-2151  
 30-day  
 note*

MT. HOPE CEMETERY

W.O. # E-14701

# NOTE

\$ 782.73 San Diego, California November 13 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Eighty two <sup>73</sup>/<sub>100</sub> 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 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 Edward Kennedy SIGNATURE Edward Kennedy  
ADDRESS X 2350 Park Pl. #58 Terrytown CA. 70056  
CALIFORNIA DRIVER LICENSE NUMBER X 004136074 CA. SSN # X 438-70-5423



E-14701

53

# 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) <b>Geraldine</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Edwards</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/12/1945</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/09/1998</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>New Orleans</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Louisiana</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Edward Kennedy, Jr., Friend, 2350 Park Place Apt. 58 Terrytown, LA 70056</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED <b>11/13/1998</b>

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/13/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	<b>9816548</b>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>-</b>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>11-16-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-9-98

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

of Cecil Williams

in a liner Funeral, date, time FRI 11-13 12:00

Church, Chapel, Graveside CHapel / Graveside Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Teresa

will be applied and billed to undersigned.

Lot 100 Grave 11 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund pre need E14102

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup pre need E14102

Burial Container pre need E14102

Handling Fees pre need E14102

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee pre need E14102

Sales taxes pre need E14102

Total Due

*interment transfer 11-30-98*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Paul Williams  
 Signature

1444 Friar Rd.  
 Address

Chula Vista, CA 91911  
 City Zip Code

425-5834  
 Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14702**



E-14702

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

78

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>CECIL</b>	1B. MIDDLE <b>HOWARD</b>	1C. LAST (FAMILY) <b>WILLIAMS</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/18/1920</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/09/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Pearl D. Williams - Wife 1444 Friar Place Chula Vista CA 91911</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>11/12/1998</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/12/1998</b> <i>J.E. King</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9816438</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>11-13-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51114



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

MOUNT HOPE CEMETERY

527-3400

From Pearl Williams Address: 1444 Finar Pl. Chula Vista 91911 Date: 5-6 1999  
one hundred twenty five Dollars (\$ 125.00)  
 In full Payment of marker setting fee for Pearl Williams (DA)  
 Lot 100 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E14702  
 BALANCE DUE X

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

Cathina Avallone  
 ISSUED BY \_\_\_\_\_

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	
Opening/ Closing	100	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	<u>125 00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

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

3027



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11-9-98

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

of Theodore Barnett Jr.

in a liner Funeral, date, time Fri. NOV. 13 1:00

Church, Chapel, Graveside Chapel + graveside SD Memorial Mortuary, MARK

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. X

Lot 137 Grave 7 Row - Section 1 Division 12

Grave space & Care Fund 795.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.73

Recording and filing fee 514.73

Sales taxes 1364.73

Total Due 1364.73

Paid receipt number R-50566

Balance due 0

*mortuary to bring  
check for full  
amount X*

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

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

Signature of recorded holder of deed \_\_\_\_\_

X 229015  
Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

Work Order # **E 14703**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

MT. HOPE CEMETERY

W.O. # E 14703

**NOTE**

\$ 1504.73 San Diego, California November 9 1998

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 one thousand five hundred sixty four DOLLARS with interest from December 14, 1998 on the unpaid principal 731/100 at the rate of 12 percent per annum, payable on demand.

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

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X





THE CITY OF SAN DIEGO



E-14703

FAX TRANSMISSION

Date 11-9-98

To MARK

Telephone \_\_\_\_\_

Fax 692-0894

Subject E14703

From Catina

Telephone \_\_\_\_\_

Fax 527-3403

Pages: including this cover sheet 2

COMMENTS please sign all of the "x's"  
and fax back.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



DIVERSITY



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-9-98

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

of Theodore Barnett Jr.

In a liner Funeral, date, time ERI. NOV. 13 1:00

Church, Chapel, Graveside Chapel + graveside SP Memorial

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. X

Lot 137 Grave 7 Row - Section 1 Division Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees -

Flower vases - Marker selling fee 45.00

Recording and filing fee 4.73

Sales taxes 504.73

**MORTUARY TO bring** Total Due 1504.73

**check for full amount** 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 1 hold under deed.

Signature of record holder of deed \_\_\_\_\_

Signature  
 Address  
 City  
 Telephone  
Zip Code \_\_\_\_\_

Work Order # E 14703 Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

NEA-104 (7-98)

This information is available in alternative formats upon request. Printed on recycled paper

W.O. # E 14703

NOTE

MT. HOPE CEMETERY

\$ 1504.73 San Diego, California November 9 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand five hundred sixty four DOLLARS with interest from December 14, 1998 on the unpaid principal 131.00 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.

PRINT NAME X SIGNATURE X  
ADDRESS X  
CALIFORNIA DRIVER LICENSE NUMBER X SSN # X



E-14703

42

# 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) <b>Theodore</b>		1B. MIDDLE <b>Wellington</b>	1C. LAST (FAMILY) <b>Barnett Jr/</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/03/1956</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/09/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Chula Vista</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rachel Henry - Sister 2564 35th St. #2 San Diego, CA. 92103</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>11/10/1998</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/12/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>M. Legaspi</b>	9816461
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; PO Box 85222 San Diego, CA. 92104</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery; 3351 Market St. San Diego, CA. 92102</b>	11B. DATE BURIED <b>11-13-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-9-98

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

of Joseph Thomas  
 in a liner Type of Burial Container Funeral, date, time Tuesi 11-17 11:00  
 Church, Chapel, Graveside delivery ; Ragsdale 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. \_\_\_\_\_

J	Lot <u>22</u>	Grave <u>3</u>	Row _____	Section <u>1</u>	Division/Block <u>12</u>	
	Grave space & Care Fund .....					<u>995.00</u>
	Additional spaces and care fund .....					
	Opening/Closing & Setup .....					<u>375.00</u>
	Burial Container .....					<u>90.00</u>
	Handling Fees .....					<u>45.00</u>
	Flower vases - Marker setting fee .....					<u>45.00</u>
	Recording and filing fee .....					<u>14.73</u>
	Sales taxes .....					<u>1704.73</u>
	Total Due .....					<u>1704.73</u>

*creditors claim  
 Kim White  
 12-2-98*

Paid receipt number \_\_\_\_\_ Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 14704

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



E-14704

NAME: DEBBIE  
MORT/CHRT: ANDERSON-RAGSDALE  
FAX #: 213 1507

INFORMATION SHEET

DECEDENT'S NAME: Joseph Thomas D.O.B. 11/5/98  
ADDRESS: CARE PLUS B&G 5088 PLUMAS ST, SD CA 92139  
SOC SEC#: 092 14 5037 D.O.B. 11-2-1913 PLACE OF BIRTH: BEAUMONT, TX  
SEX: M RACE/ETHNICITY: BLACK CURRENT OCCUPATION: MACHINE SUPPLIER

PLACE OF DEATH: Sharp Chula Vista  
BODY LOCATION: 751 Medical Center Ct, Chula Vista 91911 (482-5800)  
DISPOSITION: CREMATION OR BURIAL AT: Mt Hope = \$ 1765<sup>00</sup>  
PAYMENT: COUNTY DISPO-PA# \_\_\_\_\_ OR CREDITOR CLAIM FOR \$ 1790<sup>00</sup>

DEATH CERTIFICATES 2 (PRICE INCLUDED IN CLAIM)

MARITAL STATUS: SINGLE TIME IN SAN DIEGO COUNTY \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION \_\_\_\_\_

VETERAN YES  NO  CLAIMS \_\_\_\_\_ SERIALS: \_\_\_\_\_

PROPERTY: Kimberly White \_\_\_\_\_ 694 2326

ADDITIONAL INFORMATION:

ART LEATH (CONSERVATOR OF PERSON) STATES MR THOMAS WANTS TO BE CREMATED BUT THE PUBLIC GUARD WILL NOT SIGN CREMATION AUTH

- Professional service = \$ 595
- Casket (metal) = \$ 800
- Transportation = \$ 100
- removal = \$ 120
- Misc expenses = \$ 175
- \$ 1790

← DIRECT QUOTE

More INFO ADVISE

E-14704

85

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Joseph</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Thomas</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/02/1913</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/05/1998</b>	<b>M</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kimberly White, Public Guardian 5201-A Ruffin Rd. San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>11/17/1998</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/17/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	<b>9816632</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 5050 Federal Blvd. San Diego, CA 92102</b>	11B. DATE BURIED <b>11-17-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-10-98

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

in a LINER Funeral, date, time MON 11-16 11:00  
Type of Burial Container  
 Church, Chapel, Graveside CHURCH GRAVESIDE CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 273 Grave 11 Row \_\_\_\_\_ Section 2 Division/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
Paid receipt number <u>R-50569</u> .....	782.00
Balance due .....	782.73

*Full Paid in  
1-23-99  
Per Treasurer's Office*

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

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

Signature of recorded holder of deed \_\_\_\_\_

X See attached  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 14705

Invoice # 307109  
 Acct. # 097036

11-20-98

MT. HOPE CEMETERY

W.O. # E-14705

# NOTE

\$ 782.73 San Diego, California November 10 1991

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Eighty Two <sup>73</sup>/<sub>100</sub> DOLLARS with interest from December 17, 1990 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X



E-14705

MT HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Nov 11-10-98

You are hereby notified that interment, subject to your review and regulations, to inter  remains  
of KENNETH WOODS  
in LINER funeral service MON 11-16 11:00  
Crematory, 6773 SAVACH GRAVES CABRIAL MONTARY  
All funerals must be held before 3:00 p.m. of regular work day or an earlier date at \$150.00  
with the sponsor and subject to all regulations.

Lot	373	Block	N	Row	3	Interment	12
Excise taxes & City Fund							795.00
Additional fee on interment							-
Administrative fee							375.00
Base of interment							140.00
Interment fee							145.00
Other items - different cemetery							-
Preceding and funeral							45.00
Taxes on lot							14.73
							1564.73
							782.00
							782.73

of the above (total amount)  
of the above (total amount)  
of the above (total amount)  
of the above (total amount)  
of the above (total amount)

of the above (total amount)  
of the above (total amount)  
of the above (total amount)  
of the above (total amount)

Printed Name: Kenneth Woods  
Address: 6773 Savach Graves Cabrial Montary  
City: San Diego Ca  
State: 92114  
Phone: 619-203-6200

Order # E 14705

NO E-14705

NOTE

MT HOPE CEMETERY

\$ 782.73

November 10 1998

San Diego, California  
Three days after date for same remains are underground and underground...  
057 Market Street, San Diego, CA 92101, Tel: (619) 594-7300  
with identification) December 17, 1998  
at the rate of 12 percent per annum, payable on demand  
on the unpaid principal

Part II Chapter 1, Article 2, Paragraph 1523 of the State of California Health and Safety Code  
requires the removal of any remaining torso for which the funeral director has provided and burial  
of the deceased. Kenneth Woods  
PRINT NAME: Kenneth Woods  
ADDRESS: 6773 Savach Graves Cabrial Montary  
CITY: San Diego Ca  
STATE: 92114  
PHONE: 619-203-6200

E-14705

45

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) KENNETH	1B. MIDDLE E.	1C. LAST (FAMILY) WOODS, SR.	2. DATE OF BIRTH MONTH, DAY, YEAR 05/07/1953	3. DATE OF DEATH MONTH, DAY, YEAR 11/09/1998	4. SEX M
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KATHY L. WOODS—WIFE 1037 57TH STREET SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Mitchell</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code				8B. DATE SIGNED 11/13/1998	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/13/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11-16-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-12-98

1st Burial  
Aaron Dews

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

in a Double Depth Funeral, date, time Wed. 11-18 1:00

Church, Chapel, Graveside Church/Graveside: Ragsdale Mortuary, \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 36 Grave 6 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund Pre-Paid E-515

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Cristine Peters  
Signature  
5174 Cervantes St.  
Address  
SAN DIEGO CA 92114  
City Zip Code  
264-9991  
Telephone

Work Order # **E 14706**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14706

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

109

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Eleanor</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Dews</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/13/1889</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/09/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ernestine Peters, Daughter 5174 Cervantes Ave. San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 2106 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person using permit <i>[Signature]</i>		
			8B. DATE SIGNED <b>11/17/1998</b>		

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/17/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>11-18-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



remove marker on previous grave

MT. HOPE CEMETERY

to new grave

INTERMENT ORDER

City of San Diego

Disinterment / Reinterment

Date 11-12-98

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

of Vernon Edward Lantz

in a Double Depth

Funeral, date, time TUES NOV. 24 AYD

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.

FROM 97 TO 37

Lot 37 Grave 98 Row Section 2100F Division/Block 43/11

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 1,000.00

Recording and filing fee 45.00

Sales taxes 29.45

call w/date

Total Due 2944.45

Paid receipt number R-50559 2944 45

Balance due

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

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

Signature of recorded holder of deed

Signature Charline E. Lantz (widow)
Address 3450 Lowell Way
City San Diego, CA 92106
Telephone (619) 222-2615

Work Order # E 14707

Invoice #

Acct. #

E-14707



THE CITY OF  
**SAN DIEGO**

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

**AUTHORITY TO DISINTER, REMOVE OR REINTER**

06-19-98  
MONTH YEAR

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 to and reinter said remains  
in Lot      Grave      Section      Row      Block       
Division      Cemetery Mt.Hope Cemetery - Veterans Section

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

<u>Charlene E Lontz</u>	<u>widow</u>	<u>3450 Lowell Way</u>
<u>    </u>	<u>    </u>	<u>San Diego, CA 92106</u>
<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u>	<u>    </u>	<u>    </u>
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

Charlene E. Lontz 11/12/98  
(Lot owner must sign if not legal custodian) Date

Subscribed and sworn to before me  
this 12 day of November 1998

Teresa Hartman

EACH FAMILY MEMBER MUST SIGN AND NOTORIZED WITH A SEAL.

OFFICIAL SEAL  
TERESA HARTMAN  
NOTARY PUBLIC-CALIFORNIA  
COMM. NO. 1086334  
SAN DIEGO COUNTY  
MY COMM. EXP. FEB. 4, 2000

**DIVERSITY**  
BRINGS US ALL TOGETHER





THE CITY OF  
**SAN DIEGO**

E-14707

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

**AUTHORITY TO DISINTER, REMOVE OR REINTER**

06-19-98

MONTH YEAR

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 100F Row      Block     

Division 43 and to remove the same to and reinter said remains

in Lot      Grave      Section      Row      Block     

Division      Cemetery      Mt. Hope Cemetery - Veterans Section

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

\_\_\_\_\_  
\_\_\_\_\_

*Elizabeth Linda Lomas* *Daughter* *2860 Buzsener Blvd.*  
Signature Relation to deceased San Diego CA 92110  
Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian)

11/12/98  
Date

Subscribed and sworn to before me  
this 12 day of November 1998

EACH FAMILY MEMBER MUST SIGN AND  
NOTORIZED WITH A SEAL.

*Teresa Hartman*



OFFICIAL SEAL  
TERESA HARTMAN  
NOTARY PUBLIC-CALIFORNIA  
COMM. NO. 1086334  
SAN DIEGO COUNTY  
MY COMM. EXP. FEB. 2005



DIVERSITY  
US ALL TOGETHER

E-14707

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.



E-14707

July 9, 1999

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 economic 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.

16. 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.

20. The Agent is authorized to undertake all acts 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:

1. To use the Principal's assets for the Agent's own legal obligations, including, but not limited to, support of the Agent's dependents;

2. 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 this Durable Power of Attorney on the date set forth opposite my signature.

Signature: Charline E. Lontz Date: July 9, 1999  
CHARLINE E. LONTZ



E-14707

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of CALIFORNIA  
County of SAN DIEGO

On 1-9-99 before me, GINGER R. SPANN, NOTARY  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, 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 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 the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal  
Ginger R. Spann  
SIGNATURE OF NOTARY

**OPTIONAL SECTION**

**CAPACITY CLAIMED BY SIGNER**

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)
- TITLE(S)
- PARTNER(S)  LIMITED  GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

**SIGNER IS REPRESENTING:**

NAME OF PERSON(S) OR ENTITY(IES)  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL SECTION**

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT DURABLE POWER OF ATTORNEY

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

NUMBER OF PAGES 11 DATE OF DOCUMENT \_\_\_\_\_

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

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.

1. I reviewed the above Durable Power of Attorney with the Principal before the Principal signed it.
2. The Principal communicated to me that the Principal wanted to give the uncanceled powers to the Attorney in Fact.
3. 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 Ramona, California on July 9, 1999.

Signature of Lawyer:

Lewis Cole

Address of Lawyer:

604 "D" Street  
P.O. Box 1214  
Ramona, California 92065



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-12-98

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

In a Green Type of Burial Container Funeral, date, time Wed. 11-18 11:00

Church, Chapel, Graveside Graveside ; S. D. Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ mark will be applied and billed to undersigned.

✓ Lot 257 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 13

Grave space & Care Fund ..... Re-Used E-12519 0

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 0

Burial Container ..... 0

Handling Fees ..... 0

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 0

Sales taxes ..... 0

Total Due .....

Paid receipt number .....

Balance due .....

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

\_\_\_\_\_  
Signature of recorded holder of deed

Work Order # **E 14708**

*interment transfer 12-2-98*

E-14708  
86

## 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) <b>Connie</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Taylor</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/26/1912</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/12/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Sharon Williams-Niece 7077 La Sena Ave. San Diego, CA. 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD-1575</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>11/13/1998</b>		

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/17/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>M. Legaspi</b> ▶ <b>9816662</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; PO Box 85222 San Diego, CA. 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3351 Market St. San Diego, CA. 92102</b>	11B. DATE BURIED <b>11-18-98</b> ▶	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego.

Date 11-13-98

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

of RUSSELL SCALES

in a LINER Funeral, date, time MON 11-16 1:00

Church, Chapel, Graveside CHURCH/GRAVESIDE RAGSDALE 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. X

Lot 123 Grave 12 Row \_\_\_\_\_ Section 3 Division/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

*MORTUARY to bring  
check for full  
amount.*

Paid receipt number 50573 1564.73

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

*has attached*

Work Order # E 14709

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





E-14709

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

491

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Russell</b>		1B. MIDDLE -	1C. LAST (FAMILY) <b>Scales</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/12/1949</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/09/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Roosevelt J. Scales, Brother, 9010 Akard St. Spring Valley, CA 91977</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> <b>11/16/1998</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 27100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/16/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9816567</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN-TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>11-16-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11-13-98

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

of DUANE KOENIG

in a T.S. VAULT Type of Burial Container Funeral, date, time WED 11-18 2:00

Church, Chapel, Graveside GRAVESIDE : FOREST LAWN 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. X

✓ Lot 1315 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund Pre-Paid c-7733 ~~8~~

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Containers 250.00

Handling Fees 185.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number R-50577 874.38

Balance due 0

**PAID**  
NOV 18 1998  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

RON DENSON  
800-204-3131  
ext 4667

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

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

\_\_\_\_\_  
Signature of record holder of deed

X Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

Work Order # E 14710

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



818 957 5098

E-14710

INTERMENT ORDER

11-12-78

DUANE KOENIG

T.S. VAULT

WED 11-18

2.00

GRAVEYARD

FOREST LAWN

150.00

1315

8

2.00 7733

8

375.00

250.00

185.00

45.00

11.38

874.38

*Handwritten signature*

3111 Glenview St.  
Glendale, Ca 91208  
(818) 957-0932

E 14710



# CERTIFICATE OF DEATH

E-14710

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/97)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>DUANE</b>			2. MIDDLE <b>PAUL</b>			3. LAST (FAMILY) <b>KOENIG</b>							
	4. DATE OF BIRTH M M / D D / C C Y Y <b>05/27/1935</b>		5. AGE YRS. <b>63</b>		IF UNDER 1 YEAR MONTHS    DAYS		IF UNDER 24 HOURS HOURS    MINUTES		6. SEX <b>M</b>		7. DATE OF DEATH M M / D D / C C Y Y <b>11/13/1998</b>		8. HOUR <b>0200</b>	
	9. STATE OF BIRTH <b>NY</b>		10. SOCIAL SECURITY NO. <b>564-44-4422</b>			11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>15</b>			
	14. RACE <b>WHITE</b>			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>SELF EMPLOYED</b>							
17. OCCUPATION <b>ELECTRICAL ENGINEER</b>				18. KIND OF BUSINESS <b>BUSINESS CONSULTING</b>				19. YEARS IN OCCUPATION <b>10</b>						
<b>USUAL RESIDENCE</b>	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>3111 GLENCREST DRIVE</b>													
	21. CITY <b>GLENDALE</b>			22. COUNTY <b>LOS ANGELES</b>			23. ZIP CODE <b>91208</b>		24. YRS IN COUNTY <b>25</b>		25. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>			
<b>INFORMANT</b>	26. NAME, RELATIONSHIP <b>STEPHANIE E. KOENIG - WIFE</b>						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>3111 GLENCREST DR., GLENDALE, CA 91208</b>							
	28. NAME OF SURVIVING SPOUSE—FIRST <b>STEPHANIE</b>			29. MIDDLE <b>EVE</b>			30. LAST (MAIDEN NAME) <b>GILLMAN</b>							
<b>SPOUSE AND PARENT INFORMATION</b>	31. NAME OF FATHER—FIRST <b>ARTHUR</b>			32. MIDDLE <b>WILLIAM</b>			33. LAST <b>KOENIG</b>			34. BIRTH STATE <b>NY</b>				
	35. NAME OF MOTHER—FIRST <b>JEANNETTE</b>			36. MIDDLE <b>-</b>			37. LAST (MAIDEN) <b>REISS</b>			38. BIRTH STATE <b>NY</b>				
	39. DATE M M / D D / C C Y Y <b>11/18/1998</b>		40. PLACE OF FINAL DISPOSITION <b>MT. HOPE 3751 MARKET ST., SAN DIEGO, CA 92102</b>											
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	41. TYPE OF DISPOSITION(S) <b>BURIAL</b>				42. SIGNATURE OF EMBALMER <i>Scott Low</i>				43. LICENSE NO. <b>8257</b>					
	44. NAME OF FUNERAL DIRECTOR <b>FOREST LAWN MTY., GLENDALE</b>				45. LICENSE NO. <b>FD 656</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶</b>		47. DATE M M / D D / C C Y Y					
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>HUNTINGTON MEMORIAL HOSP.</b>			102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER			104. COUNTY <b>LOS ANGELES</b>				
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>100 W. CALIFORNIA BLVD</b>								106. CITY <b>PASADENA</b>					
<b>CAUSE OF DEATH</b>	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER					
	IMMEDIATE CAUSE (A) <b>CEREBROVASCULAR ACCIDENT</b>						DAYS		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER <b>98-57812</b>					
	DUE TO (B) <b>SEIZURE DISORDER</b>						YEARS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (C) <b>HYPERTENSION</b>						YEARS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (D)								111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>NONE</b>														
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>														
<b>PHYSICIAN'S CERTIFICATION</b>	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 M M / D D / C C Y Y <b>04/27/1995</b>				115. SIGNATURE AND TITLE OF CERTIFIER <i>Michael E. Klein MD</i>				116. LICENSE NO. <b>A40483</b>		117. DATE M M / D D / C C Y Y <b>11/17/1998</b>			
	DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y <b>09/01/1998</b>				118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>MICHAEL E KLEIN, MD, 1818 VERDUGO BLVD GLENDALE CA 91208</b>									
<b>CORONER'S USE ONLY</b>	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M M / D D / C C Y Y		122. HOUR		123. PLACE OF INJURY			
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)									
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)													
126. SIGNATURE OF CORONER OR DEPUTY CORONER <b>▶</b>				127. DATE M M / D D / C C Y Y				128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER						
<b>STATE REGISTRAR</b>	A    B    C    D    E    F    G    H    FAX AUTH. #    CENSUS TRAC													



E-14710

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## 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) DUANE	1B. MIDDLE PAUL	1C. LAST (FAMILY) KOENIG	2. DATE OF BIRTH MONTH, DAY, YEAR 05/27/1935	3. DATE OF DEATH MONTH, DAY, YEAR 11/13/1998	4. SEX M
5A. CITY OF DEATH PASADENA	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT STEPHANIE E. KOENIG - WIFE 3111 GLENCREST DRIVE GLENDALE, CA 91208		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FOREST LAWN MEM'L PARK 1712 S. GLENDALE AVE., GLENDALE, CA 91205		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 656	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Lisette Sozano</i> 11/17/1998		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 11/17/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Mark [unclear]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PASADENA CITY HEALTH DEPT. 1845 N. FAIR OAKS AVE., PASADENA, CA 91103	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO HEALTH DEPT. P.O. BOX 85222 SAN DIEGO, CA 92186		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-18-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-13-98

*Pre-need Trust*

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

In a liner Funeral, date, time \_\_\_\_\_  
Type of Burial Container

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.

Lot 1545 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-need E-13989 ~~0~~

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 375.00

Burial Container **NOV 13 1998** 190.00

Handling Fees **MT. HOPE CEMETERY** 145.00  
**CITY OF SAN DIEGO, CALIF**

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_ 14.73

Sales taxes \_\_\_\_\_ 769.73

Total Due 769.73

Paid receipt number R-50563 769.73

Balance due ~~0~~

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

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

Martha V. Johnson  
 Signature of recorded holder of deed

X Y. W. Johnson  
 Signature  
749 Cleveland Terrace  
 Address  
San Diego 92113  
 City Zip Code  
264 4516  
 Telephone

Work Order # **E 14711**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-16-90

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

In a Home Funeral, date, 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.

Lot 271 Grave 5 Row \_\_\_\_\_ Section 2 Division/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

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14712**

VOID  
 REC # 147116

30-day  
 note



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 of MARY LOCK PA # 1999 J250 <sup>THUR 11-19</sup>

in a liner Funeral, date, time Wed 11-18 1:00

Church, Chapel, Graveside Witness : 800 Memorial Mortuary Mark

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 12 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund	795.00	126.00
Additional spaces and care fund		
Opening/Closing & Setup	375.00	165.00
Burial Container	190.00	50.00
Handling Fees	145.00	
Flower vases - Marker setting fee		
Recording and filing fee		45.00
Sales taxes	14.73	
<b>Total Due</b>		<b>386.00</b>

*K. Howard  
P.A.  
creditors  
claim  
12-16-98*

Paid receipt number \_\_\_\_\_ Balance due 1564.73

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 14713**

Invoice # 307112

Acct. # 000952

Use in alternative formats upon request.

11-20-98

*PA. E-14713  
 NAME: LOCK  
 MARY  
 LINER  
 WED 1pm  
 WITNESS  
 S.D. MEMORIAL  
 MARK*

E-14713

88

# 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) <b>Mary</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Locke</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/11/1909</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/04/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Catharine Howard—Public Guardian Office of the Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave. San Diego, Ca. 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>11/18/1998</b>
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 110726 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code				

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/19/1998</b> <b>M. Legaspi</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9816829</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital records; PO Box 85222 San Diego, CA. 92108-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3351 Market St. San Diego, CA. 92102</b>	11B. DATE BURIED <b>11-19-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11-16-98

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

of Cathron Christiansen  
in a liner Funeral, date, time Wed. 11-18 11:00

Church, Chapel, Graveside Graveside Featheringill 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 608 Grave 13 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund PAID D-9360 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup NOV 16 1998 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees MT. HOPE CEMETERY 145.00  
CITY OF SAN DIEGO, CALIF

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-50570 769.73

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Nadine L Mc Mullen  
Signature

X 4729 Baylen Dr  
Address

X San Diego 92115  
City Zip Code

582-7192 (619)  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14714**

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14714  
92

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Cathron</b>	1B. MIDDLE <b>Belle</b>	1C. LAST (FAMILY) <b>Christiansen</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/29/1906</b>	3. DATE OF DEATH MONTH DAY YEAR <b>11/13/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Nadine McMullen - Daughter 5367 Trojan Ave. San Diego, CA 92115</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheffngill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD 1083</b>		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Cathron Christiansen</i>			8B. DATE SIGNED <b>11/17/1998</b>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>11/17/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>C. Lathrem</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN-TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem. 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>11-18-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11/10/98

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

of Isaias Rivas

in a double depth crypt Funeral, date, time \_\_\_\_\_  
Type of Burial Container

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. \_\_\_\_\_

Lot 271 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number .....

Balance due .....

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14715**

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

of Isaiap Rivap 9:00

in a double depth crypt funeral, date, time Thur. Nov. 19

Church, Chapel, Graveside church graveside Guadalupe 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. X

Lot 240 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... AD IN FULL

Opening/Closing & Setup ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 29.45

Sales taxes ..... 2044.45

30 day note

Total Due 2044.45

Paid receipt number 50572 1022.22

Balance due 1022.23

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Ce a  
 Signature  
X 6442 Mallard St.  
 Address  
X SAN DIEGO, CA 92114  
 City Zip Code  
X 265-1374  
 Telephone

Work Order # E 14716

Invoice # 307111  
 Acct. # 097037

11-20-98



MT. HOPE CEMETERY

W.O. # E 14714

**NOTE**

\$ 1,022.23 San Diego, California November 14 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand twenty two & 23/100 DOLLARS with interest from December 19, 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 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X ANNIE RIVER SIGNATURE X [Signature]

ADDRESS X 6942 MALLARD STREET

CALIFORNIA DRIVER LICENSE NUMBER X C1934653 SSN # X 571-13-2655

E-14716

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

33

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ISAIAS</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>RIVAS-ARCE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/19/1965</b>	3. DATE OF DEATH MONTH DAY YEAR <b>11/14/1998</b>	4. SEX <b>M.</b>
5A. CITY OF DEATH <b>TLJUANA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>BAJA CALIFORNIA</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ANNIE RIVAS-SISTER 6442 MALLANO ST. SAN DIEGO, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA MEM. CHAPEL &amp; MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>11/18/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>11/18/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy Lopez</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>11-19-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-13-98

*Revised  
 Pre-need lot  
 & Trust*

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

of Frankie Gillens - Green

In a Double Depth Funeral, date, 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. \_\_\_\_\_

Lot 127 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 17

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup..... 375 x 2 750.00

Burial Container..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee .....

Recording and filing fee..... 45 x 2 90.00

Sales taxes..... 29.45

**PAID**

Total Due..... 2464.45

**JUL 03 2001** Paid receipt number R-50290 1590.00

R-53868 Balance due 874.45

-874.45

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

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

Signature of recorded holder of deed \_\_\_\_\_

Francene Gillens - Green  
Francene V. Gillens - Green

Signature \_\_\_\_\_

Address 4620 Nogal St, # G

S. W., CA - 92102

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (619) 264-3675 or 619-7669

Work Order # **E 14717**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-14717

0113 8057 780 6  
FRANCENE GILLINS-GREEN

CDL / N2316886  
AXP CASH MANAGEMENT FUND

exp / 3-19-03 Date 7/2/01

1042  
75-46/919

Pay to the order of MT. Hope Cemetery \$ 874.45  
Eight-Hundred + Seventy Four Dollars <sup>45</sup>/<sub>100</sub> cts

American Express Financial Advisors  
1-800-437-3133  
Draft Payable Through:  
Norwest Bank Red Wing, N.A.  
Not for ACH/EFT use

For Frankie V. Gillins Green

Not Valid for Under \$100.00

⑆091900465⑆ 9080881913⑆ 1042 0⑆

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY  
(619) 527-3400

53868

Date: July 3rd, 20 01  
From: Francene Gillins-Green Address: 4620 Nogal St. # G, S.D., CA 92102  
Eight-Hundred Seventy-Four and <sup>45</sup>/<sub>100</sub> Dollars (\$ 874.45)  
In -Full Payment of Pre-Need Lot & Trust (Balance Paid-in-Full).

Lot 127 Grave 3 Row - Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-14717

BALANCE DUE 8  
Personal Check # 1042  
Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

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

**PAID**

JUL 03 2001

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>874.45</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>874.45</u>



E-14717



THE CITY OF SAN DIEGO

SUE SHACKELTON

Clerical Assistant II • Mt. 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.

Sue



E-14717

REVISED

CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

12346



**D H C A**

**OWNERSHIP AND INTERMENT PRIVILEGES**

TO FRANKIE GILLINS - GREEN for the sum of \$ 895.00 (DOLLARS)

LEGAL DESCRIPTION Lot 127, Grave 3, Section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-14717

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

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

*Gillian Waiter*  
Cemetery Manager

*J. T. [Signature]*  
Real Estate Assets Director



Revised  
Pre-need lot  
& Trust

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-13-98

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

of Frankie Gillins - Green

In a Double Depth Funeral, date, time \_\_\_\_\_  
Type of Burial Container

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. \_\_\_\_\_

Lot 127 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 13

Grave space & Care Fund .....	895.00
Additional spaces and care fund .....	—
Opening/Closing & Setup <u>375 x 2</u> .....	750.00
Burial Container .....	380.00
Handling Fees .....	320.00
Flower vases - Marker setting fee .....	—
Recording and filing fee <u>45 x 2</u> .....	90.00
Sales taxes .....	29.45

Total Due ..... 2464.45

Paid receipt number R-30290 1590.00

Balance due 874.45

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 14717

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper.

E-14717

Pre-need  
Lot

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-12-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frankie Gillen - Green

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 <u>114</u>	Grave <u>9 x 10</u>	Row _____	Section <u>3</u>	Division/Block <u>12</u>
Grave space & Care Fund .....				<u>795.00 each</u>
Additional spaces and care fund .....				<u>1590.00</u>
Opening/Closing & Setup .....				_____
Burial Container .....				_____
Handling Fees .....				_____
Flower vases - Marker setting fee .....				_____
Recording and filing fee .....				_____
Sales taxes .....				_____

Total Due .....	<u>1590.00</u>
Paid receipt number <u>R-50290</u>	<u>1590.00</u>
Balance due .....	<u>0</u>

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

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

Signature of recorded holder of deed \_\_\_\_\_

Frankie Gillen - Green  
 Signature  
 4557 Kegan Lane #10  
 Address  
 San Diego CA 92111  
 City  
 619-274-3671 619-315-2119  
 Telephone  
 at 411-273-4500

Work Order # E 14529

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11/17/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of La Donna McCray (X)

In a \_\_\_\_\_ Funeral, date, time Tue. Nov. 19 11:00  
Type of Burial Container  
~~Church, Chapel, Graveside~~ Graveside : Ragsdale 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 200 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division/~~Block~~ 8

Grave space & Care Fund .....	<u>300.00</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>105.00</u>
Burial Container .....	<u>—</u>
Handling Fees .....	<u>—</u>
Flower vases — Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	
<b>Total Due</b> .....	<u>450.00</u>
<b>Paid receipt number</b> <u>50579</u>	<u>450.00</u>
<b>Balance due</b> .....	<u>0</u>

mortuary to bring check for full amount. X

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

I hereby authorize the interment in lot I hold under deed.  
  
\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Zip Code

Work Order # **E 14718**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14718

INTERMENT ORDER

11/17/98

The undersigned hereby orders the interment of the remains of the deceased  
La Donna MacKay (X)  
 deceased on Nov 19 11 00  
 at Graveside Parkside  
 with the following services:

<u>200</u>	<u>4</u>	<u>8</u>
Basic Urn & Casket		<u>300.00</u>
Additional urn or casket		
Opening, closing & setup		<u>105.00</u>
Burial Container		<u>—</u>
Handling Fees		<u>—</u>
Flower cases - Maxter setting fee		<u>—</u>
Repeating and filing fee		<u>45.00</u>
Gravestone		<u>450.00</u>

mortuary holding  
 check for full  
 amount

Financial Bond  
 ...  
 ...  
 ...  
 ...

E 14718



E-14718  
48

## 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) <b>LaDonna</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>McCray</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/06/1950</b>	3. DATE OF DEATH MONTH DAY YEAR <b>11/14/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Angela Gray, Daughter P.O. Box 969 Blackshear, GA 31516</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED <b>11/17/1998</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/18/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9816753</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92186-</b>	11B. DATE BURIED <b>11-19-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium; 571 J Crane St. Lake Elsinore, CA 92530</b>	12B. DATE CREMATED <b>11-18-98</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>DS</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-23-98

*Osaka & Lillian  
 Horita in grave  
 Osaka ashes  
 are left center*

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

of ROY T. HORITA

in a ash vault Funeral, date, time Tues. Dec. 1 10:00

Church, Chapel, Graveside LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ Max  
 will be applied and billed to undersigned.

Lot \_\_\_\_\_ Grave 29 Row 5 Section 3 Division/Bless. 2

Grave space & Care Fund Re-New C-6114

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 4.26

Sales taxes 4.26

**PAID**  
 NOV 23 1998  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO CALIF

Total Due 269.26

Paid receipt number MC 269-26

Balance due 0

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

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

X [Signature]  
 Signature  
 X 871-3 W. SAN YSIDRO BLVD  
 Address  
 X SAN YSIDRO, CA 92173  
 City Zip Code  
 X 619 690 2617  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14719**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14719

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

78

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ROY</b>	1B. MIDDLE <b>TANEKAZU</b>	1C. LAST (FAMILY) <b>HORITA</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/27/1920</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/21/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>CHULA VISTA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ALAN HORITA - SON 871-3 W SAN YSIDRO BLVD SAN YSIDRO, CA 92173</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH HORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <b>[Signature]</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>11/29/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/30/1998</b> <b>P. Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817161</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>11/12CR MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-1-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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 11-23-98

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

of Nicholas Bobrick

in a T.S. vault Funeral, date, time Fri. NOV. 27 1:00

Church, Chapel, Graveside witness : J. T. Oswald 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 3081 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund C-7501 X

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 1983 E-4101 X

Burial Container E-4101 X

Handling Fees E-4101 X

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee E-4101 X

Sales taxes E-4101 X

818-301-6283

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14720**

Acct. # \_\_\_\_\_



E-14720

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

93

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Nicholas</b>	1B. MIDDLE <b>B.</b>	1C. LAST (FAMILY) <b>Bobrick</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/22/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/22/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Fernando</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Los Angeles</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jody Helligan - Niece</b> <b>15717 Gledhill Street</b> <b>North Hollywood, CA</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>J. T. Oswald Mortuary</b> <b>San Fernando, CA 91340</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD889</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>11/23/1998</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>11/25/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>313 N. Figueroa Street</b> <b>Los Angeles, CA 90012</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P. O. Box 85222</b> <b>San Diego, CA 92186-5222</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>11-27-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT 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 —IF APPLICABLE

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-23-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOUISE E. CHRISTENSEN

In a T.S. VAULT Type of Burial Container Funeral, date, time MON. NOV. 30 11:00  
 Church, Chapel, Graveside delivery : Featheringill Mortuary.  
Jerry

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 4230 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund preneed G0179 Q

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 19.38

**PAID**  
 NOV 24 1998  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due 874.38

Paid receipt number R-50589 874.38

Balance due 0

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

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

Richard W. Wender  
 Signature  
3929 W 5TH ST. SR 21  
 Address  
SANTANA 92703  
 City  
714-265-1867 Zip Code  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14721**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



E-14721

86

# 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) <b>Louise</b>		1B. MIDDLE <b>E.</b>	1C. LAST (FAMILY) <b>Christensen</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/01/1912</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/22/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Richard B. Wallander - Son 3929 West 5th St. Sp. #21 Santa Ana, CA 92703</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <b>Richard B. Wallander</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10126 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code				8B. DATE SIGNED <b>11/24/1998</b>		

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 RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>11/24/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9816996 C. Lathrem</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, CA 92186- 5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem. 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>11-30-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-24-98

*5 Mrs. gestation*  
 22 " L  
 12 " W  
 8 " H

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

In a \_\_\_\_\_ Funeral, date, time 11-25 Wed 1:30  
 Church, Chapel, Graveside: CABUNA 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 982 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 25.00

Burial Container ..... —

Handling Fees ..... —

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 270.00

Paid receipt number 50592 270.00

Balance due X

*mortuary check to bring*

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Norma Salgado  
 Signature  
205. Willie James Jones  
 Address  
San Diego CA 92102  
 City Zip Code  
264 24 91  
 Telephone

Work Order # **E 14722**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



E-14722

1 DAY

# 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) ANABEL	1B. MIDDLE -	1C. LAST (FAMILY) GOMEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 11/19/1998	3. DATE OF DEATH MONTH, DAY, YEAR 11/19/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTR STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANABEL GOMEZ—MOTHER 205 WILLIE JAMES JONES AVE #22 SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Leberer</i>		8B. DATE SIGNED 11/25/1998
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <i>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</i>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/25/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9817125	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-25-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

3:04

Date 11-24-98

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

of Verlee Shaw  
in a Double Depth Crypt Funeral, date, time Fri. Nov. 27 1:00

Church, Chapel, Graveside church + inside CA Burial 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. ~~XXXX~~

Lot <u>140</u> Grave <u>10</u> Row _____ Section <u>3</u> Division/BLOCK <u>12</u>	
Grave space & Care Fund	795.00
Additional spaces and care fund	-
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases - Marker setting fee	150.00
Recording and filing fee	45.00
Sales taxes	29.45
<b>Total Due</b>	<b>1944.45</b>

PAID IN FULL  
1-5-99

30 day note

Paid receipt number R50590 Total Due 1000.00  
 \$ 150.00 + Balance due 944.45  
 balance 1094.45

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

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

Ronza D. Hilliard  
 Signature  
918 San Diego Ave #4  
 Address  
San Diego CA 92110  
619-595-1910 Zip Code

Signature of recorded holder of deed

Work Order # **E 14723**

Invoice # 301771  
Acct. # 097202

12-7-98



11/27/98

3:05 pm

service arrived after  
3:00 pm, therefore \$150.00  
additional to bill for.

Catrina Avallone

MT. HOPE CEMETERY

W.O. # E14723

\$ 1094.45  
944.45

**NOTE**

November 24 1998

\$ \_\_\_\_\_ San Diego, California \_\_\_\_\_

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of nine hundred forty four & 45/100 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 authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X LORENZA D. HILLIARD SIGNATURE X Lorenza Hilliard

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

CALIFORNIA DRIVER LICENSE NUMBER X N7971952 SSN # X 570-31-2392



E-14723

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) VERLEE	1B. MIDDLE -	1C. LAST (FAMILY) SHAW	2. DATE OF BIRTH MONTH, DAY, YEAR 07/30/1925	3. DATE OF DEATH MONTH, DAY, YEAR 11/22/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LORENZA HILLIARD-DAUGHTER 1912 SAN DIEGO AVENUE #4 SAN DIEGO, CA 92110		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Jim Walker</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 11/25/1998	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 11/25/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 11-27-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-25-98

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

of Clyde Brown

In a T. S. Vault Funeral, date, time MON 11-30 10:00

Church, Chapel, Graveside GRAVESIDE; LEWIS COLONIAL 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 12 Grave 2 Row \_\_\_\_\_ Section 17 Division/Block 7

Grave space & Care Fund ..... PRE-NEED D-7476 ⊕

Additional spaces and care fund .....

Opening/Closing & Setup ..... PRE-NEED E-12238 ⊕

Burial Container ..... Per rule exempt from trust " " ⊕

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

*See attached*

Work Order # E 14724

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



Mt Hope, Fayette - 527-3403

E-14724

MEMORANDUM  
INTERMENT ORDER

City of New York

Date 11-25-98

Name of Deceased Clyde / Simon  
Age T. S. Youth Sex M Race W Date of Birth 11-30 1910  
Place of Birth BRAYSIDE LEWIS COLONIA  
Address of Deceased 2  
Address of Next of Kin 2

Interment	12	17	7
Pre-need	PRE-NEED	D-7476	0
Gravestone	PRE-NEED	E-12238	0
Other	"	"	0
Gravestone	"	"	0
Gravestone	"	"	0
Gravestone	"	"	0

Signature of Deceased [Signature]  
 Signature of Next of Kin [Signature]  
 Name of Next of Kin [Name]  
 Address of Next of Kin [Address]  
 City [City] State [State] Zip [Zip]

E 14724

E-14724

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# 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) <b>CLYDE</b>		1B. MIDDLE <b>N.</b>	1C. LAST (FAMILY) <b>BROWN</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/22/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/24/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>HAROLD BROWN - SON 1555 RIDGEVIEW DR., #110 RENO, NV 89509</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>		8A. SIGNATURE OF APPLICANT—Person taking permit

11/25/1998

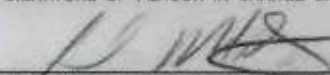
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/25/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>P Valentine</b>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>11 30 98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 11-25-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norris Greenwood Sr.

in a liner Type of Burial Container Funeral, date, time Fri 12-4 1:00

Church, Chapel, Graveside CHapel / Graveside Ragsdale Mortuary, Mr. Ragsdale

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 17 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund D-9667 preneed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup E-2061 preneed

Burial Container E-2061 preneed

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_ 190.00

Sales taxes \_\_\_\_\_ 190.00

**MORTUARY TO BRING CHECK**

Total Due \_\_\_\_\_ 190.00  
 Paid receipt number 50011 190.00

Balance due

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature  
 Address  
 City  
 Telephone  
See attached  
 Zip Code \_\_\_\_\_

Work Order # E 14725

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

E-14725

INTERMENT ORDER

NOV 25 1998

NUMA GREENWOLD Sr  
line 1  
DATE: FR, 10-4 1:00  
GRANDFATHER  
150.00

17	2	12
Dialy 2	Dieneed	10
E-2001	Dieneed	10
E-2001	Dieneed	10
		145.00
		45.00
		190.00

MORTUARY TO  
BRING CHECK

I hereby certify that the above named person is deceased and that the above named person is the legal owner of the above named property and that the above named person is the legal owner of the above named property and that the above named person is the legal owner of the above named property.

I hereby certify that the above named person is deceased and that the above named person is the legal owner of the above named property and that the above named person is the legal owner of the above named property.

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I hereby certify that the above named person is deceased and that the above named person is the legal owner of the above named property and that the above named person is the legal owner of the above named property.

App No. E 14725



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) <b>Norris</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Greenwood, Sr.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/21/1919</b>	3. DATE OF DEATH MONTH DAY YEAR <b>11/25/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Ft. Worth</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Texas</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Gloria J. Kimble, Daughter 2324 Green River Dr. Chula Vista, CA 91915</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED <b>12/01/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/02/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9817411
	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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12/4/98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51116

Date: 5-7 19 99

From: Anderson-Regsdale Mortuary Address: 5050 Federal Blvd SD 92102

One Hundred Twenty Five and 00/100 Dollars (\$ 125.00 )

In Full Payment of marker setting fee for Norris Greenwood

Lot 17 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14725

BALANCE DUE 0

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

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77184	
Recording & Misc. Fees	100	<u>125 00</u>
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

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

AC-212 (Rev. 5-94)

4698

ISSUED BY Lynda



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-27-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of De Leon Clayton

in a link Funeral, date, time wed 12/2 @ 11:00

Church, Chapel <sup>Type of Burial Container</sup> Graveside Chapel/Graveside ; Luis Colonial 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 29 Grave 12 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund Pie-ned D-9433 D

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Pie-ned D-9433 D

Burial Container 1978 Pie-ned D-9433 D

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14726**

E-14726

89

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

**FOUND**

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DE LEON</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>CLAYTON</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/20/1908</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/25/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>THORA B. CLAYTON - WIFE 5916 CUMBERLAND ST. SAN DIEGO, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>11/29/1998</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/30/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>P. Valentine</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-2-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-27-98

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

of Johnny McGee

in a liner Funeral, date, time TUES. DEC. 11:00

Church, Chapel, Graveside, Church + graveside Merkley Mitchell 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 X B.C.N.

✓ Lot 1100 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

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 1664.73

Paid receipt number A-50595 600.00

Balance due 1064.73

30-day note

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

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

Bessie Newton

X B.C.N.

Signature of recorded holder of deed

2651, Russ Blvd.

San Diego Ca. 92102

X 235-4629

Invoice # 307863

Acct. # 097213

Work Order # E 14727

12-8-98

MT. HOPE CEMETERY

W.O. # E 14727

**NOTE**

\$ 1064.73 San Diego, California November 30 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand sixty four and 73/100 DOLLARS with interest from January 1, 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 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Bessie M. Newton SIGNATURE X Bessie Newton

ADDRESS X 2651 Ross Blvd

CALIFORNIA DRIVER LICENSE NUMBER X 0051725-42 SSN # X 440-36-9510



E-14727

# 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) <b>JOHNNY</b>	1B. MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>McGEE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/22/1951</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/26/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BESSIE NEWTON - MOTHER 2651 RUSS BLVD. SAN DIEGO, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MERKLEY-HITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-119</b>	6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		6B. DATE SIGNED <b>11/27/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID <b>7.00</b>	8B. DATE PERMIT ISSUED <b>11/30/1998</b> <b>T.C. MITCHELL</b>	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817225</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-1-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-30-98

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

of YU S. ZHANG  
in a LINER Type of Burial Container Funeral, date, time THUR 12-3 10:00

Church, Chapel, Graveside GRAVESIDE ; EL CAJON 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 \_\_\_\_\_ Grave 12 Row 4 Section \_\_\_\_\_ Division/Block CHINESE

Grave space & Care Fund ..... Pre-Need E-4023

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup 1470 ..... Pre-Need E-8651

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 14728

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14728

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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1A. NAME OF DECEDENT—FIRST (GIVEN) <b>YU</b>	1B. MIDDLE <b>SHAO</b>	1C. LAST (FAMILY) <b>ZHANG</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/10/1919</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/27/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SAMUEL LEE - SON 918 SOUTH SANTA FE AVE VISTA, CA 92084</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1022</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Brenda Bell</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7309 of the Health and Safety Code.			
		8B. DATE SIGNED <b>11/27/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>67.00</b>	9B. DATE PERMIT ISSUED <b>12/02/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817445</b> <i>Brenda Bell</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P O BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92101</b>	11B. DATE BURIED <b>12-3-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tommy</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-30-98

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

of Shila Haynes

In a urn Type of Burial Container Funeral, date, time Wed. 12-2 1:00

Church, Chapel, Graveside Chapel (Graveside); 20 Memorial 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 G. H

Lot 1383 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 995.00

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 ..... 1764.73

Paid receipt number 50601 1504.73

Balance due 200.00

50605 200.00

*mark to bring check  
for 1564.73  
30-DAY NOTE*

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Shila Haynes  
Signature 4364 Delta St # 308  
Address SAN DIEGO 92113  
City (619) 263-1944 Zip Code  
Telephone

Invoice # \_\_\_\_\_

Work Order # **E 14729**

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY

W.O. # E-14729

# NOTE

\$ 200.00 San Diego, California November 30 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Two Hundred DOLLARS with interest from January 3, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X Gerald Haynes SIGNATURE X Gerald Haynes

ADDRESS X 4364 Delta St #308 S. D. Ca 92113

CALIFORNIA DRIVER LICENSE NUMBER X A9675784 SSN # X 553-15-4784

E-14729

38

# 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) <b>Sheila</b>	1B. MIDDLE <b>Rene</b>	1C. LAST (FAMILY) <b>Haynes</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/15/1960</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/25/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Theresa Williams—Sister 7002 Appain Dr. San Diego, CA 92139</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave., San Diego CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>11/30/1998</b>
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10336 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/30/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>M. Legaspi</b>	9D. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817236</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: PO Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt Hope Cemetery 3351 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>11-2-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-30-98

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

of Earle Ludders TR 12-4

in a vaults Type of Burial Container Funeral, date, time 12/2/98 11:00

Church, ~~Chapel~~, Graveside Graveside: Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Jim  
will be applied and billed to undersigned.

Lot 4235 Grave - Row - Section - Division/Block 10

Grave space & Care Fund D-788 Donat

Additional spaces and care fund

Opening/Closing & Setup 1999 E-9895

Burial Container E-9895

Handling Fees E-9895

Flower vases - Marker setting fee

Recording and filing fee E-9895

Sales taxes E-9895

Total Due

Paid receipt number

Balance due 0

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

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

Signature

Address

Signature of recorded holder of deed

City Zip Code

Telephone

Invoice #

Work Order # E 14730

Acct. #

E-14730

84

# 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) <b>Earle</b>		1B. MIDDLE <b>James</b>		1C. LAST (FAMILY) <b>Ludders</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/04/1914</b>		3. DATE OF DEATH MONTH, DAY, YEAR <b>11/26/1998</b>		4. SEX <b>M</b>			
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Edward Bontty-Nephew 414 S. 59th St., San Diego, CA 92114</b>							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary, 2859 Adams Ave., San Diego, CA</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		8A. SIGNATURE OF APPLICANT— <i>James Hale</i>				8B. DATE SIGNED <b>12/02/1998</b>	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b>		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>12/02/1998</b> <i>James Hale</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817408</b>	
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego, P.O. Box 85222, San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b>	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
		I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>12-4-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>John [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-30-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Blackman JR.

in a liner Funeral, date, time Fri 12-4 1:00

Church, Chapel, Graveside Church/Graveside; SD Memorial 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. [Signature]

Lot 58 Grave 4 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 60 995.00

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 ..... 1664.73

Paid receipt number 50598 835.00

Balance due 829.73

30 day note

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Paul Brooks  
 Signature \_\_\_\_\_  
X 10211 Sample St  
 Address \_\_\_\_\_  
X SAN DIEGO CA 92124  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X (619) 5309-4157  
 Telephone \_\_\_\_\_

Work Order # E 14731

Invoice # 308005

Acct. # 097221

12-10-98

MT. HOPE CEMETERY

W.O. # E14731

**NOTE**

\$ 829.73 San Diego, California November 30 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Eight hundred twenty nine & 73/100 DOLLARS with interest from January 4, 1998 CA 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X APRIL B HICKS SIGNATURE X April B Hicks  
ADDRESS X 10211 Sample St. San Diego CA 92124  
CALIFORNIA DRIVER LICENSE NUMBER X C6- SSN # X 5204-11-5990



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14731

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

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1A. NAME OF DECEDENT—FIRST (GIVEN) <b>John</b>	1B. MIDDLE <b>Brown</b>	1C. LAST (FAMILY) <b>Blackman Jr.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/18/1944</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/27/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>April Hicks-Daughter 10211 Sample St San Diego, CA. 92124</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave, San Diego, CA. 92104bv</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit. <i>[Signature]</i>		8B. DATE SIGNED <b>12/01/1998</b>	

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.000</b>	9B. DATE PERMIT ISSUED <b>12/03/1998</b> <b>M. Legaspi</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817505</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; PO Box 85222 San Diego, CA. 92186-5222 v</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**  
 I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3351 Market St. San Diego, CA. 92102</b>	11B. DATE BURIED <b>12-4-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12-1-98

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

of Charles Brettell

In a T.5 Vault Funeral, date, time Wed 12-2 1:00

Church, Chapel, Graveside Chapel / Graveside: Halberingell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X L M

Lot 148 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1769.38

Paid receipt number MC 1769.38

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X L M  
Signature  
X PO BOX 1433  
Address  
X SV CA 91979  
City  
X 619 470 2780 Zip Code  
Telephone

Invoice # \_\_\_\_\_

Work Order # **E 14732**

Acct. # \_\_\_\_\_



E-14732

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# 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) <b>Charles</b>	1B. MIDDLE <b>Clarenville</b>	1C. LAST (FAMILY) <b>Brettell</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/20/1927</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/28/1998</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>La Mesa</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>L.H. MacLean - Sister PO BOX 1433 Spring Valley, CA 91979</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Charles Brettell</i>			8B. DATE SIGNED <b>12/01/1998</b>

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>12/02/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817378</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, CA 92186-5222</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem. 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-2-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51592



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

MOUNT HOPE CEMETERY  
527-3400

Date: 10-6, 1999

From: Leathergill Mortuary Address: 6327 El Cajon Blvd San Diego 92115

One Hundred Twenty Five Dollars (\$ 125.00 )

In full Payment of marker setting fee for Charles C. Brettell

Lot 148 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11732  
BALANCE DUE 0

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

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	<u>125 00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

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

4406

ISSUED BY J. Sheldon



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-1-98

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

of MINNIE BOLTON Wed 12-9

In a LINER Type of Burial Container Funeral, date, time MON. 12-7 1:00

Church, Chapel, Graveside CHURCH / GRAVESIDE RAGSDALE for double 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. X

✓ Lot 43 Grave 1 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....	<u>895.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>375.00</u>
Burial Container .....	<u>190.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	<u>14.73</u>

**MORTUARY TO  
BRING CHECK**

Total Due .....

Paid receipt number 50036 1664.73

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address See attached  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

Work Order # E 14733

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

12-7-98

per Debbie burial cancelled  
to 12-9-98.



E-14733

MEMORANDUM  
INTERMENT ORDER

Order No. 12-1-98

DATE: 12-1-98

DECEASED: MINNIE BOLTON

LINE: LINER

DATE OF SERVICE: MON: 12-7 1:00

CHURCH: CHURCH OF CHRIST

AMOUNT: 150.00

BY: K. K. Williams

Funeral Home Fee	125.00
Casket	295.00
Assurance Fund and 20% fee	
Closing Order & Fund	375.00
Burial Container	190.00
Transportation	145.00
Power vessel - Minister riding fee	
Recording and filing fee	45.00
Services	14.73
<b>Total Due</b>	<b>1664.73</b>

MONUMENTARY TO  
BRING CHECK

- I have read and understand the terms and conditions of this order.
- I have read and understand the terms and conditions of this order.
- I have read and understand the terms and conditions of this order.
- I have read and understand the terms and conditions of this order.

E 14733

E-14733  
74

# 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) <b>Minnie</b>	1B. MIDDLE <b>Ola</b>	1C. LAST (FAMILY) <b>Bolton</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/01/1924</b>	3. DATE OF DEATH MONTH DAY YEAR <b>11/30/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rickie L. Bolton, Son 454 S. 65th St. San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8B. DATE SIGNED <b>12/02/1998</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7150 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/08/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817737</b> <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-9-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



Disinterment & reinterment of Martha Coville

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-2-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Goldia Josephine Klein Tues. 12-8 2:00

in a double casket Funeral, date, time THUR 12-3  
Type of Burial Container

Church, Chapel, Graveside Louis Colonial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ MAX will be applied and billed to undersigned.

Lot 412 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee Disinterment Fee \_\_\_\_\_ 1,000.00

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 29.45

Total Due \_\_\_\_\_ 2149.45

Paid receipt number 50600 2149.45

Balance due 0

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

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

David Klein  
Signature  
4142 Maryland St.  
Address  
San Diego CA 92103  
City Zip Code  
619-688-1759  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14734

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



THE CITY OF SAN DIEGO E-14734

**AUTHORITY TO DISINTER, REMOVE OR REINTER**

DISINTERMENT & REINTERMENT

December 1, 1998  
MONTH YEAR

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

MARTHA J. COVILLE

from Lot 412 Grave \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_

Division 10 And to remove the same to and reinter said remains in Lot 412

Grave \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_ Division 10

Cemetery MT. HOPE CEMETERY

**The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.**

<u>David &amp; Helen</u>	<u>son</u>	<u>4142 Maryland St S.D.</u>
<u>Maryland</u>	<u>son</u>	<u>4142 Maryland St S.D. CA.</u>
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

\_\_\_\_\_  
(Lot owner must sign if not legal custodian)

\_\_\_\_\_  
Date

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



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

12-3-98 E 14734  
Told me had to  
postpone to next  
week.  
Left message on  
machine for



E-14734  
65

# 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) <b>GOLDIA</b>	1B. MIDDLE <b>JOSEPHINE</b>	1C. LAST (FAMILY) <b>KLEIN</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/11/1933</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/24/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DAVID KLEIN - SON 4142 MARYLAND ST SAN DIEGO, CA 92103</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10316 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED <b>11/29/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/01/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817328</b> <i>P. Valentine</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA. <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA. <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-8-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tom W</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

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

In a liner Funeral, date, time FRI 12-4 10:00

Church, Chapel, Graveside GRAVESIDE : FATHERINGILL 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 85 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED E-6423

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

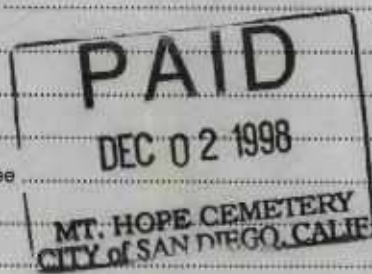
Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes \_\_\_\_\_



Total Due 769.73

Paid receipt number VISA 769.73

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Crystal L. Jaylor  
Signature

1338 Keeler Ave  
Address

San Diego Ca 92113  
City

263-4966  
Telephone

Zip Code

Work Order # E 14735

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14735

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

81

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Marjorie</b>	1B. MIDDLE <b>L.</b>	1C. LAST (FAMILY) <b>Amansek</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/21/1917</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/29/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Crystal Taylor, daughter</b> <b>4338 Keeler Ave.</b> <b>San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd</b> <b>San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
		8B. DATE SIGNED <b>12/02/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/02/1998</b> <b>C. Lathren</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817424</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 85222 San Diego, CA</b> <b>92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>12-4-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50680



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

MOUNT HOPE CEMETERY

527-3400

From: Crystal Taylor Address: 4338 Keeler Ave. SD 92113 Date: 12-29 98  
Twenty three & 78/100  
 In full Payment of galvanized flower vase for Dollars (\$) 23.78  
Marjorie Amansec  
 Lot 85 Grave 7 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 14035

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-84)

3034

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

**PAID**

DEC 9 1998

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

ISSUED BY \_\_\_\_\_

Carina Fallone

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

13 88  
78  
23 78



MT HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-2-98

170981982

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

of Ernest Lopanne ME# 98-2108

in a liner Funeral, date, time Fri. Dec. 4 12:00

Church, Chapel, Graveside delivery : Mayer 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 44 Grave 12 Row \_\_\_\_\_ Section 1 Division/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

Paid receipt number R-50737 1564.73

Balance due 0

Marco De Latorre  
P.A.  
creditors claim  
12-14-98

PAID  
1-12-99  
Ernest Lopanne  
was disinterred  
& moved to El  
Camino  
Cemetery  
7-12-1999  
E-15127

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

Work Order # **E 14736**

Acct. # \_\_\_\_\_

E-14736

75

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Ernest</b>	1B. MIDDLE <b>O.</b>	1C. LAST (FAMILY) <b>Lopanne</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/02/1923</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>FOUND</b> <b>11/16/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Lemon Grove</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marco DeLaToba-P. A.</b> <b>5201-A Ruffin Rd.,</b> <b>San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary, 2859 Adams Ave., San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>	8A. SIGNATURE OF APPLICANT— <i>Marco DeLaToba-P. A.</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/03/1998</b>			

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/03/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	10. ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego, P.O. Box 85222, San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery</b> <b>3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>12-4-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

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

of Jim Michael White PA 1999375

In a liner Funeral, date, time Mon. 12-7 10:00

Church, Chapel, Graveside delivery; Mayer 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 48 Grave 9 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 120.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105.00

Burial Container ..... 50.00

Handling Fees ..... PAID 2-2-99

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 386.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 14737**

Invoice # 308209

Acct. # 000952

12-14-98

E-14737

47

# 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) <b>Michael</b>		1B. MIDDLE	1C. LAST (FAMILY) <b>White</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/30/1951</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/17/1998</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Nancy Hobbs-P. A. 5201-A Ruffin Rd. San Diego, CA 92123</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary, 2859 Adams Ave., San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		8A. SIGNATURE OF APPLICANT—(For using permit) <i>[Signature]</i>			8B. DATE SIGNED <b>12/02/1998</b>

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/03/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego, P.O. Box 85222, San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>12-7-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

E-14737

WHITE - CUSTOMER

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

-----TREASURERS USE ONLY-----

PAYMENT DATE: 02-02-99  
BY: CA (CK) IF ED  
PAYMENT REF NO: 779796 AMT PAID: 386.00

INVOICE DATE: 12/14/98 PAYMENT DUE: 01/13/99 PERIOD COVERED: NOVEMBER

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

DESCRIPTION OF CHARGES AMOUNT

1999 375  
MICHAEL WHITE SERVICES  
LOT 48 GR 9 SEC 1 DIV 12 126.00  
OPENING/CLOSING 165.00  
LINER 50.00  
RECORDING FEE 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 LISTED ABOVE.

INV NO. 308209

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-3-98

*pre need lot*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry S. and Grace S. Koide

In a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial 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 4864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Bleek 10

Grave space & Care Fund ..... 1095.00

Additional spaces and care fund ..... -

Opening/Closing & Setup ..... -

Burial Container ..... -

Handling Fees ..... -

Flower vases - Marker setting fee ..... -

Recording and filing fee ..... -

Sales taxes ..... -

*PAID IN FULL 11-7-00*

Total Due ..... 1095.00

Paid receipt number 50000 547.50

Balance due 547.50

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

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

Signature of Wooded holder of deed \_\_\_\_\_

*X* Henry S. Koide  
 Signature  
5447 VIA ALCAZAR  
 Address  
SAN DIEGO 92111-4608  
 City Zip Code  
(619) 277-6987  
 Telephone

Work Order # **E 14738**

invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



12-3	98	Pre-nee Lot Opened Lot 4864 Division 10	80% . 219.06 80% . 876.00		1 095.00
12-3	98	r-50606		547.50	547.50
1-12	99	CPN 1 R50742		23.00	524.50
3-2	99	CPN 2 R50806		23.00	501.50
3-3	99	CPN 3 & 4 R50904		46.00	455.50
5-10	99	: CPN 5 & 6 R51113		46.00	409.50
10-23	99	CPN 7 & 8 R51269		46.00	363.50
7-9	99	CPN 9 & 10 R51500		46.00	317.50
11-2-99		R-51656 11 x 12		46.00	271.50
1-3-00		R-51831 13 x 14		46.00	225.50
2-28-00		R-52162 15 x 16		46.00	179.50
6-19-00		R-52575 17 x 18		46.00	133.50
7-26-00		R-52712 19 x 20		46.00	87.50
9-1-00		R-52846 21 x 22		46.00	41.50
11-7-00		R-53035 23 x 24		41.50	41.50

KOIDE, GRACE &amp; HENRY

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-14738 Preneed Lot**

**Henry & Grace Koide**

**5447 Via Alcazar**

**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.

**23.00**  
\$ \_\_\_\_\_

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

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

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

Amount Received \$ \_\_\_\_\_

NAME **HENRY + GRACE KOIDE**

ADDRESS **5447 VIA ALCAZAR**

CITY **SAN DIEGO** STATE **CA** ZIP **92111**

check (✓) if this is new address



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

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-14738 Prensed Lot**

**Henry & Grace Koide**

**5447 Van Alcazar**

**San Diego, CA 92111**

**(4864-10)**

**Month and Day Due Indicated Below**

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

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



\$ **23.00**

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



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

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

Amount Received \$ \_\_\_\_\_

NAME **HENRY AND GRACE KOIDE**

ADDRESS **5447 VIA ALCARAZ**

CITY **SAN DIEGO** STATE **CA** ZIP **92111**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

E-14736 Prepaid Log

Henry & Grace Koide

5447 Via Alcazar

San Diego, CA 92111

(4864-10)

**Month and Day Due Indicated Below**

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

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



\$ 23.00

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



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

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

NAME

Henry & Grace Koide

Amount Received

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

ADDRESS

5447 Via Alcazar

CITY

San Diego

STATE

CA

ZIP

92111

check (✓) if this is new address



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

**12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-14738 Printed Lot**

**Henry & Grace Koide**

**5447 Via Alcazar**

**San Diego, CA 92111**

**(4864-10)**

**Month and Day Due Indicated Below**

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

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

 \$ **23.00**

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

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

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

NAME **HENRY & GRACE KOIDE** Amount Received \$ \_\_\_\_\_

ADDRESS **5447 VIA ALCARAZ**

CITY **SAN DIEGO** STATE **CA** ZIP **92111**

check (✓) if this is new address

Send or bring one coupon with each remittance**COUPON****13****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-14738 Prepaid Lot****Henry & Grace Koide****5447 Via Alcazar****San Diego, CA 92111****(4864-10)****Month and Day Due Indicated Below**

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

Amount due when paid on, or before,  
due date above.**23.00**

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

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

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

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

Amount Received \$ \_\_\_\_\_

NAME HENRY + GRACE KOIDEADDRESS 5447 VIA ALCARZARCITY SAN DIEGO STATE CA ZIP 92111 check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-14738 Pruned Lot**

**Henry & Grace Koide**

**5447 Via Alcazar**

**San Diego, CA 92111**

**(4864-10)**

**Month and Day Due Indicated Below**

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

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



\$ **23.00**

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



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

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

Amount Received \$ \_\_\_\_\_

NAME **HENRY + GRACE KOIDE**

ADDRESS **5447 VIA ALCAZAR**

CITY **SAN DIEGO** STATE **CA** ZIP **92111**

check (✓) if this is new address

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

**15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **W-14738 Prepaid Ltd**

**Henry & Grace Koide**

**5447 Via Alcazar**

**San Diego, CA 92111**

**(4864-10)**

Month and Day Due Indicated Below

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

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



**23.00**

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

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



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

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

Amount Received \$ \_\_\_\_\_

NAME HENRY AND GRACE KOIDE

ADDRESS 5447 VIA ALCAZAR

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address



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

**16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-14738 Pressed Lot**

**Henry & Grace Koide**

**5447 Via Alcazar**

**San Diego, CA 92111**

**(4864-10)**

Month and Day Due Indicated Below

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

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



\$ 23.00

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



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

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

Amount Received \$ \_\_\_\_\_

NAME HENRY AND GRACE KOIDE

ADDRESS 5447 VIA ALCAZAR

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-14735 Printed Lot**

**Benny & Grace Kilde**

**5447 Via Alcazar**

**San Diego, CA 92111**

**(4564-10)**

**Month and Day Due Indicated Below**

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

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



**23.00**

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

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



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

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

Amount Received

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



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

**18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **5-14738** **Prepaid Lot**  
**Betty & Grace Kaida**  
**5447 Via Alcazar**  
**San Diego, CA 92111**  
**(4364-10)**

Month and Day Due Indicated Below

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

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



\$

**23.00**

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



\$

\$

Amount Received \$

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

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

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-14738** *Prepaid Loc*

*Henry & Grace Estate*

*5447 Via Alcazar*

*San Diego, CA 92111*

*(4364-10)*

*E-14738*

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
<i>19</i>											

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



*3.00*  
\$ \_\_\_\_\_

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



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

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-14738** *Printed Lot*

*Beary & Grace Kolds*

*5447 Van Alenat*

*San Diego, CA 92111*

*(4384-10)*

**E-14738**

**Month and Day Due Indicated Below**

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

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



\$

**25.00**

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



\$

\$

Amount Received

\$

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

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

**21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14738 Printed Let

Henry & Grace Koide

5447 Via Allamar

San Diego, CA 92111

(4364-10)

E-14738

**Month and Day Due Indicated Below**

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

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



\$ 13.00

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



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

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

Amount Received \$ \_\_\_\_\_

NAME HENRY + GRACE KOIDE

ADDRESS 5447 VIA ALLAMAR

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-14738 Preferred Inc**

**Henry & Grace Koide**

**5447 Via Alcazar**

**San Diego, CA 92111**

**(4864-10)**

**E-14738**

**Month and Day Due Indicated Below**

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

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



\$

**23.00**

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



\$

\$

Amount Received \$

NAME **HENRY + GRACE KOIDE**

ADDRESS **5447 VIA ALCAZAR**

CITY **SAN DIEGO** STATE **CA** ZIP **92111**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-14738** Printed Lot

Henry & Grace Koide

5447 Via Alcazar

San Diego, CA 92111

(4884-10)

**E-14738**

**Month and Day Due Indicated Below**

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

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

**13.00**  
\$ \_\_\_\_\_

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

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

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

NAME HENRY + GRACE KOIDE Amount Received \$ \_\_\_\_\_

ADDRESS 5447 VIA ALCAZAR

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address



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

**24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14738 Printed Lot

Henry & Grace Koide

5447 Via Alcazar

San Diego, CA 92111

(4864-10)

E-14738

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
<u>18</u>											

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



\$

~~18.50~~

18.50

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



\$

\$

Amount Received \$

NAME HENRY & GRACE KOIDE

ADDRESS 5447 VIA ALCARAZ

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52846

From: Grace Rode Address: 5447 Via Alcayan San Diego 92111 Date: 9-11, 2000  
forty six Dollars (\$ 46.00)  
 In part Payment of Pre-Need Lot

Lot 4864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
~~Block~~

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-14738  
 BALANCE DUE 41.50

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

CREDIT	67007	
20% Sales Care	77184	<u>46.00</u>
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>46.00</u>

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

ISSUED BY J. Shullin

1072



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52712

Date: 7-26 80

From: Grace Korda Address: 5447 Via Obispo San Diego 92111

body in Dollars (\$ 46.00 )

In part Payment of Pre-Need Lot

Lot 4864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
~~Block~~

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14738

BALANCE DUE 87.50

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

CREDIT	67007		
20% Sales Care	77184	<u>46</u>	<u>00</u>
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63633		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>46</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

1068

ISSUED BY J. Stuchella

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52575

From: Henry & Grace Koide Address: 5447 Via Alcega San Diego 92111  
Forty Six  
 In full Payment of Pre-Need Lot Date: 6-19 99  
 Dollars (\$ 46.00 )

Lot: 4864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14738

BALANCE DUE 133.50

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

1061

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

ISSUED BY J. Shullin

CREDIT	67007		
20% Sales Care	77184	<u>46</u>	<u>00</u>
90% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>46</u>	<u>00</u>



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

52162



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

MOUNT HOPE CEMETERY  
527-3400

Date: 2-28-00, 19

From: Grace Knide Address: 5447 Via Alcazar San Diego 92111  
totly six Dollars (\$ 46.00 )

In part Payment of Pre-Need Lot

Lot: 4864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-14738  
BALANCE DUE 179.50

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

CREDIT	67007		
20% Sales Care	77184	39	50
80% Sales of Lots	100	6	50
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
6022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	46	00

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

1040

ISSUED BY S. Schellin

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51831



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

MOUNT HOPE CEMETERY  
527-3400

Date: 1-3, 1999

From: Grace Koide Address: 5447 Via Alcazar San Diego 92111

In part Payment of Pre-Need Lot Dollars (\$ 46.00 )

Lot 4864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-19738  
BALANCE DUE 225.50

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

ISSUED BY J. Shellen

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>46.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>46.00</u>

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

1031



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51656



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

MOUNT HOPE CEMETERY  
 527-3400

Date: 11-2, 1999

From: Grace Koide Address: 5447 Via Alcazar San Diego 92111

Forty six Dollars (\$ 46.00 )

In part Payment of Pre-Need Lot

Lot: 4864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14738

BALANCE DUE 271.50

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

ISSUED BY J. Shulten

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>46</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83035		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>46</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

OFFICIAL RECEIPT

51113



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-6 1999

From: Grace Koide Address: 5447 Via Alcazar SD 92111

forty six Dollars (\$ 46.00 )

In part Payment of pre need lot

Lot: 4864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14738

BALANCE DUE 409.50

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

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>46.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78990	
TOTAL PAID	\$	<u>46.00</u>

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

999

ISSUED BY Catrina Avallone



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-7-98

*open back gate*

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

of GRACE MITCHELL

in a T.S. Vault Funeral, date, time WED 12-9 1:00

Type of Burial Container

Church, Chapel, Graveside CHAPEL GRAVESIDE CYPRESS VIEW 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. X Brother

Lot \_\_\_\_\_ Grave 23 Row 1 Section 3 Division/Block 2

Grave space & Care Fund Pre-paid C-3666

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases DEC 7 1998 \_\_\_\_\_

Recording and filing fee 45.00

Sales 19.38

**PAID**  
DEC 7 1998  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 874.38

Paid receipt number R-50612 874.38

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X George E. Mitchell  
Signature 1156 MOANA DRIVE  
Address SAN DIEGO 92107  
City (619) 223-6214 Zip Code  
Telephone

Work Order # E 14739

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14739

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>GRACE</b>		1B. MIDDLE <b>WILLIAMINA</b>	1C. LAST (FAMILY) <b>MITCHELL</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/05/1909</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/06/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GEORGE MITCHELL - BROTHER 1156 MOANA DR SAN DIEGO, CA 92107</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CYPRESS VIEW/BONHAM BROTHERS MORTUARY 3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-670</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paulette Valentine</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10326 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED <b>12/06/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/07/1998</b> <i>P. Valentine</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817642</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> L. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-9-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tom</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

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

of Catherine Turner

in a liner Type of Burial Container, Funeral, date, time THUR 12-10 11:00

Church, Chapel, Graveside Graveside : Humphrey Mortuary Dian

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 816 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund Pre-Need C-4215

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 1788 Pre-Need E-7545

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

*interment transfer 12-18-98*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14740**

Acct. # \_\_\_\_\_

E-14740

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

83

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>CATHERINE</b>		1B. MIDDLE <b>LAVINA</b>	1C. LAST (FAMILY) <b>TURNER</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/16/1915</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/06/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Chula Vista</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Carolyn R. Johnson - Friend 5525 Elgin Avenue San Diego CA 92120</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>12/08/1998</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/08/1998</b> <b>J.E. King</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817740</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>12-10-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



Georgia Mae  
Mc Bride on  
bottom

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12-7-98

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

of L. W. Mc Bride

in a Double Depth Funeral, date, time THUR 12-10 11:00

Church, Chapel, Graveside Chapel/Crematory Haystack 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 102 Grave 13 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund Pre-Paid E-11937 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes \_\_\_\_\_

Total Due 420.00

Paid receipt number R-50628 420.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X W. Mc Bride  
Signature  
X 529 Parkway #1  
Address  
X Chula Vista CA 91910  
City Zip Code  
X 425-6064  
Telephone

Work Order # E 14741

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14741

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

66

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Lois</b>	1B. MIDDLE <b>William</b>	1C. LAST (FAMILY) <b>McBride</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/04/1932</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/03/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>El Cajon</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>William McBride, Son 529 Park Way Apt, 1 Chula Vista, CA 91910</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 KEdgeval Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100376 of the Health and Safety Code, and was authorized pursuant to Section 71081 of the Health and Safety Code.		8B. DATE SIGNED <b>12/07/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/10/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	<b>9817851</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-10-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12-7-98

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

of Coasar Smith

in a liner Type of Burial Container Funeral, date, time Thurs 12-10 12:00

Church, Chapel, Graveside Church/Graveside: La Baniel 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. Hgh

Lot 275 Grave 4 Row \_\_\_\_\_ Section 2 Division/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

Paid receipt number R-50613 1564.73

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Edith Smith  
Signature  
X 6645 Marguerite Rd.  
Address  
X San Diego CA 92114  
City Zip Code  
X 619-262-3372  
Telephone

Work Order # E 14742

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14742  
80

# 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) CEASAR	1B. MIDDLE E.	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH, DAY, YEAR 07/27/1918	3. DATE OF DEATH MONTH, DAY, YEAR 12/04/1998	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTR STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EDITH T. SMITH-WIFE 6645 MARGARITA ROAD SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>		8B. DATE SIGNED 12/09/1998
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 12/09/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9817814
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 12-10-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tom EW</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-7-98

*Family to witness burial*

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

of Elizabeth Jean Quezada Amezcua

in a liner Funeral date, time Wed Dec 9 9:00

Church, Chapel, Graveside church + inside Guadalupe Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X J. Q.

Lot 150 Grave 9 Row - Section 2 Division/Block 12

Grave space & Care Fund 63 20% 895.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container PAID IN FULL 1-11-99 832.73 145.00

Handling Fees General Invoice 45.00

Flower vases - Marker setting fee 14.75

Recording and filing fee 11104.73

Sales taxes 832.00

*30 day note*

Total Due 832.73

Paid receipt number 50014 832.00

Balance due 832.73

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

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

Signature of recorded holder of deed

X [Signature]  
 Address 1105 BEVERLY ST.  
SAN DIEGO CA 92114  
 City (619) 266-1120 Zip Code  
 Telephone

Work Order # E 14743

Invoice # 308666  
 Acct. # 097256

*12-16-98*

MT. HOPE CEMETERY

W.O. # E14743

**NOTE**

832.73

San Diego, California December 7 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of eight hundred thirty two and 73/100 DOLLARS with interest from January 9, 1999 ~~at (1999)~~ on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME  JUAN A. QUEZADA SIGNATURE  [Signature]

ADDRESS  1105 BEVERLY ST. San Diego CA 92114

CALIFORNIA DRIVER LICENSE NUMBER  V5144875 SSN  552-97-9484



E-14743

# 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) <b>ELIZABETH</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>QUEZADA</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/28/1980</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/06/1998</b>	4. SEX <b>F.</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ALBERTO QUEZADA—FATHER 1105 BEVERLY ST. SAN DIEGO, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA MEM. CHAPEL &amp; MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>12/08/1998</b>

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>12/08/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9817687</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-9-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



CITY OF SAN DIEGO, CALIFORNIA  
GENERAL INVOICE

E-14743

WHITE - CUSTOMER

EDI REF NO: C65-097256-308666

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,  
P.O. BOX 2209  
SAN DIEGO, CALIFORNIA 92112  
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

JUAN A. QUEZADA  
1105 BEVERLY STREET  
SAN DIEGO CA 92114

ACCT NO  
097256

-----TREASURERS USE ONLY-----

PAYMENT

DATE: 1-11-99

BY: CA CK IF ED

PAYMENT REF NO # 1590

AMT PAID: 832.73

INVOICE DATE  
12/15/98

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	895.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
RECORDING FEE	45.00
TAX ON LINER	14.73
LESS R-50614	832.00-

TOTAL DUE 832.73

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 LISTED ABOVE.

INV NO. 308666



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-7-98

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

of THEODORE R. TAYLOR JR. AKA HALL

in a LINER Funeral, date, time THUR 12-10 12:00

Church, Chapel, Graveside CHURCH / GRAVESIDE CA BURIAL Mortuary MARTIN

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 93 Grave 9 Row \_\_\_\_\_ Section 3 Division/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

Paid receipt number 50037 ..... 782.73

Balance due 782.00

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

I hereby authorize the interment in lot I hold under deed. see attached from Martin.

Signature of recorded holder of deed \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 14744 Invoice # 309307  
 Acct. # 097298

**FAX MORTUARY to BRING check**  
 for 782.57  
 Bill them for balance



CALIFORNIA CREMATION & BURIAL CHAPEL

(619) 234-3272 Fax (619) 286-2674

5550 El Cajon Blvd.  
San Diego, California 92115

E- 14744

December 9, 1998

Mount Hope Cemetery  
3731 Barker Street  
San Diego, CA 92104

Re: Theodore E. Taylor (a.k.a. Hall), Jr.  
Work Order Number E 14744

Sir:

To follow, please find interment order for above referenced case. I will bring a  
check for Mt. Hope for 1/2 of the amount (\$721.50) on the day of the interment.

I will send the second half of above within thirty day.

Sincerely,

*Mark Mitchell*

Mark Mitchell



OF HOPE CEMETERY  
INTERMENT ORDER

E-14744

DATE 12-7-98

You are hereby authorized and authorized to order to your credit card, debit card, or other payment method the amount

of THEODORE R. TAYLOR JR. AKA HALL

for LINEA funeral with date THUR 12-10 12:00

Chapel, Church, Cemetery CHURCH/GARDENS CA BURIAL DAVIS

All face of any final bill of service is \$200.00. If you wish to pay extra charges of \$ 150.00

will be received and accepted in payment

Lot 93 Block 9 Row 3 Distance 12

Grave space & casket 795.00

All items, spaces, and services —

Opening Casket & Setup 375.00

Quilt Caskets 190.00

Handling Fees 145.00

Flower costs - Market selling fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

FAX  
MORTUARY TO  
BRING CHECK

Full receipt number \_\_\_\_\_

Signature due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and the authority to make arrangements for the above named decedent's cremation and burial and I agree to pay the whole cremation and burial costs and the liability on account of any balance due and interest.

I hereby authorize the cremation and burial of the above named decedent

By \_\_\_\_\_

CALIFORNIA CREMATION & BURIAL CHAPEL  
5100 EL CAJON BLVD  
SAN DIEGO, CA 92115

Order Number E 14744

Signature \_\_\_\_\_

Date \_\_\_\_\_

See us at \_\_\_\_\_ The cremation and burial services are subject to the cremation and burial rules of the cemetery.

E-14 744  
20

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

12-04-98

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>THEODORE</b>		1B. MIDDLE <b>ROBERT</b>	1C. LAST (FAMILY) <b>TAYLOR, JR.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/29/1948</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/05/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>LA MESA</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>KAREN TAYLOR-SISTER 4677 HOMES AVENUE #67 SAN DIEGO, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, <i>Tim Walker</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 101275 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.			8B. DATE SIGNED <b>12/09/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/09/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>K. WALKER</b> ▶ <b>9817808</b>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST. M SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-10-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tom Walker</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
	SCATTERING 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 <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>

COPY 2 IS RETAINED BY 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

*Transfer  
of lot  
owner*

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

of TO: Tearessa Dean

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Type of Burial 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 78 Grave 344 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... D-9169 \_\_\_\_\_

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... From: Anderson - Ragsdale \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... 45.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14745**

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-7-98

Transfer  
of lot  
owner

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

to: Michelle Lucious

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial 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 78 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... D-91109 .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container ..... From: Anderson .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number .....

Balance due .....

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14746**

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-7-98

*Transfer of lot owner*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: Tearessa Dean and Michelle Lucious

In a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial 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 78 Grave 3+4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund D-9109 \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees Fr. Anderson-Ragsdale \_\_\_\_\_

Flower vases - Marker setting fee Mortuary \_\_\_\_\_

Recording and filing fee (2 at 45.00) 90.00

Sales taxes \_\_\_\_\_

Total Due 90.00

Paid receipt number \_\_\_\_\_ Balance due 0

**PAID**  
DEC 7 1998

**MT. HOPE CEMETERY**  
**CITY OF SAN DIEGO, CALIF.**  
I, Frances L. Martin, am the Mortuary Employee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed \_\_\_\_\_

*deed 12234*

Frances L. Martin  
Signature  
5050 Federal Blvd.  
Address  
San Diego, CA 92102  
City Zip Code  
(619) 263-3141  
Telephone

Work Order # E 14747

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-9400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

E-14791

## QUITCLAIM DEED

In consideration of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We \_\_\_\_\_ Anderson-Ragsdale Mortuary

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Tearessa Dean and  
Michelle Lucious

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 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said  
\_\_\_\_\_, its successors and assigns forever.

WITNESS my/our hand this 7th day of December 19 98

EXECUTED IN THE PRESENCE OF  
THE FOLLOWING WITNESS:

Catrina M T Avallone

Julie Williams  
Frances L. Martin

Witnesses

H. J. Ragsdale



DIVERSITY  
BRINGS US ALL TOGETHER





THE CITY OF  
**SAN DIEGO**

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Real Estate Assets Department  
527-3400

Business hours 8 a.m. to 4 p.m.  
Monday through Friday • Gates open daily

E-14747

QUITCLAIM DEED

In consideration of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/Ws \_\_\_\_\_ Anderson-Ragsdale Mortuary

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to \_\_\_\_\_ Tearessa Dean and  
\_\_\_\_\_ Michelle Lucious

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 7B Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said  
\_\_\_\_\_, its successors and assigns forever.

WITNESS my/our hand this 7th day of December 10 98

EXECUTED IN THE PRESENCE OF  
THE FOLLOWING WITNESS:

Catrina M. Arallone

Debbie Williams

Frances L. Martinez

Witnesses

H. Ragsdale



DIVERSITY  
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-7-98

*Preneed  
Trust*

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

of Alex Munchweiler

In a liner Funeral, date, time \_\_\_\_\_  
Type of Burial 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 8127 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Bleek 8

Grave space & Care Fund Preneed B 7/13 Q

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 ..... 769.73

Paid receipt number R 50021 769.73

Balance due Q

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

Work Order # E 14748

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

DISINTERMENT

Date 12-9-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA 1161938 SKULL

In a \_\_\_\_\_ Funeral, date, time FRI 12-11 10:00  
Church, Chapel, Graveside \_\_\_\_\_; MEDICAL EXAMINER 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 110 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14749**

Acct. # \_\_\_\_\_

REA-104 (7-95)

This \_\_\_\_\_ forms upon request.

*12-11-98  
Jan Matthews  
will let me know  
if to be  
returned  
E-14749*

Donald & Vicente  
25.00 each per Tom  
Williams





# County of San Diego

E-14749

BRIAN D. BLACKBURN, M.D.  
MEDICAL EXAMINER

## OFFICE OF THE MEDICAL EXAMINER

HARRY J. BONNELL, M.D.  
CHIEF DEPUTY MEDICAL EXAMINER

5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1216  
TEL: (619) 694-2905 FAX: (619) 495-5056

December 5, 1993

Cemetery Manager  
Mt. Hope Cemetery  
3751 Market St  
San Diego, CA 92102

Dear Cemetery Manager:

On August 30, 1993, this office investigated the death of a John Doe skull, case #93-1699. The skull was subsequently released to Berge Roberts Mortuary for interment at your cemetery 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 investigation, it will be necessary for us to have the John Doe 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,

Daniel L. Matricks, MS  
Medical Examiner Investigator

E-14749



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

County of San Diego

# Fax

**To:** Mt. Hope Cemetery **From:** Daniel L. Matticks, MS

**Fax:** 619-527-3403 **Date:** December 8, 1998

**Phone:** 619-527-3400 **Pages:** 3

**Re:** [Click here and type subject of fax] **CC:** [Click here and type name]

Urgent     For Review     Please Comment     Please Reply     Please Recycle

**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**



E-14749

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NO.

1A. NAME OF DECEDENT—First <b>John</b>		1B. MIDDLE ---		1C. LAST (FAMILY) <b>Doe</b>		20. DATE OF DEATH—MO. DAY, YR <b>08/30/1993</b>		26. HOUR <b>1340</b>		27. SEX <b>M</b>	
4. RACE <b>Unknown</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Unknown</b>		6. DATE OF BIRTH—MO. DAY, YR <b>Unknown</b>		7. AGE IN YEARS <b>Unknown</b>		8. UNDER 1 YEAR MONTHS _____ DAYS _____		9. UNDER 24 HOURS HOURS _____ MINUTES _____	
DECEDENT PERSONAL DATA <b>DOE</b> 93-1699		3. STATE OF BIRTH <b>Unknown</b>		3. CITIZEN OF WHAT COUNTRY <b>Unknown</b>		10A. FULL NAME OF FATHER <b>Unknown</b>		10B. STATE OF BIRTH <b>Unknown</b>		11A. FULL MAIDEN NAME OF MOTHER <b>Unknown</b>	
12. MILITARY SERVICE IN <input type="checkbox"/> TO <input type="checkbox"/> NONE <input type="checkbox"/>		13. SOCIAL SECURITY NO. <b>Unknown</b>		14. MARITAL STATUS <b>Unknown</b>		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME <b>Unknown</b>					
16A. USUAL OCCUPATION <b>Unknown</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		16C. USUAL EMPLOYER <b>Unknown</b>		16D. YEARS IN OCCUPATION <b>Unknown</b>		17. EDUCATION—YEARS COMPLETED <b>Unknown</b>			
USUAL RESIDENCE		18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>Unknown</b>				18B. CITY <b>Unknown</b>		18C. ZIP CODE <b>Unknown</b>			
		18D. COUNTY <b>Unknown</b>		19E. NUMBER OF YEARS IN THIS COUNTY <b>Unknown</b>		19F. STATE OR FOREIGN COUNTRY <b>Unknown</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Under investigation</b>			
PLACE OF DEATH		19A. PLACE OF DEATH <b>Open area</b>		19B. IF HOSPITAL, SPECIFY ONE BY, ER/OR, DOA <b>Unknown</b>		19C. COUNTY <b>San Diego</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PUBLIC ADMINISTRATOR</b>			
		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>Approx. 10 mi. northeast of Wildcat Canyon Road</b>		19E. CITY <b>Julian</b>		21. TIME INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		22. WAS DEATH REPORTED TO C. REGIONAL OFFICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>93-1699</b>			
CAUSE OF DEATH		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE <b>(U) Undetermined. (Skull only)</b>				22. WAS DEATH REPORTED TO C. REGIONAL OFFICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WASopsy PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		DUE TO <b>(B)</b>				24A. WAS AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
		DUE TO <b>(C)</b>				25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>None</b>		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>No</b>			
PHYSICIAN'S CERTIFICATION		1. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27A. SIGNATURE AND DESIGN OR TITLE OF CERTIFIER 		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED			
		27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS							
CORONER'S USE ONLY		1. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 		28B. DATE SIGNED <b>09/17/1993</b>					
		29. MANNER OF DEATH—BODY OR HEAD, SUICIDE, SICK, BLOOD, POISON, INGESTION OF DRUGS, ETC. <b>Undetermined</b>		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
FUNERAL DIRECTOR AND LOCAL REGISTRAR		34A. DISPOSITION <b>Temporary BU MT HOPE CEMETERY</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Entombment 5555 Overland Ave. San Diego</b>		34C. DATE MO. DAY, YR.		35A. SIGNATURE OF EMBALMER <b>Not embalmed</b>		35B. LICENSE NO. <b>None</b>	
		36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BEACE ROBERTS MORTUARY</b>		36B. LICENSE NO. <b>None</b>		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
STATE REGISTRAR		A.		B.		C.		D.		E.	
		F.		G.		H.		I.		CENSUS TRACT	

Dan Maddicks 694-2905  
medical ex office  
to send letter

ok per Rebecca Barr

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Ⓜ E-147A9

ash plot skull

Date 5-9-94

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

of JOHN DOE P.A# 1161938 <sup>NE 93-1699</sup>

in a NONE <sub>Vault/liner</sub> Funeral, date, time A.N.D 5-10-94

Church, Chapel, Graveside DELIVERY : BERGE ROBERTS Mortuary.  
~~BRUCE SIMPSON~~

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 \_\_\_\_\_

Lot 110 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 45.-

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 70.-

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.-

Sales taxes ..... \_\_\_\_\_

Total Due ..... 160.-

LEE JAIME

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Telephone

Work Order # E 11509

PY-593 (Rev. 8-92)

Invoice # 235015

Acct. # 000952



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-9-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ZION M. HAYES - MAXWELL

In a \_\_\_\_\_ Funeral, date, time FRI 12-11 11:00

Church, Chapel, Graveside GRAVESIDE; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ SKIPPER will be applied and billed to undersigned.

Lot 1194 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 125.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 270.00

Paid receipt number 50640 270.00

Balance due 0

**MORTUARY TO  
 BRING CHECK  
 263-1507**

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature See attached  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 14750

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





E-14750

207

# 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) <b>Zion</b>	1B. MIDDLE <b>Monét</b>	1C. LAST (FAMILY) <b>Hayes-Maxwell</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/24/1998</b>	3. DATE OF DEATH MONTH DAY YEAR <b>11/24/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Delon A. Maxwell, Father 5014 Cresita Dr. San Diego, CA 92115</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/09/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/10/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12/11/98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

3:15 pm

Date 12-9-98

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

in a T.S. VAULT Funeral, date, time FRI 12-11 1:00

Church, Chapel, Graveside CHURCH / GRAVESIDE RAGSDALE Mortuary.

All Funeral cars must arrive before 9:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

✓ Lot 51 Grave 2 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... -

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1769.38

Paid receipt number 50641 1769.38

Balance due 0

MORTUARY to  
BRING check  
x63-1507

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address see attached \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

Work Order # E 14751

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14751

MT HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-9-98

Name of the deceased JESSIE SOUTHALL  
to T.S. VAULT Family, date FRI 12-11 1:00  
Church CHURCH OF CHRIST GRACYSIDE RAGSDALE  
Address SKIPPER  
All funeral expenses must be paid in advance. If a grave is not reserved, the price of the grave will be determined by the cemetery. 160.00  
Funeral home Richard Williams

Lot <u>51</u> Block <u>2</u> Row <u>3</u> Depth <u>12</u>	
Grave space & Care Fund	<u>895.00</u>
Additional space and care fund	<u>-</u>
Ceremonial fee	<u>275.00</u>
Burial container	<u>250.00</u>
Handling fee	<u>145.00</u>
Power vessel - Mineral setting fee	
Receiving and filing fee	<u>45.00</u>
Tax fee	<u>19.38</u>
<b>Total Due</b>	<b><u>1769.38</u></b>

NOTE: PAY TO  
DRAW CHECK

Payment Method

Funeral Home

Balance due

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I am a resident of the County of San Diego, California, and I am duly qualified to perform the duties of a public officer. My commission expires on \_\_\_\_\_.

I hereby authorize the interment of the above named deceased in the above designated grave.

Richard Williams

San Diego State

San Diego, CA 92102

252-2183

E 14751

File #

File #

This information is available to the public. If you have any questions, please call (951) 271-1327.

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14751

60

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

NAME OF DECEDENT—FIRST (GIVEN) <b>Jessie</b>		1B. MIDDLE <b>Mae</b>	1C. LAST (FAMILY) <b>Southall</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/23/1938</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/05/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Virginia D. Clark, Niece 5676 Campanile Way San Diego, CA 92115</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED <b>12/08/1998</b>	

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.40</b>	9B. DATE PERMIT ISSUED <b>12/08/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9817729</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12/11/98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE	

COPY 2 IS RETAINED BY 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 12-9-98

Stillborn

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cedric Gotell Jr.

in a Graveside Funeral, date, time Mon. Dec. 14 11:00  
Church, Chapel, Graveside Mortuary, Ragsdale  
Debbie

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 3133 Grave - Row - Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund ..... -

Opening/Closing & Setup ..... 125.00

Burial Container ..... -

Handling Fees ..... -

Flower vases - Marker setting fee ..... -

Recording and filing fee ..... 45.00

Sales taxes ..... -

Paid in full  
12-14-98

Total Due ..... 270.00

Paid receipt number 50447 270.00

Balance due 0

mortuary to bring check.

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

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

Signature of recorded holder of deed \_\_\_\_\_

~~Signature~~  
~~Address~~  
~~City~~  
~~Telephone~~  
File attached

Zip Code \_\_\_\_\_

Work Order # E 14752

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

203-1507

NOV 14 1952

NOV 14 1952

NOV 14 1952

NOV 14 1952

NOV 14 1952

NOV 14 1952



E-14752

AT-CITY CEMETERY  
INTERMENT ORDER

City of Pasadena

SHILLBORN

12-9-98

For the body of deceased person, Cedric Farrell Jr. to be interred in the cemetery

at San Gabriel 2005 Hill 11:00

at 2:33 PM 1 9

Cremation & Case Fee	100.00
Floral arrangement	25.00
Funeral Home's fee	
Staff salaries	
Printing fees	
Flower vases - Market selling fee	
Recording and filing fee	45.00
Other fees	

Mortuary to bring  
check

Total Due 270.00

I hereby certify that the  deceased is dead and that the body is available for interment in the cemetery. I hereby agree to pay the cost of the funeral and to agree to hold the City Cemetery responsible for any and all expenses of said interment and cremation.

I hereby authorize the funeral home to

- Funeral Home
- 2005 Hill
- San Gabriel, CA 91102
- 62-3141

E 14752

Form 100-1

4-1-98

This information is available at 273-2200 without further charge.

E-14752

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 25 days

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Cedric</b>	1B. MIDDLE <b>Deshoun</b>	1C. LAST (FAMILY) <b>Gotell, JR.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/13/1998</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/07/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LaKesha C. Bowie, Mother 5020 Wightman St. Apt. 17 San Diego, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			BB. DATE SIGNED <b>12/10/1998</b>		

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/10/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9817869</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-14-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED <b>-</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED <b>-</b>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED <b>-</b>	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>	
	SCATTERING 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 <b>-</b>	15B. DATE OF DISPOSITION <b>-</b>	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE <b>-</b>

COPY 2 IS RETAINED BY 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 12-10-98

*left side*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAX HAUFLE *TUE 12-22*

In a \_\_\_\_\_ Funeral, date, time TUE 12-22 AFD

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 .....

Total Due ⊖

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14753**

Acct. # \_\_\_\_\_

October 1998

E-14753

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. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-11-98

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

of ADDIE TOLIVER

in a LINER CHAPEL Funeral, date, time FRI 12-18 11:00

Church, Chapel, Graveside GRAVESIDE; RAGSDALE 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. X

Lot 115 Grave 6 Row \_\_\_\_\_ Section 2 Division 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 14.73

Sales taxes ..... 14.73

Total Due ..... 1664.73

Paid receipt number 501011 116104.73

Balance due X

MORTUARY TO  
BRING CHECK

PAID IN FULL  
12-18-98

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

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

Signature of recorded holder of deed \_\_\_\_\_

X \_\_\_\_\_  
Signature  
X \_\_\_\_\_  
Address  
X \_\_\_\_\_  
City  
X \_\_\_\_\_  
Telephone

Work Order # E 14754

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

FORM 102

E-14754

MEMORIAL CEMETERY  
INTERMENT ORDER

City of San Diego

DATE 12-11-98

I, the undersigned, hereby authorize the interment of the remains of the deceased in the cemetery of the City of San Diego, California, in accordance with the following conditions:

1. Name of Deceased: ADDIE TULIVER

2. Date of Interment: FRI. 12-11

3. Name of Cemetery: GRAVESIDE RAGSDALE

4. Interment Fee: 150.00

5. Name of Person Authorizing Interment: X [Signature]

6. 115 6 2 12

Basic Space & Care Fund 895.00

Additional Space and Care Fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Urn/Container 190.00

Handling Fees 145.00

Flower Vase - Marker setting fee \_\_\_\_\_

Transporting and Digging 45.00

Sales Tax 14.73

WARRANTY TO  
DRIVING CHECK

Total Due 1664.73

I hereby certify that the X [Signature] is the legal next of kin of the deceased and that I have the right to make the interment arrangements. I agree to pay the above stated amount in full for the interment services and to hold the City of San Diego harmless from any liability or expense of such interment and shipment.

I hereby authorize the placement of the X [Signature] 5050 Federal Blvd.

City of San Diego X San Diego, CA 92108

City of San Diego X [Signature]

Order No. E 14754

City of San Diego [Signature]

The undersigned hereby certifies that the above information is true and correct.

TIME



E-14754

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

87

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Addie</b>		1B. MIDDLE <b>Lee</b>	1C. LAST (FAMILY) <b>Toliver</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/23/1911</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/10/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Deborah J. Appling, Granddaughter 4181 Enero St. San Diego, CA 92154</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>12/17/1998</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/17/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818225</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-18-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-14-98

*GREENWOOD TO  
 DELIVER VAULT*

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

of NORMA McALLISTER

In a F.S. VAULT Funeral, date, time FRI 12-18 2:00  
Type of Burial Container

Church, Chapel, Graveside CHAPEL / GRAVESIDE GREENWOOD 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. X James L McAllister

Lot 3632 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund PRE-NEED D-282

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 375.00

Burial Container \_\_\_\_\_

Handling Fees DEC 14 1998 185.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee MT. HOPE CEMETERY 45.00  
CITY OF SAN DIEGO, CALIF

Sales taxes 19.38

Total Due 624.38

Paid receipt number R-50645 624.38

Balance due 0

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

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

X James L McAllister  
 Signature

X 3407 CENTRAL AVE.  
 Address

X SAN DIEGO, CA 92105 4038  
 City Zip Code

X 619 281 6882  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14755

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14755

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

77

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>NORMA</b>	1B. MIDDLE <b>EVELYN</b>	1C. LAST (FAMILY) <b>Mc ALLISTER</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/06/1921</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/13/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LEMON GROVE</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JAMES L. Mc ALLISTER - HUSBAND 3407 CENTRAL AVENUE SAN DIEGO, CA 92105</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY: 1-805 &amp; IMPERIAL AVENUE SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> <b>12/16/1998</b>

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/17/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 9818197</b>
	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-18-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 12-14-98

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

of FRANK THOMAS  
 in a T.S. Vault Funeral, date, time FRI. 12-18 11:00

Church, Chapel, Graveside GRAVESIDE : S. D. MEMORIAL Mortuary.  
Type of Burial Container MARK

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. XSS

Lot 116 Grave 3 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund .....		<u>795.00</u>
Additional spaces and care fund .....		
Opening/Closing & Setup .....	<u>335</u>	<u>375.00</u>
Burial Container .....	<b>PAID IN FULL</b>	<u>250.00</u>
Handling Fees .....	<u>2-25-99</u>	<u>185.00</u>
Flower vases - Marker setting fee .....		<u>45.00</u>
Recording and filing fee .....		<u>19.38</u>
Sales taxes .....		<u>11609.38</u>
	Total Due .....	<u>835.00</u>
	Paid receipt number <u>50048</u>	<u>834.38</u>
		Balance due

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

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

X Layton E. Galloway  
 Signature  
X 786 Annapo Saco Dr  
 Address  
X San Diego 92114  
 City Zip Code  
X 619-479-6772  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14756**

Invoice # 310316  
 Acct. # 097414

1-4-98



MT. HOPE CEMETERY

W.O. # E 14754

**NOTE**

\$ 834.38 San Diego, California December 14 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight hundred thirty four \$381.00 DOLLARS with interest from January 18, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X Layton E. Galloway SIGNATURE X Layton E. Galloway  
ADDRESS X 786 Arroyo Verde San Diego 92114  
CALIFORNIA DRIVER LICENSE NUMBER X N0837074 SSN# X 362-50-6139

E-14756

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## 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) <b>Frank</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Thomas Jr.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/18/1924</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/10/1998</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Sam Thomas - Brother 3715 T Street San Diego CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave. San Diego CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD- 1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>H. Legaspi</i>		8B. DATE SIGNED <b>12/15/1998</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/15/1998 H. Legaspi</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818107</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 881222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. Hope Cemetery 3351 Market Street San Diego CA 92192</b>	11B. DATE BURIED <b>12/18/1998</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51051



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

**MOUNT HOPE CEMETERY**  
 527-3400

Date: 4-15, 1999

From: Layton Galloway Address: 786 Arroyo Seco Dr. SD 92114

One Hundred Twenty Five and 00/100 Dollars (\$ 125.00 )

In full Payment of marker setting fee

Lot 116 Grave 3 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14756

BALANCE DUE E14756

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	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		125 00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$		125 00

ISSUED BY Lynda

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-14-98

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

of Pleas Vance Jr.

in a Ciner Funeral, date, time WED 12-16 10:00

Church, Chapel, Graveside Graveside; Regedale 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 267 Grave 8 Row \_\_\_\_\_ Section 2 Division/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 ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number R-50646 1564.73

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Thomas A. Vance  
Signature  
X 6805 Paracha Court  
Address  
X San Diego, CA. 92114  
City Zip Code  
X 619-286-2573  
Telephone

Work Order # E 14757

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-14757

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

75

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Pleas</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Vance, Jr.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/28/1923</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/11/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Thomas A. Vance, Son 6805 Pahoeha Ct. San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/16/1998</b>	

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID <b>\$7/00</b>	9B. DATE PERMIT ISSUED <b>12/16/1998</b> <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818119</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-16-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

estate case

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-14-98

OK for a marker on grave

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Viviano Jasper (PA# 1999454)

in a Tiner Funeral, date, time Tues. Dec 15 11:00

Church, Chapel, Graveside delivery : Featheringill Mortuary.  
Ed

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 40 Grave 7 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 129.00

Burial Container ..... 100.00

Handling Fees ..... 100.00

Flower vases - Marker setting ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... 500.00

Paid receipt number R-50649 500.00

Balance due 0

**PAID**  
DEC 15 1998  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

K. Howard - P.A.

mortuary to bring check

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

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

Signature of recorded holder of deed \_\_\_\_\_

X E. J. Fogal  
Signature  
X 6322 El Cajon Bl  
Address  
X San Diego CA 92115  
City Zip Code  
X 619 583 9511  
Telephone

Work Order # E 14758

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14758

79

# 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) <b>Viviano</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Jasper</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/02/1919</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/06/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Carroll Hall</i>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/14/1998</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>12/14/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818001</b> <b>C. Lathrem</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-15-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>TOWNE</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 12-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Randy Graves Jr.

in a \_\_\_\_\_ Funeral, date, time Fri. Dec. 18 11:30  
Type of Burial Container  
 Church, Chapel, Graveside Graveside SD Memorial Mortuary.  
Mark

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 2131 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 125.00

Burial Container ..... PAID

Handling Fees ..... 12-18-98

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 270.00

Paid receipt number R-50658 270.00

Balance due 0

*mortuary to bring casket per mark*

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

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

X R. Graves  
 Signature  
 Address 5510 5285 Los Animus way  
S. D. C 92114  
 City Zip Code  
 Telephone 263-1188

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14759**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14759

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS. 1978 12007

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Randy</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Graves Jr.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/11/1988</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/11/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Randy Graves Sr. - Father 2939 39th Street San Diego CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave. San Diego CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT— <i>Person taking permit</i> <b>[Signature]</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/15/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/18/1998</b> <b>M. Legaspi</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3351 Market St. San Diego CA 92102</b>	11B. DATE BURIED <b>12/18/1998</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>[Signature]</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51625



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

MOUNT HOPE CEMETERY  
 527-3400

Date: Oct 19, 1999

From: Randy Graves Address: 125 SUN JACINTO Dr L.D. 92114

Eighty Dollars (\$ 80.00 )

In Full Payment of Installation Fee for Randy Graves Sr.

Lot 2631 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14759

BALANCE DUE \_\_\_\_\_

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

ISSUED BY Randy

CREDIT	67907	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77161	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	<u>180.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>80.00</u>



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-16-98

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

In a LINER Funeral, date, time Fri 12-18 1:30  
Type of Burial Container

Church, Chapel, Graveside CHAPEL/GRAVESIDE; CA BURIAL Mortuary.  
MARTIN

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. X

J Lot 115 Grave 7 Row \_\_\_\_\_ Section 3 Division 12

Grave space & Care Fund .....	<u>795.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>375.00</u>
Burial Container .....	<u>190.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	<u>14.73</u>
<b>MORTUARY to BRING check</b>	<b>Total Due</b> <u>1564.73</u>
	Paid receipt number <u>50060</u> <u>1564.73</u>
	Balance due <u>0</u>

**PAID IN FULL**  
12/18/98

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

*see attached*

Work Order # E 14760

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_





E-14760

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

47

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ROSA</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>GUTIERREZ</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/13/1951</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/14/1998</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>RAUL GUTIERREZ—HUSBAND</b> <b>4248 ORANGE AVENUE</b> <b>SAN DIEGO, CA 92105</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person being buried <i>[Signature]</i>			8B. DATE SIGNED <b>12/17/1998</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/17/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818223</b> <b>K. WALKER</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P. O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-18-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12-16-98

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

of Dora Abbott  
 in a liner Funeral, date, time FRI DEC. 18 11:00  
Type of Burial Container  
 Church, Chapel, Graveside Chapel + graveside burial Mortuary 150.00  
 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 Elizabeth Difam

Lot 111 Grave 10 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund	<u>157</u>	<u>795.00</u>
Additional spaces and care fund	<u>16</u>	-
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		-
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>14.73</u>

30 day note

Total Due 1564.73  
 Paid receipt number 50054 020.00  
50053 Balance due 944.73

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

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

Signature of recorded holder of deed \_\_\_\_\_

Elizabeth Difam  
Signature  
4233 Highland Ave # 6  
Address  
San Diego 92115  
City Zip Code  
584-4741  
Telephone

Work Order # E 14761 Invoice # 310330  
 Acct. # 097422



MT. HOPE CEMETERY

W.O. # E 14761

**NOTE**

\$ 944.73 San Diego, California December 16 1998

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 hundred forty four 73/100 DOLLARS with interest from January 18, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Elizabeth Dixon SIGNATURE X Elizabeth Dixon  
ADDRESS X 4233 Highland Ave apt 6  
CALIFORNIA DRIVER LICENSE NUMBER X UC 27379 SSN X 546-21-4111

PY-1012 (11-88)

will bring the difference  
\$162.73 tomorrow  
12/17/98 E-14761

E-14761

40

## 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) <b>DORA</b>	1B. MIDDLE <b>LYNN</b>	1C. LAST (FAMILY) <b>HABBITT</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/16/1958</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/10/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DELLA CANADO—MOTHER 4706 LAUREL STREET SAN DIEGO, CA 92115</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD, SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person being permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/15/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/16/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>K. WALKER</b>	9818127
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-18-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

*pre need  
 lot & trust*

City of San Diego

Date 12-16-98

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

of Minnie M. Wright

in a liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 133 Grave 10 Row - Section 3 Division/Bleed 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... 375.00

Opening/Closing & Setup ..... 190.00

Burial Container ..... 145.00

Handling Fees ..... 45.00

Flower vases - Marker setting fee ..... 14.73

Recording and filing fee ..... 1504.73

Sales taxes ..... 1504.73

**PAID**  
 DEC 16 1998  
 IN FULL  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due 1504.73

Paid receipt number 50052 1504.73

Balance due 0

*deed #  
 12271*

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

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

*Minnie M. Wright*  
 Signature \_\_\_\_\_  
 Address 921 Dimarino St  
San Diego CA, 92114  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone (619) 697-1318

Signature of recorded holder of deed \_\_\_\_\_

*completed*

Work Order # **E 14762**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-10-98

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

of Clarence Clayton Camp PA 1299432

In a liner Funeral, date, time Tues. Dec. 22 3:00

Church, Chapel, Graveside delivery only: Merkley Mitchell

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 Lot <u>52</u>	Grave <u>5</u>	Row _____	Section <u>1</u>	Division/Block <u>12</u>	
Grave space & Care Fund .....					<u>120.00</u>
Additional spaces and care fund .....					
Opening/Closing & Setup .....					<u>105.00</u>
Burial Container .....					<u>50.00</u>
Handling Fees .....					
Flower vases - Marker setting fee .....					
Recording and filing fee .....					<u>45.00</u>
Sales taxes .....					
Total Due .....					<u>380.00</u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 14763

Invoice # 310481  
Acct. # 000952

1-9-99



E-14763

81

# 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) <b>CLARENCE</b>		1B. MIDDLE <b>CLAYTON</b>	1C. LAST (FAMILY) <b>CAMP</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/27/1916</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>11/30/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>REBECCA BARR - PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-119</b>		8B. DATE SIGNED <b>12/22/1998</b>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>V.I. Mitchell</i>

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/22/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818447</b> <b>V.I. MITCHELL</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 ( SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>12-22-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY 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-14763

310481 01/08/99 000952 COUNTY OF SAN DIEGO  
E-14763  
100 072  
100 072  
100 072  
67007

02/02/99 CK 779796  
77181 000072  
77182 000072  
77183 000072  
77184

0.00  
386.00  
165.00  
50.00  
45.00  
126.00

386.00 PAID IN FULL 0.00

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 436.00





CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

EDI REF NO: C310481

MAKE REMITTANCE PAYABLE TO CITY TREASURER,  
P.O. BOX 2289

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-14763

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

ACCT NO  
000952

-----TREASURERS USE ONLY-----

PAYMENT  
DATE: 02-02-99  
BY: CA  IF ED  
PAYMENT REF NO 779796

AMT PAID: 386.00

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

AMOUNT\*

DESCRIPTION OF CHARGES	AMOUNT*
CLARENCE C. CAMP SERVICES LOT 52 GR 5 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-17-98

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

of Stella Martin

In a Cover Type of Burial Container Funeral, date, time  Tues 12-22 10:00

Church, Chapel, Graveside Chapel / Grave; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 264 ~~252~~ Grave 11 ~~106~~ Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund .....	<u>795.00</u>
Additional spaces and care fund .....	<u>—</u>
Opening/Closing & Setup .....	<u>375.00</u>
Burial Container .....	<u>190.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	<u>14.73</u>

**PAID**  
 DEC 17 1998  
 MT HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF

Total Due 1564.73

Paid receipt number R-1001 1564.73

Balance due 50655 0

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

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

X Jessie Martin  
 Signature  
X 1376 Wyconda Way  
 Address  
X San Diego, CA. 92113  
 City  
X (619) 262-9022  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14764**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



E-14764

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS <sup>64</sup>

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Stella</b>	1B. MIDDLE <b>Lee</b>	1C. LAST (FAMILY) <b>Martin</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/04/1934</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/15/1998</b>	4. SEX <b>V</b>	
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jessie Martin, Husband</b> <b>1376 Wyconda Way</b> <b>San Diego, CA 92113</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Stella Lee Martin</i>			8B. DATE SIGNED <b>12/18/1998</b>

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/21/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		<b>9818329</b>
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>12-22-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 12-17-98

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

of Maria Calbert

In a Urn Funeral, date, time Mon. 12-21 10:00

Church, Chapel, Graveside Chapel/Graveside; Humphrey 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. X D.N

✓ Lot 55 Grave 8 Row \_\_\_\_\_ Section 3 Division/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

30-day note

Paid receipt number R-50656 782.00

Balance due 782.73

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

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

\_\_\_\_\_  
 Signature of recorded holder of deed

X Dawid Najera-Blas  
 X Signature  
 X 2865 ALTAVIEW CR #206  
 X Address  
 X SAN DIEGO CA 92139  
 X City Zip Code  
 X 619-479-2796  
 X Telephone

Work Order # E 14765 Invoice # 310363  
 Acct. # 097440

1-5-99



MT. HOPE CEMETERY

W.O. # E-14765

# NOTE

\$ 782.73

San Diego, California December 18 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Seven hundred eighty two & <sup>73</sup>/<sub>100</sub> DOLLARS with interest from January 22, 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 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X DAVID NAJEE-ULLAH SIGNATURE X David Najeeullah

ADDRESS X 2865 ALTAVIEW DR #206

CALIFORNIA DRIVER LICENSE NUMBER X N707760S SSN # X 554-06-5239

E-14765

DAVID NAJEE ULLAH

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
310363	01/05/99	097440	DAVID NAJEE-ULLAH			02/01/99	CK	1045	50.00	782.73	732.73
			100 072	77181	000072				23.95		PARTIAL PAYMENT
			100 072	77182	000072				12.14		
			100 072	77183	000072				2.87		
			100 072	77184	000072				0.83		
			100 072	77185	000072				9.26		
			60101	78390							

E-14765

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
310363	01/05/99	097440	DAVID NAJEE-ULLAH			02/08/99	CK	155	300.00	782.73	432.73
			100 072	77181	000072				143.73		PARTIAL PAYMENT
			100 072	77182	000072				72.82		
			100 072	77183	000072				17.25		
			100 072	77184	000072				4.98		
			100 072	77185	000072				55.57		
			60101	78390					5.65		

E-14765

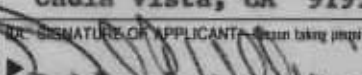


E-14765

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

72

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MARIA</b>	1B. MIDDLE <b>LUCY</b>	1C. LAST (FAMILY) <b>CALBERT</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/09/1926</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/15/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Yusuf Najeeullah-Son 227 Kennedy Street #40 Chula Vista, CA 91911</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>	8. SIGNATURE OF APPLICANT 		8B. DATE SIGNED <b>12/18/1998</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

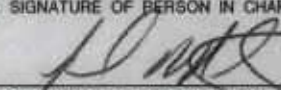
PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/18/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818248 D. R. Williams</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>12-21-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

*To Be  
 buried with Corley  
 Edna E.*

City of San Diego

Date 12-18-98

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

of JAMES E. CORLEY (X)

in a ASH VAULT Funeral, date, time THUR 1-7 AYD

Church, Chapel, Graveside \_\_\_\_\_; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 181 Grave 1 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund pre need E 8903 2

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 600.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 4.26

**PAID**  
 JAN 16 1999  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

269.26

*Mortuary to  
 bring check*

Total Due \_\_\_\_\_

Paid receipt number R-50706 269.26

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X *see attached*  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 14766

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14766

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-18-98

You are hereby authorized and instructed, subject to applicable laws and regulations, to inter the remains of JAMES E. CORLEY (X)

in a ASH VAULT Funeral home

Church, Chapel, or elsewhere

RAGSDALE Mortuary

an interment must arrive before 5:30 pm on the day of interment.

150.00

We do not collect and collect as indicated.

X Betty Williams

Lot 181 Grave 1 Row 1 Section 1 Division/Block 12

Grave space & Care Fund

pre need E 8903

0

Additional spaces and care fund

Opening/Closing & Setup

105.00

Burial Container

55.00

Handling Fees

60.00

Flower vases - Marker setting fee

45.00

Recording and filing fee

4.26

Sale taxes

269.26

Total Due

MORTUARY TO  
bring check

Funeral home

Address

I hereby certify I am the X FUNERAL HOME of the above named deceased and I have your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make such disposition and to hold Mt. Hope Cemetery purchase bond and to file in a court of final jurisdiction and payment.

I hereby authorize the funeral home to act as executor of the estate.

X Betty Williams

X 5050 FEDERAL BLVD

X SAN DIEGO CA 92102

X 615 263-3141

Order Code # E 14766

Page #

Page #

Sign the Card

This information is accurate to the best of our knowledge.

Funeral Home

E-14766

91

# 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) <b>James</b>	1B. MIDDLE <b>Ester</b>	1C. LAST (FAMILY) <b>Corley</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/30/1907</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/13/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Aneska, Robinson, Niece 6560 Elder St. San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103775 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>12/17/1998</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/17/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818226</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-7-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematorium; 571 J Crane St. Lake Elsinore, CA 92530</b>	12B. DATE CREMATED <b>12-28-98</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-18-98

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

of Augusto Paz

In a liner Funeral, date, time Mon. 12-21 11:00

Church, Chapel, Graveside delivery; Mayer Mortuary,  
Jim

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 110 Grave 5 Row \_\_\_\_\_ Section 3 Division/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 ..... 1504.73

Paid receipt number 50662 1504.73

Balance due 0

*mortuary to bring check*

*PAID IN FULL  
12/21/98*

*see attached*

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

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

Signature of recorded holder of deed \_\_\_\_\_

X \_\_\_\_\_  
Signature  
X \_\_\_\_\_  
Address  
X \_\_\_\_\_  
City  
X \_\_\_\_\_  
Telephone

Work Order # E 14767

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





E-14767 63

# 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) <b>Agusto</b>	1B. MIDDLE <b>Del Carpio</b>	1C. LAST (FAMILY) <b>Paz</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/12/1935</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/11/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>La Jolla</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Shirl Henderson-P. A. 1331 S. Clark Rd., Bldg. 11, El Centro, CA 92243</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary, 2859 Adams Ave., San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>	6A. SIGNATURE OF APPLICANT— <i>Person</i> permit, 6B. DATE SIGNED <b>12/15/1998</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/18/1998</b> <b>James Hale</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818274</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego, P.O. Box 85222, San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>12-21-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

2nd burial -  
filled on bottom

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-18-98

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

of Kenneth Kissinger

In a double death Funeral, date, time Mon 12-21 11:00

Church, Chapel, Graveside Chapel/Graveside Lewis Colonial 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 483 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund 1987 Pre-Paid E-6872 0

Additional space and care fund \_\_\_\_\_ 0

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_ 0

Recording \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 0

Total Due 420.00

Paid receipt number R-50659 420.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Jan C. Arnold  
Signature

X 6713 Parkside Ave  
Address

X San Diego 92139-3874  
City Zip Code

X 267 2634  
Telephone

Work Order # E 14768

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14768

93

# 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) <b>KENNETH</b>		1B. MIDDLE <b>D.</b>	1C. LAST (FAMILY) <b>KISSINGER</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/23/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/18/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOAN C. ARNOLD - DAUGHTER 6763 PARKSIDE AVE. SAN DIEGO, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD-480</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 116376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				
				8B. DATE SIGNED <b>12/21/1998</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>12/21/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-21-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 12-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LUCILLE JENSEN PA # 1999479

In a Livein Type of Burial Container Funeral, date, time THUR 12-24 11:00  
 Church, Chapel, Graveside Delivery only ; FEATHERING: LL 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 31 Grave 12 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....		<u>126.00</u>
Additional spaces and care fund .....		
Opening/Closing & Setup .....	<u>PD. 3-17-99</u>	<u>165.00</u>
Burial Container .....		<u>50.00</u>
Handling Fees .....	<u>not included</u>	
Flower vases - Marker setting fee .....		
Recording and filing fee .....		<u>45.00</u>
Sales taxes .....		
	Total Due .....	<u>386.00</u>

R. BARR

Paid receipt number \_\_\_\_\_  
 Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
 Signature of recorded holder of deed

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone

Work Order # E 14769

Invoice # 310573  
 Acct. # 000952

1-13-99



E-14769

# 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) <b>Lucille</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Jenson</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/08/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/12/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rebecca Barr - Public Admin. 5201-A Ruffin Rd. San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rebecca Barr</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/21/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>12/21/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818355</b> <b>C. Lathren</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85322 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem. 3751 Market St. San Diego, Ca 92102</b>	11B. DATE BURIED <b>12-24-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 12-18-98

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

of Narvella Morgan

In a T.S. vault Funeral date, time Wed. Dec. 23 11:00  
Type of Burial Container

Church, Chapel, Graveside Chapel/Graveside Ragsdale 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. X M K.M.

Lot 14 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12  
95 2070

Grave space & Care Fund ..... 995.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

30 day note

Total Due ..... 1819.38

Paid receipt number 50665 900.00

Balance due 919.38

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

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

Signature X M K. Morgan  
 Address 1355 58 Ferris Blvd #289  
Ferris Cg 92057  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone (909) 940-1801

Signature of recorded holder of deed \_\_\_\_\_

Ref to T 2/99

Work Order # E 14770

Invoice # 310572  
 Acct. # 097486



10-23-00 Per Day - 30 day note  
of 969.38 discharged per bankruptcy.  
If your cremation needs to pay by  
credit card or cashier check.  
If he comes in here try talk to him.

4-19-01  
Per Tom  
© Treasurer's  
# 1,126.55

Bal. due Chap 7 Bankruptcy  
E - 14770

MT. HOPE CEMETERY

1,324.14  
Judgment

W.O. # E 14770

**NOTE**

\$ 969.38 San Diego, California December 21 1998

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 hundred sixty nine & 38/100 DOLLARS with interest from January 25, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X ~~Matthew K. Morgan~~ MATTHEW K. Morgan SIGNATURE X ~~Matthew K. Morgan~~ Matthew K. Morgan

ADDRESS X 1355 So Perris Blvd #N39 Perris CA 92570

CALIFORNIA DRIVER LICENSE NUMBER X N8572623 SSN # X 553-29-4366



E-14770

70

# 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) <b>Narvella</b>		1B. MIDDLE <b>Jeanetta</b>	1C. LAST (FAMILY) <b>Morgan</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/20/1928</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/17/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Keith Morgan, Son 1355 Perris Blvd., N89 Perris, CA 92570</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.,; 5050 Federal Blvd. San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>hirste hirste</i>	
					8B. DATE, SIGNED <b>12/22/1998</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/22/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	<b>9818406</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102</b>	11B. DATE BURIED <b>12-23-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

*Disinterment of*

City of San Diego

Date 12-21-98

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

of Abraham Ludeh

In a LINER Funeral, date, time WED 12-23

Church, Chapel, Graveside EL CAMINO 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.

**PAID**  
 DEC 21 1998  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Lot 58 Grave 1 Row DEC 21 1998 Section 2 Division/Block 7

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees Disinterment fee 1,000.00

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

*Douglas Trobaugh  
 453-2121*

Total Due 1,000.00

Paid receipt number VISA 1,000.00

Balance due 0

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

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

X Ellen Ford  
 Signature  
 X 2278 El Arroyo Rd.  
 Address  
 X Del Mar, CA 92014  
 City  
 X (619) 481-8855  
 Telephone

Signature of recorded holder of deed

*Per Doug -  
 destroy marker  
 12-23-98*

Work Order # **E 14771**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





THE CITY OF SAN DIEGO

E-14771

**AUTHORITY TO DISINTER, REMOVE OR REINTER**

12 / 1998  
MONTH YEAR

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

Abraham Audet

from Lot 58 Grave 1 Section 2 Row \_\_\_\_\_ Block \_\_\_\_\_

Division 7 And to remove the same to and reinter said remains in Lot \_\_\_\_\_

Grave \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_ Division \_\_\_\_\_

Cemetery El Camino memorial park

**The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.**

<u>Green Sand</u>	<u>daughter</u>	<u>2278 El Amigo Rd., Del Mar</u>
_____	_____	<u>92014</u>
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

<u>Green Sand</u>	<u>12-21-98</u>
(Lot owner <u>must</u> sign if not legal custodian)	Date

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





E-14771

### 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) Abraham aka Ibrahim	1B. MIDDLE Khalil	1C. LAST (FAMILY) Audeh	2. DATE OF BIRTH MONTH DAY YEAR 04/14/1907	3. DATE OF DEATH MONTH DAY YEAR 05/04/1960	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ellen Saad - DAUGHTER 2278 El Amigo Rd Del Mar CA 92014		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Camino Mortuary 5600 Carroll Canyon Rd San Diego CA 92121		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1260	8A. SIGNATURE OF APPLICANT—Person taking permit <i>R. McClinton</i>		

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

8B. DATE SIGNED: 12/21/1998

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 12/21/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT R. MCCLINTOCK: 9818365
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 VITAL RECORDS San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY El Camino Memorial Park 5600 Carroll Canyon Rd San Diego CA 92121	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12-21-98

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

of Dorothy Fox

In a T.S. Vault Funeral, date, time Wed 12-23 11:00

Church, Chapel, Graveside Chapel / Gravelite / Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 78 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund Re-Need E-5660 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 250.00

Handling Fees \_\_\_\_\_ 185.00

Flower vases - Marker setting fee 2 Twin flower vases \_\_\_\_\_ 93.86

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 19.38

Total Due 968.24

Paid receipt number M/C 968.24

Balance due 0

**PAID**  
DEC 21 1998  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed \_\_\_\_\_

X John Joseph Fox  
Signature  
X 5658 Easton Ave  
Address  
X San Diego California  
City  
X 619-287-3867 Telephone  
92120 Zip Code

Work Order # E 14772

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14772 70

# 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) <b>DOROTHY</b>		1B. MIDDLE <b>MILDRED</b>	1C. LAST (FAMILY) <b>FOX</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/21/1928</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/18/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LA MESA</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOHN J. FOX - SON 5658 EASTON AVE. SAN DIEGO, CA 92120</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.				8B. DATE SIGNED <b>12/22/1998</b>		

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>12/22/98</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222          SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-23-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-21-98

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

of Mary Jane Bellanca  
 in a ash vault Type of Burial Container Funeral, date, time THUR 12-24 AYD  
 Church, Chapel, Graveside Clairmont 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 88 Grave 2 Row \_\_\_\_\_ Section 4 Division/Block 7

Grave space & Care Fund Pre-Paid

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Pre-Paid E-14606

Burial Container "

Handling Fees "

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee "

Sales taxes "

Total Due Pre-Paid

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

*interment transfer 1-13-99*

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

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

Signature of recorded holder of deed \_\_\_\_\_

Xolene L Grove  
 Signature  
X 8565 Boothbay Place  
 Address  
X San Diego, CA 92129  
 City Zip Code  
X (619) 484-8852  
 Telephone

Work Order # **E 14773**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

E-14773

# 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) <b>MARY</b>	1B. MIDDLE <b>JANE</b>	1C. LAST (FAMILY) <b>DELLARIA</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/29/1918</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/19/1998</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>NANCY PINCE - DAUGHTER 9489 STARGAZE AVENUE SAN DIEGO, CA 92129</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CLAIREMONT MORTUARY 4266 MT. ABERNATHY AVENUE, SAN DIEGO, CA 92117</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1126</b>	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Victoria Meza</i>			8B. DATE SIGNED <b>09/22/1998</b>

ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/22/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 9813895</b>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-26-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J.P. Meza</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>GREENWOOD CREMATORY I-805 &amp; IMPERIAL AVENUE, SAN DIEGO, CA 92102</b>	12B. DATE CREMATED <b>09/23/98</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>John C. Stoddard</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12-21-98

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

of JACK MARTIN HONEA

In a liner Funeral, date, time WED 12-23 11:00

Church, Chapel, Graveside Church / Oratory; FEATHERINGILL 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. \_\_\_\_\_

202 OR 203

Lot \_\_\_\_\_ Grave 202 Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund pre need E 2803 Q

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container liner \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

Total Due 769.73

Paid receipt number R-50666 769.73

Balance due 769.73

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Orta Honea  
Signature  
8070 Orange Ave. #713  
Address  
La Mesa, Ca 9194  
City  
465-3096 Zip Code  
Telephone

Work Order # E 14774

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14774

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Jack</b>	1B. MIDDLE <b>Martin</b>	1C. LAST (FAMILY) <b>Honea</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>10/06/1913</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/20/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Quita Honea - Wife 4395 70th St. La Mesa, CA 92041</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/23/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>12/22/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818410</b> <b>C. Lathrem</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem. 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-23-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 12-21-98

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

of Matielja Goodwin

In a T-5 Vault Funeral, date, time Mon 12-28 1:00

Church, Chapel, Graveside Church/Gravelside, Regalade 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. X JKW

Lot 99 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 7

Grave space & Care Fund See-Need B-4710 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 250.00

Handling Fees \_\_\_\_\_ 185.00

Flower vases - Marking setting fee \_\_\_\_\_ —

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 19.38

**PAID**  
DEC 21 1998  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due 874.38

Paid receipt number M/C 874.38

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Judy R. Whitaker  
Signature  
#16 De La Riva St.  
Address  
X San Diego, Ca 92114  
City  
(619) 264-8428  
Telephone

Work Order # **E 14775**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14775

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# 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) <b>Matilda</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Goodwin</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/27/1909</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/18/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Judy Whitaker, Daughter 416 Radio Dr. San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort: 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judy Whitaker</i>		8B. DATE SIGNED <b>12/23/1998</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/23/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9818496
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-24-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-21-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Faye Campbell

in a T.S. Vault Type of Burial Container Funeral date, time Thur. Dec. 24 10:00  
 Church, Chapel, Graveside delivery only ; Mexkley Mitchell Ministry  
Scott

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 61 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund .....	1135.83
Additional spaces and care fund <u>TRION Flower vase</u> .....	40.93
Opening/Closing & Setup .....	375.00
Burial Container .....	250.00
Handling Fees .....	185.00
Flower vases - Marker setting fee <u>marker/setting fee</u> .....	442.80
Recording and filing fee .....	45.00
Sales taxes .....	19.38
<b>Total Due</b> .....	<b>2,500.00</b>

Nancy Hobbs  
PA  
creditor's claim  
1-15-99

Paid receipt number R 508242,500.00  
 Balance due 0

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

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

\_\_\_\_\_  
 Signature of recorded holder of deed

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Telephone

Work Order # E 14776

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14776

THE CITY OF SAN DIEGO



Thank you!

FAX TRANSMISSION

Date 12/24/98

To Peggy

Telephone \_\_\_\_\_

Fax 264-1973

Subject ordering a marker

From Catina

Telephone \_\_\_\_\_

Fax 527-3403

Pages: including this cover sheet 1

COMMENTS

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 Diego, CA 92102

Tel (619) 527-3400





E-14776

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DUBIS</b>		1B. MIDDLE <b>FAY</b>	1C. LAST (FAMILY) <b>CAMPBELL</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/09/1925</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/11/1998</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>NANCY HOBBS - PUBLIC ADMINISTRATOR</b> <b>5201 A RUFFIN ROAD</b> <b>SAN DIEGO, CA 92123</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MERKLEY-MITCHELL MORTUARY</b> <b>3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-119</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>T.C. Mitchell</i>		8B. DATE SIGNED <b>12/23/1998</b>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>12/23/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818515</b> <b>T.C. MITCHELL</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-24-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-21-98

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

of Richard Armstrong PA # 1999461

In a Green Type of Burial Container Funeral, date, time Mon 12-28 2:00

Church, Chapel, Graveside Delivery only: Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 31 Grave 3 Row \_\_\_\_\_ Section 1 Division/Block 17

Grave space & Care Fund ..... 126.00

Additional spaces and care fund ..... PD

Opening/Closing & Setup ..... 165.00

Burial Container ..... 3-17-99 50.00

Handling Fees ..... over 2 months

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

K. Howard

Total Due ..... 386.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 14777

Invoice # 310839

Acct. # 000952



E-1477

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Richard		1B. MIDDLE	1C. LAST (FAMILY) Armstrong		2. DATE OF BIRTH MONTH, DAY, YEAR 11/27/1927	3. DATE OF DEATH MONTH, DAY, YEAR 12/09/1998	4. SEX M	
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Katherine Howard-P. A. 5201-A Ruffin Rd., San Diego, CA 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>		8B. DATE SIGNED 12/23/1998
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 12/21/1998 James Hale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9818362	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 12-28-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

6 mos.  
2FTL  
10 W  
12 H  
41L  
11 H  
13 W

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12-21-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael J. Greggo Jr.

In a \_\_\_\_\_ Funeral, date, time 2:00 TUES DEC. 22

Church, Chapel, Graveside : SD Memorial Mortuary MARK/Michael

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 3981 Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 125.00

Burial Container .....

Handling Fees ..... PAID IN FULL

Flower vases - Marker setting fee ..... 12/22/98

Recording and filing fee ..... 45.00

Sales taxes .....

*mortuary to bring check*

Total Due ..... 270.00

Paid receipt number 50071 270.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address 3675 Menlo Ave

City San Diego, CA 92105

Telephone (619) 284-0527 Zip Code \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # E 14778

Acct. # \_\_\_\_\_



E-14778

# 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) <b>Michael</b>	1B. MIDDLE <b>Joseph</b>	1C. LAST (FAMILY) <b>Greggs Jr.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/15/1998</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/17/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Tamara L. Cash - Mother 3675 Menlo Ave. San Diego, CA. 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person using permit <i>M. Legaspi</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/21/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/21/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>M. Legaspi</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; PO Box 85222 San Diego, CA. 92104</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3351 Market St. San Diego, CA. 92104</b>	11B. DATE BURIED <b>12-22-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 12-21-98

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

of SIMMY MORTON

In a T.S. Vault Funeral, date, time TUES 12-29 1:00  
Type of Burial Container

Church, Chapel, Graveside Graveside ; El Cajon Mont. Mortuary.  
rite

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 175 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund .....	<b>PAID</b> <b>DEC 21 1998</b> <b>MT. HOPE CEMETERY</b> <b>CITY OF SAN DIEGO, CALIF.</b>	<u>895.00</u>
Additional spaces and care fund .....		<u>375.00</u>
Opening/Closing & Setup .....		<u>250.00</u>
Burial Container .....		<u>185.00</u>
Handling Fees .....		<u>-</u>
Flower vases - Marker setting fee .....		<u>45.00</u>
Recording and filing fee .....		<u>19.38</u>
Sales taxes .....		<u>1769.30</u>
Total Due .....		<u>1769.38</u>
Paid receipt number <u>M/C</u> .....		<u>0</u>

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

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

Signature of recorded holder of deed \_\_\_\_\_

X W.T. Myers  
 Signature  
 X 4736 Divina Way  
 Address  
 X LAMESA CA 91941  
 City Op Code  
 X 466-4586  
 Telephone

Work Order # **E 14779**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



E-14779

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

30

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JIMMIE</b>	1B. MIDDLE <b>DON</b>	1C. LAST (FAMILY) <b>MORTON</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/17/1948</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/18/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>LA MESA</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>RUTH MORTON - WIFE 8701 GOLDEN RIDGE RD LAKESIDE, CA 92040</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1022</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Brenda Bell</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/28/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/28/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818580</b> <i>Brenda Bell</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P O BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92101</b>	11B. DATE BURIED <b>12-29-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION <b>N/A DEEP SEAS THE...</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-21-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Etta Gant

In a liner Type of Burial Container Funeral, date, time wed 12-23-98

Church Church, Chapel, Graveside Church/Graveside : CA Cremation & Burial 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 59 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund Pre need D-9051

Additional spaces and care fund Pre need D-9054

Opening/Closing & Setup Pre need

Burial Container 1978 Pre need

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due \_\_\_\_\_

Paid receipt number D-9051

Balance due 0

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14780**



E-14780

# 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) <b>CHARLES</b>	1B. MIDDLE <b>ETTA</b>	1C. LAST (FAMILY) <b>GANT</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/14/1917</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/20/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CENTRO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>IMPERIAL</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>THERESA JOHNSON—NIECE 1575 BRIDGEVIEW DRIVE SAN DIEGO, CA 92105</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kim Wickes</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>12/22/1998</b>			

<b>PERMIT</b>  AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/22/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - 935 BROADWAY EL CENTRO, CA 92243</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>VITAL RECORDS P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-23-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-21-98

*family requested to witness burial*

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

of Mary L. Crenshaw

in a T.S. Vault Funeral, date, time Mon Dec. 28 1:30

Church, Chapel, Graveside Church + graveside Ragsdale Mortuary 150.00

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. X RB

Lot 73 Grave 11 Row \_\_\_\_\_ Section 15 Division/Block 7

Grave space & Care Fund ..... 1395.00

Additional spaces and care fund ..... -

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 19.38

Sales taxes ..... 19.38

Total Due ..... 2209.38

Paid receipt number 50668 1135.00

Balance due 1134.38

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Donna M. Parker  
 Signature 5455 Renner Dr.  
 Address San Diego Ca 92114  
 City (619) 266 7669 Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 14781

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



MT. HOPE CEMETERY

W.O. # E 14781

**NOTE**

1134.38

San Diego, California December 21 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand one hundred thirty four + 38/100 DOLLARS with interest from January 28, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X DONNA MARIE BAKER SIGNATURE X Donna M Baker

ADDRESS X 5450 LONDY DR San Diego, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X N9636010 SSN # X 554 06 0551

E-14781 10

# 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) <b>Mary</b>		1B. MIDDLE <b>Louise</b>	1C. LAST (FAMILY) <b>Crenshaw</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/28/1928</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/20/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Donna Baker, Daughter 5450 Lenox Dr. San Diego, California 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort., 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					8B. DATE SIGNED <b>12/22/1998</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/22/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	<b>9818401</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— # DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-28-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-22-98

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

In a Ash Vault Type of Burial Container Funeral, date, time Sunday 12-27-98 2:30  
 Church, Chapel, Graveside 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 28 Grave 3 Row \_\_\_\_\_ Section 8 Division/~~Block~~ 5

Grave space & Care Fund PAID Pre paid 0

Additional spaces and care fund Pre paid 0

Opening/Closing & Services DEC 22 1998 0

Burial Container Pre paid 0

Handling Fees MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF. \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee Pre paid 0

Sales Taxes Christine Charge - Sunday Services 210.00

Total Due 210.00

Paid receipt number R-50669 210.00

Balance due 0

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

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

\_\_\_\_\_  
 Signature of recorded holder of deed

X Patricia R. Northrup  
 Signature  
X 3402-42nd St  
 Address  
X San Diego CA 92105  
 City Zip Code  
X 619 283-1632  
 Telephone

Work Order # E 14782

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-14782

CARING CREMATION  
74307

95

# 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) MATILDA	1B. MIDDLE -	1C. LAST (FAMILY) HATTENDORF	2. DATE OF BIRTH MONTH DAY YEAR 09/06/1903	3. DATE OF DEATH MONTH DAY YEAR 12/18/1998	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELAINE R NORTHUP—DAUGHTER 3402 42ND ST SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CARING CREMATION SERVICES OF S.D. P.O. BOX 711036 S.D. CA 92171-9972		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1516	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ Rosa Nava		8B. DATE SIGNED 12/18/1998

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 12/21/1998	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ROSA NAVA
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 12-27-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE S.D., CA 92113	12B. DATE CREMATED 12/21/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

Pre need lots  
 619

City of San Diego

Date 12-22-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muslim Organization of San Diego

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial 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.

91, 92, 93, 94, 95, 96, 97, 98, 99, 100 Muslim

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund (10 @ 550.00) 5,500.00

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 5,500.00  
 Paid receipt number 50670 5,500.00  
 Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Salim Shah / ASAD  
 Signature MUSLIM ORGANIZATION SD.  
 \_\_\_\_\_  
 Address P.O. Box 261058 SD 92126  
 \_\_\_\_\_  
 City (619) 672-2646 Zip Code \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone

mailed deed  
 12-22-98

Work Order # E 14783

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-24-98

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

of Stella Brenning   
in a apn vault Type of Burial Container Funeral, date, time Wed. May 12 10:30  
Church, Chapel, Graveside with rep ; Family 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. \_\_\_\_\_

ASN PLOTS  
Lot 70 Grave 37 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund Pre-Paid 0-3082

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup " "

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes \_\_\_\_\_

Total Due 45.00

Paid receipt number R-51141 45.00

Balance due

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

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

Signature of recorded holder of deed \_\_\_\_\_

Dorothy J Shumway  
Signature  
 4455 POINT LOMA AVE  
Address  
 SAN DIEGO CA 92107  
City Zip Code  
 619 223-8625  
Telephone

Work Order # E 14784

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14784

### 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) <b>STELLA</b>	1B. MIDDLE <b>MAY</b>	1C. LAST (FAMILY) <b>KRENNING</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/01/1904</b>	3. DATE OF DEATH MONTH DAY YEAR <b>05/07/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>UCSD SCHOOL OF MEDICINE UCSD SCHOOL OF MEDICINE LA JOLLA, CA 92037</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>UCSD SCHOOL OF MEDICINE UCSD SCHOOL OF MEDICINE, LA JOLLA, CA 92037</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>NONE</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>H. Shuman</i>		8B. DATE SIGNED <b>05/15/1998</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>05/15/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>R. [Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input checked="" type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>UCSD SCHOOL OF MEDICINE LA JOLLA, CA 92037</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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




# CERTIFICATE OF DEATH E-14784

STATE OF CALIFORNIA  
USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/97)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>STELLA</b>		2. MIDDLE <b>MAY</b>		3. LAST (FAMILY) <b>KRENNING</b>				
	4. DATE OF BIRTH M/M/DD/C/CYY <b>10/01/1904</b>		5. AGE YRS. <b>93</b>	IF UNDER 1 YEAR MONTHS    DAYS	IF UNDER 24 HOURS HOURS    MINUTES	6. SEX <b>F</b>	7. DATE OF DEATH M/M/DD/C/CYY <b>05/07/1998</b>	8. HOUR <b>2115</b>	
	9. STATE OF BIRTH <b>MO</b>	10. SOCIAL SECURITY NO. <b>488-16-9821</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			12. MARITAL STATUS <b>WIDOWED</b>	13. EDUCATION—YEARS COMPLETED <b>12</b>	
	14. RACE <b>CAUCASIAN</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>SELF-EMPLOYED</b>			
	17. OCCUPATION <b>HOMEMAKER</b>		18. KIND OF BUSINESS <b>OWN HOME</b>			19. YEARS IN OCCUPATION <b>60</b>			
<b>USUAL RESIDENCE</b>	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>3235 28TH STREET</b>								
	21. CITY <b>SAN DIEGO</b>		22. COUNTY <b>SAN DIEGO</b>		23. ZIP CODE <b>92104</b>	24. YRS IN COUNTY <b>56</b>	25. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>		
	26. NAME, RELATIONSHIP <b>UCSD SCHOOL OF MEDICINE</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>UCSD SCHOOL OF MEDICINE, LA JOLLA, CA 92037</b>				
<b>SPOUSE AND PARENT INFORMATION</b>	28. NAME OF SURVIVING SPOUSE—FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>-</b>				
	31. NAME OF FATHER—FIRST <b>OZRO</b>		32. MIDDLE <b>W.</b>		33. LAST <b>GOLD</b>		34. BIRTH STATE <b>MO</b>		
	35. NAME OF MOTHER—FIRST <b>PAULINE</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>BISHOP</b>		38. BIRTH STATE <b>MO</b>		
	39. DATE M/M/DD/C/CYY <b>05/15/1998</b>	40. PLACE OF FINAL DISPOSITION <b>UCSD SCHOOL OF MEDICINE, LA JOLLA, CA 92037</b>							
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	41. TYPE OF DISPOSITION(S) <b>SU</b>			42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>			43. LICENSE NO.		
	44. NAME OF FUNERAL DIRECTOR <b>UCSD SCHOOL OF MEDICINE</b>			45. LICENSE NO. <b>NONE</b>	46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/C/CYY		
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>OWN HOME</b>		102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. MOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>SAN DIEGO</b>		
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>3235 28TH STREET</b>						106. CITY <b>SAN DIEGO</b>		
<b>CAUSE OF DEATH</b>	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>5-114</b>	
	IMMEDIATE CAUSE	(A)	<b>CARDIAC ARREST</b>				MIN		
	DUE TO	(B)	<b>CONGESTIVE CARDIOMYOPATHY</b>				MOS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO	(C)	<b>ATHEROSCLEROTIC HEART DISEASE</b>				YRS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO	(D)						<input type="checkbox"/> YES <input type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>PARALYSIS DUE TO GILLIAN-BARRE, HTN, ATRIAL FIBRILLATION</b>								
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NONE</b>								
<b>PHYSICIAN'S CERTIFICATION</b>	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 M/M/DD/C/CYY <b>12/09/1994</b>		DECEDENT LAST SEEN ALIVE M/M/DD/C/CYY <b>04/29/1998</b>		115. SIGNATURE AND TITLE OF CERTIFIER 		116. LICENSE NO. <b>G067338</b>	117. DATE M/M/DD/C/CYY <b>05/15/1998</b>	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>MARC GEHR MD, 2017 1ST AVE., SAN DIEGO, CA. 92101</b>								
<b>CORONER'S USE ONLY</b>	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE M/M/DD/C/CYY	122. HOUR	123. PLACE OF INJURY				
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)								
	126. SIGNATURE OF CORONER OR DEPUTY CORONER <b>▶</b>			127. DATE M/M/DD/C/CYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				
<b>STATE REGISTRAR</b>	A	B	C	D	E	F	G	H	
							FAX AUTH. #	CENSUS TRACT	



E-14784

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

93

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Stella</b>	1B. MIDDLE <b>May</b>	1C. LAST (FAMILY) <b>Krenning</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/01/1904</b>	3. DATE OF DEATH MONTH DAY YEAR <b>05/07/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dorothy Shumway-Daughter 4455 Point Loma Ave. San Diego, CA 92107</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Lola J. Hernandez - Curator UCSD School of Medicine, La Jolla, CA 92093</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE		8A. SIGNATURE OF APPLICANT—Person taking permit	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 26326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED			

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery, 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>5-12-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Herman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

51141



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-12, 1999

From: Dorothy Shumway Address: 4455 Pt. Loma Ave SD 92107

Forty Five and 00/100 Dollars (\$ 45.00 )

In full Payment of burial of ~~Stella Krenning~~ Stella Krenning

Lot 70 Grave 37 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 14784

BALANCE DUE 0

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>45 00</u>
	77183	
Pre-Need Trust	03033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>45 00</u>

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

2137

ISSUED BY Lyncke



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-24-98

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

of Barbara Ment  
in a liner Funeral, date, time Wed. 1-6 2:00

Church, Chapel, Graveside Graveside; Goodbody 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 640 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/Block 8

Grave space & Care Fund Pre-need B-3474 0

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

**PAID**  
JAN 05 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 769.73

Paid receipt number VISA 769.73

Balance due 0

*Roland  
Pomer 295-7007  
Brian ment*

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature [Signature]

Address 2119 BROWBACK

City BOISE ID 83702

Telephone 208-344-3987 Zip Code

Work Order # E 14785

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

bill merit  
208 - 388 - 4876

PAID

JAN 1938

PAID



E-14785  
860

# 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) <b>BARRARA</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>MERIT</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/08/1912</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/23/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BRIAN JOHN MERIT - NEPHEW 2119 BRUMBACK STREET BOISE, ID 83702</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOODBODY MORTUARY: 5027 EL CAJON BLVD SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>FD-790</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>01/05/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>1/5/99</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA</b> <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-6-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-28-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FLORENCE TATE MAC NEIL <sup>2.30</sup>

In a LINER Funeral, date, time WED 12-30-98

Church, Chapel, Graveside GRAVESIDE : WELCH-RYCE-KAIDER Mortuary: S.M

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 1537 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund PRE-NEED C-0048 ⊗

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 769.73

Paid receipt number 50183 769.73

Balance due ⊗

FAX 805-966-0515  
 phone 805-965-5145  
 MORTUARY to  
 bring check.

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

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

Signature of recorded holder of deed \_\_\_\_\_

X  
 X Signature  
 X Address *see attached*  
 X City Zip Code  
 X Telephone

Work Order # E 14786

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12-28-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FLORENCE TATE MacNeill

In a LINER Funeral, date, time WED 12-30-98

Church, Chapel, Graveside GRAVESIDE : WELCH-RYCE- Mortuary,  
RAIDER

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 <u>1537</u> Grave _____ Row _____ Section <u>B</u> Division/Block <u>B</u>	
Grave space & Care Fund _____ <u>PRE-NEED C-0048</u>	<u>0</u>
Additional spaces and care fund _____	
Opening/Closing & Setup _____	<u>375.00</u>
Burial Container _____	<u>190.00</u>
Handling Fees _____	<u>145.00</u>
Flower vases - Marker setting fee _____	<u>—</u>
Recording and filing fee _____	<u>45.00</u>
Sales taxes _____	<u>14.73</u>
Total Due _____	<u>769.73</u>

Paid receipt number \_\_\_\_\_ Balance due \_\_\_\_\_

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

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

Signature of record holder of deed \_\_\_\_\_

X Darrell B. Tate  
 Address 915 Veronica Springs Rd  
 City Santa Barbara Zip Code 93105  
 Telephone (805) 687-7386

Work Order # E 14786

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

MEA-104 (1-96)

This information is available in alternative formats upon request.  
© Printed on recycled paper

Darrell B. Tate  
915 Veronica Springs Road  
Santa Barbara, CA 93105  
(805) 687-7386





E-14786

88

# 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) <b>FLORENCE</b>	1B. MIDDLE <b>MARY</b>	1C. LAST (FAMILY) <b>MAC NEIL</b>	2. DATE OF BIRTH <b>01/07/1910</b>	3. DATE OF DEATH <b>12/26/1998</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>SANTA BARBARA</b>		5B. COUNTY OF DEATH <b>SANTA BARBARA</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DARRELL TATE, SON 915 VERONICA SPRINGS SANTA BARBARA, CA, 93105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA — FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>WELCH-RYCE-HAIDER 15 E SOLA ST, SANTA BARBARA, CA, 93101</b>		7B. CA LICENSE NUMBER — IF APPLICABLE <b>FD303</b>		8A. SIGNATURE OF APPLICANT — Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health & Safety Code, and was authorized pursuant to Section 7100 of the Health & Safety Code.			
		8B. DATE SIGNED <b>12/26/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>12/29/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>FAX Authorization # 1055457</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA <b>SANTA BARBARA COUNTY HEALTH CARE SERVICES 345 CAMINO DEL REMEDIO SANTA BARBARA, CA, 93110</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>SAN DIEGO COUNTY DEPARTMENT OF HEALTH 3851 ROSECRANS ST SAN DIEGO, CA, 92110</b>		

10. AUTHORIZED DISPOSITION(S) <b>BURIAL (INCLUDES ENTOMBMENT)</b>	FOR CORONER'S USE ONLY
--	------------------------

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY SAN DIEGO, CA</b>	11B. DATE BURIED <b>12-30-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 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.

with Edward Johnston

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-28-98

PO Box 720776  
Pineon Hills, CA  
92372-0776  
760-868-2913  
Diana Berry's Interment

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

of WAENITA ESLINGER  FRI

In a ASH VAULT Type of Burial Container Funeral, date, time 1-8-99 1:00

Church, Chapel, Graveside Graveside Mortuary: FAMILY

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 51 Grave Row Section 100F Block 23

Grave space & Care Fund	PRE-NEED	<input checked="" type="checkbox"/>
Additional spaces and care fund		
Opening/Closing & Setup	PRE-NEED E-19525	<input checked="" type="checkbox"/>
Burial Container	" "	<input checked="" type="checkbox"/>
Handling Fees	" "	<input checked="" type="checkbox"/>
Flower vases - Marker setting fee		
Recording and filing fee	" "	<input checked="" type="checkbox"/>
Sales taxes	" "	<input checked="" type="checkbox"/>

Total Due

Paid receipt number

Balance due

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

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

Signature Diana W. Berry

Signature of recorded holder of deed

Address

City Zip Code

Telephone

Work Order # E 14787

Invoice #

Acct. #



E-14787

88

# 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) <b>Wenita</b>	1B. MIDDLE <b>Ethel</b>	1C. LAST (FAMILY) <b>Eslinger</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/25/1910</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/28/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Highland</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Bernardino</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Olena Barry - Daughter</b> <b>P.O. Box 720776</b> <b>Pinon Hills, CA 92372</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Victor Valley Mortuary, Inc.</b> <b>15609 11th Street, Victorville, CA 92392</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F 1452</b>	8A. SIGNATURE OF APPLICANT—Person taking permit		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 13075 of the Health and Safety Code, and was authorized pursuant to Section 7200 of the Health and Safety Code.		8B. DATE SIGNED	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/29/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>L. Piatroniro</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>351 Mt. View Avenue</b> <b>San Bernardino, CA 92415</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. Box 85222</b> <b>San Diego, CA 92186</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery</b> <b>3751 Market Street, San Diego, CA</b>	11B. DATE BURIED <b>1-8-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Victor Valley Memorial Park</b> <b>17150 'C' Street, Victorville, CA</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

1ST BURIAL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-28-98

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

of NAPOLÉON JONES SR

In a DOUBLE DEPTH Funeral, date, time WED 12-30 11:00

Church, Chapel, Graveside CHURCH / GRAVESIDE RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 3057 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund PRE-NEED E-4469

Additional spaces and care fund 1988 7383

Opening/Closing & Setup PRE-NEED E-3007

Burial Container " "

Handling Fees " "

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee " "

Sales taxes " "

Total Due 0

*interfuner transfer  
1-25-99*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

X  
Signature \_\_\_\_\_

X  
Address \_\_\_\_\_

X  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

X  
Telephone \_\_\_\_\_

*See attached*

Invoice # \_\_\_\_\_

Work Order # E 14788

Acct. # \_\_\_\_\_





E-14788

86

# 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) <b>Napoleon</b>		1B. MIDDLE <b>A1</b>	1C. LAST (FAMILY) <b>Jones, Sr.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/22/1912</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/26/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lillie Jones, Wife 3086 Loggn Ave. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7390 of the Health and Safety Code.				8B. DATE SIGNED <b>12/29/1998</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/30/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9818747</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>12-30-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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





OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51029



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

MOUNT HOPE CEMETERY

527-3400

Date: 4-12, 1999

From: Napoleon A. Jones Jr Address: 11956 Bernardo Plaza Dr #531 S D 92128

One hundred forty eight <sup>70</sup>/<sub>100</sub> Dollars (\$ 148.70 )

In full Payment of Marker setting fee - galvanized  
flower vase Napoleon Jones

Lot 3057 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11788

BALANCE DUE 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.

ISSUED BY J. Shickell

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100	10	00
Handling Fee	77185	13	00
Recording & Misc. Fees	100	125	00
Pre-Need Trust	83033		
Sales Tax	9022		
	60101		78
	78390		
TOTAL PAID	\$	148	78

1311



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12/28/98

*family requested to witness burial*

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

of Linda Watson

in a liner chapel Funeral, date, time Thur. Dec. 31 1:00

Type of Burial Container Church Chapel Graveside Church/Graveside Ragsdale Mortuary 150.00

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. X 5 W

✓ Lot 52 Grave 2 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund	<b>PAID</b> JAN 04 1999 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF	895.00
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		1664.73
Paid receipt number <u>R-50078</u>		832.00
Balance due	832.73	

*30 day note*

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

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

Signature of recorded holder of deed

19825 Orange Ave  
 Signature Shelma Zilber  
 Address Escondido Calif  
 City 352 4993 Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 14789

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

MT. HOPE CEMETERY

W.O. # E 14789

**NOTE**

\$ 832.73 San Diego, California December 28 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight hundred thirty two + 73 DOLLARS with interest from February 1, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X THELMA WATSON SIGNATURE X Thelma Watson

ADDRESS X 198 W Orange Ave EL Centro Calif 92243

CALIFORNIA DRIVER LICENSE NUMBER X B0812476 SSN # X 431-32-2021



E-14789  
50

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Linda</b>		1B. MIDDLE -	1C. LAST (FAMILY) <b>Watson</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/02/1948</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/25/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Helen Avery, Aunt</b> <b>138 Old Oak Dr.</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>12/30/1998</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/30/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818806</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>12-31-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51154



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-17, 1999

From: Thelma Watson Address: 3530 Camino Del Rio N Suite 202  
Twenty three a 72/100 Dollars (\$ 23 78)

In full Payment of personalized flower vase

Lot 52 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
Adct. No. \_\_\_\_\_  
W.O. E-14789  
BALANCE DUE 23 78

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

ISSUED BY J. Middleton

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100	10	00
Handling Fee	77182	13	00
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101		78
	78390		
TOTAL PAID	\$	23	78

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
262



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-29-90

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

In a LINER Type of Burial Container Funeral, date, time WED 12-30 1:00

Church, Chapel, Graveside CHAPEL / GRAVESIDE: CA BURIAL MARTIN 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. X

✓ Lot 112 Grave 5 Row \_\_\_\_\_ Section 3 Division/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

Paid receipt number R 50087 782.73

Balance due 782.00  
782.36

30-DAY  
NOTE  
MORTUARY TO  
BRING HALF X

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

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

Signature of recorded holder of deed \_\_\_\_\_

X \_\_\_\_\_  
Signature  
X \_\_\_\_\_  
Address  
X \_\_\_\_\_  
City  
X \_\_\_\_\_  
Telephone

*See attached*

Invoice # 310929

Work Order # E 14790 acct. # 097588

1-25 99

1-28-99 E-14790

Dorothy Washington

called to state

that she is not  
going to pay the  
balance of E14790.

paid she paid the  
mortuary the full  
amount on the day  
of service and they  
had her sign the fax copy  
of paperwork at 10:00 AM  
on the day of service. she  
didn't realize what she →



was signing.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Case 12-29-98  
E-14790

You are hereby authorized and authorized, subject to applicable law and regulations, to enter the records

of WEST WASHINGTON

in a LINEA funeral with the WED 12-30 1:00

Church, Chapel, CHURCH OF CHRIST, CHURCH OF CHRIST, CHURCH OF CHRIST

at 150.00

12-29-98

Case 119 5 3 12

Amount 275.00

Amount 375.00

Amount 190.00

Amount 145.00

Amount 45.00

Amount 14.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

Amount 1564.73

W.O. # E-14790

NOTE

MT. HOPE CEMETERY

782.73

San Diego, California December 29 1998

Thirty days after date for this received, I have signed and promised to pay San Diego City Treasurer, or  
2751 Market Street, San Diego, CA 92101 the sum of SEVEN HUNDRED EIGHTY TWO AND 73/100 DOLLARS  
with interest from 1-31-99 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 principal and the right to assert any statute of limitations. A married  
person who signs this note agrees that recourse may be held against his or her separate property for any obligation  
contained herein. If any action be instituted on this note, the undersigned promises to pay such sum as the Court  
may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code  
authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME J. DUBAT SIGNATURE J. DUBAT

ADDRESS 4180 Louisiana St #36

CALIFORNIA DRIVER LICENSE NUMBER X None SSN X 442-30-5021



MT. HOPE CEMETERY

W.O. # E-14790

# NOTE

\$ 782-73 San Diego, California December 29 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of SEVEN HUNDRED EIGHTY TWO <sup>73</sup>/<sub>100</sub> DOLLARS with interest from 1-31-99 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

E - 14790

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

28

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>WEST</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>WASHINGTON</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/05/1920</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/23/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LINDA M. FAMBROUGH-DAUGHTER 5609 N.E. 32ND AVENUE PORTLAND, OR 97211</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>12/28/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>9818945998</b> <b>K. WALKER</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9818745</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>12-30-98</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-29-98

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

In a liner Type of Burial Container Funeral, date, time MON. Jan. 4 1:00  
Church, Chapel, Graveside graveside ; Mayer Mortuary,  
Jim

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 108 Grave 4 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 11

Grave space & Care Fund preneed E 11570 ~~2~~

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup preneed E 11570 ~~2~~

Burial Container preneed E 11570 ~~2~~

Handling Fees pre need E 11570 ~~2~~

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee preneed E 11570 ~~2~~

Sales taxes preneed E 11570 ~~2~~

Total Due 2000

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14791**

Acct. # \_\_\_\_\_

281-7587



E-14791

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

1A. NAME OF DECEDENT—FIRST (GIVEN) Ruth		1B. MIDDLE Marie	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH, DAY, YEAR 03/08/1909	3. DATE OF DEATH MONTH, DAY, YEAR 12/29/1998	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Karen Shell-P. A. 5201-A Ruffin Rd., San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 12/31/1998		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 12/31/1998 James Hale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9818868
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 1-4-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 12/30/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John/Jane Doe PA 1999526 ME 98-1492

In a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Mayer 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 \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 380.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # E 14792

Acct. # \_\_\_\_\_

REA-104 (7-96)

This information is available \_\_\_\_\_ if.

Printed on recycled paper

**skeleton  
remains**

**E-14792**

**NOTED**  
**RECORDED**  
**E 14792**

**R. BARR P.A.**



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/30/98

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

of Tula F. Smith (X)

In a Ash vault Funeral, date, time Wed 1-6 AFD

Church, Chapel, Graveside delivery only; Merkley Mitchell

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 82 Grave 4 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 7

Grave space & Care Fund preneed A 7024 8

Additional spaces and care fees \_\_\_\_\_ -

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 55.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker \_\_\_\_\_ -

Recording and filing fees \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 4.26

Total Due 269.26

mortuary to bring check

Paid receipt number R-50707

Balance due 0

**PAID**  
JAN 06 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature  
X Address  
X City Zip Code  
X Telephone

*See attachment*

Work Order # E 14793

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

MR PIKE:

Please sign where  
I've marked and  
return in enclosed  
envelope.

Thank You

David Greiner

Thank you  
M. Pike

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/30/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Tula F. Smith (X)

In a Ash Vault Funeral, date, time

Church, Chapel, Graveside delivery only: Merrilee Mitchell  
David

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 82 Grave 4 Row \_\_\_\_\_ Section 2 Divisary/Block 7

Grave space & Care Fund preneed A 1024

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 4.24

mortuary to bring Total Due 269.20

check Paid receipt number \_\_\_\_\_

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

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

Signature of record holder of deed [Signature]  
677 G STREET #145  
CHUCA VISTA, CA 92009  
(619) 427-8158  
Zip Code 91910

Work Order # E 14793 Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

DEC-30-98 MED 13:08 ID:MT HOPE CEMETERY TEL NO: #851 P02



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14793

94 (X)

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>TULA</b>	1B. MIDDLE <b>FRANCES</b>	1C. LAST (FAMILY) <b>SMITH</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/22/1904</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>12/28/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MARTIN E. PIKE - SON 677 G STREET, #145 CHULA VISTA, CA 91910</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MERKLEY-NITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-119</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>T.C. Mitchell</i>		8B. DATE SIGNED <b>12/29/1998</b>

**ACKNOWLEDGMENT OF APPLICANT**

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 2100 of the Health and Safety Code.

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/29/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>T.C. MITCHELL</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

**10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS**

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

**FOR CORONER'S USE ONLY**

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 ( SAN DIEGO COUNTY )</b>	11B. DATE BURIED <b>1-6 99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>OCEANVIEW CREMATORY, 1625 GISLER AVENUE, COSTA MESA, CA 92626-2201 ( ORANGE COUNTY )</b>	12B. DATE CREMATED <b>DEC 31 1998</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-31-98

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

of ANDREW DUFFEY

in a LINER Funeral, date, time TUE 1-5 11:00

Church, Chapel, Graveside CHURCH/GRAVESIDE CA BURIAL 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. X

Lot 264 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 27.80% 795.00

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... PAID IN FULL 375.00

Burial Container ..... 6-11-99 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 45.00

Sales taxes ..... .36 14.73

Total Due ..... 1564.73

Paid receipt number R-50709 782.37

Balance due 782.36

**30-DAY NOTE  
 MORTUARY TO BRING  
 CHECK 782.00**

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

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

Signature of recorded holder of deed \_\_\_\_\_

X \_\_\_\_\_  
 Signature  
X \_\_\_\_\_  
 Address  
X \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code  
X \_\_\_\_\_  
 Telephone

*See attached*

Work Order # E 14794

Invoice # 310955

Acct. # 097599



Balance 782.36  
- 200.00  

---

582.36

paid 2-23  
Balance





MT. HOPE CEMETERY

W.O. # E-14794

# NOTE

\$ 782.73 San Diego, California DECEMBER 31 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of SEVEN HUNDRED EIGHTY TWO <sup>73</sup>/<sub>100</sub> DOLLARS with interest from FEBRUARY 6, 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 authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-31-98  
E-14794

You are hereby authorized and instructed to collect for your name and regulations, please see reverse  
of ANDREW DUFFEY

or LSNER

Church, Chapel or CHURCH / GRAVESIDE TUE 1-5 11:00

All funeral costs will be PAID FOR BY THE CITY OF SAN DIEGO if the funeral was held on a public holiday or if the funeral was held on a day which is a public holiday in the City of San Diego. A charge of \$150.00 will be applied and added to the invoice. X

Lot 264 Grave 3 Plot 2 Other 12

Grave Vault & Case Price 795.00

Funeral Home & Case Price 375.00

Funeral Home & Case Price 190.00

Funeral Home & Case Price 15.00

Funeral Home & Case Price 14.73

Funeral Home & Case Price 1567.73

30-DAY PAY  
CONVY TO S.D.C.  
CHECK 782.00

- Delores Duffey
- 2516 Fairmount Ave #B
- San Diego, CA 92105
- (619) 388-5513

Order # E 14794

MT. HOPE CEMETERY

WO. # E-14794

NOTE

\$ 782.73 San Diego, California DECEMBER 31 1998  
Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of SEVEN HUNDRED EIGHTY TWO & 73/100 DOLLARS with interest from FEBRUARY 6, 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 hereafter 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 promises to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7523 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 DELORES DUFFEY SIGNATURE X Delores Duffey  
ADDRESS X 2516 Fairmount Ave #B 92105  
CALIFORNIA DRIVER LICENSE NUMBER X N 3738387 X 452-94-1118



E-14794

41

# 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) <b>ANDREW</b>		1B. MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>DUFFEY</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/05/1957</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>FOUND</b> <b>12/25/1998</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>RENA DUFFEY—MOTHER</b> <b>4716 CEREZA STREET #B</b> <b>SAN DIEGO, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL</b> <b>5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom Walker</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7150 of the Health and Safety Code.				8B. DATE SIGNED <b>12/31/1998</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>12/31/1998</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>K. WALKER</b>	<b>9818910</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET</b> <b>SAN DIEGO, CA 93102</b>	11B. DATE BURIED <b>1-5-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
	SCATTERING 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 <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>

COPY 2 IS RETAINED BY 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 instructed, subject to your rules and regulations, to inter the remains

of Sacajawea Regina Patrick

in a double depth crypt Funeral, date, time Tues. Jan 5 1:00

Church, Chapel, Graveside Church + on side Ragsdale 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. X KB

Lot 28 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... 150.00

Recording and filing fee ..... 45.00

Sales taxes ..... 29.45

Total Due ..... 1944.45

Paid receipt number R50089 ..... 1,000.00

Balance due ..... 944.45

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Ramona E Bourne  
Signature

333 Lausanne Dr  
Address

San Diego 92114  
City Zip Code

619-263-8801  
Telephone

Work Order # E 14795

Invoice # 310956  
Acct. # 097600

REA-104 (7-96) This is E-14795 mats upon request. 1-26-99

Service can  
in at 3:20  
DUE \$1,094.45



2-3-99 paid 94.45 ch # 1174  
owes 1000.00

4795

INV NO	DATE	NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	DATE OPER	BY BN/EQ	REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
310956	01/26/99	097600	RAMONA BOURNE		77181	000072	02/18/99	CK	CK#1062	1,000.00	1,094.45	0.00
			100 072		77182	000072				155.33		PAID IN FULL
			100 072		77183	000072				347.21		
			100 072		77185	000072				178.17		
			100 072		78390					292.38		
			60101							26.91		

E-14795

*[Handwritten mark]*



E-14795

000.....  
0.4

170.00 + o/c

380.00 +

320.00 +

195.00 + *per*

29.45 +

005.....

1094.45 +

MT. HOPE CEMETERY

W.O. # E14795

**NOTE**

\$ 944.45 San Diego, California December 31 1998

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 hundred forty four & 45/100 DOLLARS with interest from February 5, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X Ramona E Bourne SIGNATURE X Ramona E Bourne  
ADDRESS X 333 Lausanne Dr San Diego, CA. 92114-4610  
CALIFORNIA DRIVER LICENSE NUMBER X C0116804 SSN# X 56076-4110  
EX 3/99



E-14795

46

# 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) <b>Sacajawea</b>	1B. MIDDLE <b>Regina</b>	1C. LAST (FAMILY) <b>Patrick</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/30/1952</b>	3. DATE OF DEATH MONTH DAY YEAR <b>12/30/1998</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kenneth A. Patrick, My Husband 7758 Gribble St. San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Reggdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Abbe Whelan</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 71009 of the Health and Safety Code.		8B. DATE SIGNED <b>12/31/1998</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/04/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900080</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-5 99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. J. M. B.</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
	SCATTERING 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 <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>

COPY 2 IS RETAINED BY 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

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura & Gordon MacLean

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial 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 148 Grave 223 Row \_\_\_\_\_ Section 2 Division/Block 12  
Grave space & Care Fund 2 at 895.00 1790.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**  
JAN 04 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 1790.00  
Paid receipt number M/C 1790.00  
Balance due 0

*Grave 3 is for  
Daniel R.  
Mathies*

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

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

Signature of recorded holder of deed \_\_\_\_\_

X L.A. MacLean  
Signature  
X 10 Pop 1433  
Address  
X Spring Valley Ca 91979  
City Zip Code  
X (619) 470-2780  
Telephone

Work Order # **E 14796**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14796

Daniel R Mathews  
584 Via Primavera Ct  
San Jose Ca 95111

seeds each  
to

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-4-99

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

of Constance Smith

in a ash vault Funeral, date, time Thu 1-7 2:00

Church, Chapel, Graveside Graveside : Express View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ White

will be applied and billed to undersigned.

Lot 17 Grave to ? Row \_\_\_\_\_ Section MAS Division 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

Total Due 269.26

Paid receipt number 50695

Balance due 0

*Betty 443-7131  
OPEN BOOK  
LATE*

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

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

X Betty Wood  
Signature  
X 6150 Atwood Ave.  
Address  
X Las Vegas, NV 89108  
City Zip Code  
X 702-645-3645  
Telephone

Signature of recorded holder of deed

*FAMILY TO  
WITNESS  
Burial*

Work Order # E 14797

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14797

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) <b>CONSTANCE</b>	1B. MIDDLE <b>FAYE</b>	1C. LAST (FAMILY) <b>SMITH</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/31/1908</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/04/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LAKE SIDE</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>RALPH L. SMITH - SON 8318 SKY RIM DR LAKE SIDE, CA 92040</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CYPRESS VIEW/BONHAM BROTHERS MORTUARY 3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-670</b>	8A. SIGNATURE OF APPLICANT—Person taking permit		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 70025 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>01/05/1999</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/05/1999</b> <b>F Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900160</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-7-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>	12B. DATE CREMATED <b>1/6/99</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 1-4-99

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

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Mary Mitchell 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 \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Invoice #

\_\_\_\_\_  
Acct. #

Work Order # **E 14798**

REA-104 (7-98)

This information is available in alternative formats upon request.

1-12-99 E-14798  
Death - Mary Mitchell  
will let us know  
details at later  
date  
which grave



E-14798

LOT 5 GR. 1 thru 12 MAS. DIV. B

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-5-99

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

of Jessie G. Singleton

in a Double Death Funeral, date, time Fri 1-8 11:00

Church, Chapel, Graveside Church/Graveside: La Bernal Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. Xleg

✓ Lot 110 Grave 9 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting .....

Recording and filing fee ..... 45.00

Sales taxes ..... 29.45

Total Due ..... 1944.45

Paid receipt number R-50704 1944.45

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Corayne Cummings  
Signature  
X 4130 San Miguel  
Address  
X San Diego CA 92113  
City Zip Code  
X 1619 264 3894 per 2609531  
Telephone

Work Order # E 14799

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50733



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

MOUNT HOPE CEMETERY  
527-3400

Date: 1-11 1999

From: Dwayne Cummings Address: 4130 San Miguel San Diego 92113

One Hundred Twenty Five Dollars (\$ 125.00)

In full Payment of Marker Setting Fee for  
Jessie Singleton Seaman Poe 12 x 30

Lot 110 Grave 9 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14799

BALANCE DUE 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.

ISSUED BY S. Shultz

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	<u>125.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

E-14799

86

# 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) <b>JESSIE</b>	1B. MIDDLE <b>MAE</b>	1C. LAST (FAMILY) <b>SINGLETON</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>10/22/1912</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/04/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DEWAYNE CUMMINGS—GRANDSON 4130 SAN MIGUEL AVENUE SAN DIEGO, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Kim Walker</i> <b>01/08/1999</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/08/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>K. WALKER</b> <b>9900409</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-8-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
	SCATTERING 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 <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>

COPY 2 IS RETAINED BY 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

By 2-10

Date 1-5-99

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

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial 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 \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_ 23.78

Recording and filing fee \_\_\_\_\_ marker setting fee 125.00

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 148.78

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Exp. Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14800**

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-5-99

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

in a LINER Type of Burial Container Funeral, date, time MON. 1-11 1:00  
 Church, Chapel, Graveside CHapel / GRAVESIDE RAGSDALE 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. X

<input checked="" type="checkbox"/> Lot <u>176</u>	Grave <u>11</u>	Row _____	Section <u>1</u>	Division/Block <u>12</u>
Grave space & Care Fund <u>Pre-Paid E-9177</u>				
Additional spaces and care fund _____				
Opening/Closing & Setup <u>1991</u> " " <u>6</u>				
Burial Container _____				
Handling Fees " " <u>0</u>				
Flower vases - Marker setting fee _____				
Recording and filing fee " " <u>0</u>				
Sales taxes " " <u>0</u>				
Total Due _____				<u>0</u>
Paid receipt number _____				<u>0</u>
Balance due _____				<u>0</u>

*Interment transfer 2-1-99*

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address See attached  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

Work Order # **E 14801**

invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_





E-14801

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

88

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Augusta</b>		1B. MIDDLE -	1C. LAST (FAMILY) <b>Alford</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/25/1910</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/04/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>La Jolla</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>James, Hamilton, Son</b> <b>324 "C" St. Apt. 156</b> <b>Chula Vista, CA 91910</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>James Hamilton</i> <b>01/06/1999</b>	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/08/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>James Hamilton</i> <b>0900397</b>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-11-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 1-5-99

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

in a T.S. Vault Type of Burial Container Funeral, date, time Wed. 1-6 12:00  
 Church, Chapel, Graveside Graveside ; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned. \_\_\_\_\_

✓ Lot <u>936</u>	Grave _____	Row _____	Section _____	Division/Bleek <u>10</u>
Grave space & Care Fund <u>Pre-Paid c-8535</u>				<input checked="" type="checkbox"/>
Additional spaces and care fund _____				
Opening/Closing & Setup _____				<input checked="" type="checkbox"/>
Burial Container _____				<input checked="" type="checkbox"/>
Handling Fees _____				<input checked="" type="checkbox"/>
Flower vases - Marker setting fee _____				
Recording and filing fee _____				<input checked="" type="checkbox"/>
Sales taxes _____				<input checked="" type="checkbox"/>
Total Due _____				<input checked="" type="checkbox"/>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

William F. Hartung  
 Signature  
 5733 Zuma St.  
 Address  
 San Diego, 92105  
 City Zip Code  
 619-582-0543  
 Telephone

Invoice # \_\_\_\_\_

Work Order # **E 14802**

Acct. # \_\_\_\_\_

E14802

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

92

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ETHEL</b>	1B. MIDDLE <b>MAY</b>	1C. LAST (FAMILY) <b>SAXTON</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/23/1906</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/01/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LA MESA</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>WILBUR L. SAXTON, SON 5733 THORN ST SAN DIEGO, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <b>P. Valentine 01/03/1999</b>		

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

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <i>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</i>	8A. AMOUNT OF FEE PAID <b>\$7.00</b>	8B. DATE PERMIT ISSUED <b>01/04/1999</b> <b>P. Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900088</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-6-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 1-5-99

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

of Patricia Ann Koontz

In a TS Vault Type of Burial Container Funeral, date, time Sat 1/9/99 11:00

Church Church 3:00 Ragsdale Mortuary.

All Funeral cars must arrive before 9:00 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

✓ Lot 13 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 11

**PAID**  
 JAN 11 1999  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Grave space & Care Fund .....	159.00
Additional spaces and care fund .....	602.00
Opening/Closing & Setup .....	375.00
Burial Container .....	250.00
Handling Fees .....	145.00
Flower vases - Marker setting fee .....	125.00
Recording and filing fee <u>600.00 lat Overtime</u> .....	645.00
Sales taxes .....	14.73

Overtime #602.00 Ragsdale will have check.

Total Due 2349.73  
 Paid receipt number R-50710 600.00  
 Balance due 1749.73  
R-50732 1749.73

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

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

Signature of recorded holder of deed \_\_\_\_\_

Zonella Black  
 Signature  
1690 Seacrest Dr. #D  
 Address  
San Diego, CA 91932  
 City  
(619) 433-6860  
 Telephone  
 Zip Code

Work Order # **E 14803**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

with Gilbert Mummy  
(T.S. Vault)

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-6-99

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

of MARY Evelyn Mummy **THE**

In a ASH VAULT Type of Burial Container Funeral, date, time 1-12-99 1:00

Church, Chapel, Graveside Graveside : Featherhill 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 2226 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 55.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 4.26

Total Due \_\_\_\_\_ 269.26

Paid receipt number R-50723 269.26

Balance due 0

**PAID**  
JAN 08 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Steve will  
be in to pay

**X GRANDSON**

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address 2617 Ocean Front  
San Diego 92109  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
488-3715 (do not give out)  
Telephone \_\_\_\_\_

Work Order # **E 14804**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-14804

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Mary</b>		1B. MIDDLE <b>Evelyn</b>	1C. LAST (FAMILY) <b>Mumy</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/09/1913</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/05/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Steven G. Mumy - Grandson 2617 Ocean Front Walk San Diego, CA 92109</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>01/07/1999</b>

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>01/07/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>C. Lathrem</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem. 3751 Market St. San Diego, CA 92109</b>	11B. DATE BURIED <b>1-12-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Pacific Crematory 571 J Crane St. Lake Elsinore, CA 92530</b>	12B. DATE CREMATED <b>1/12/99</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

14803

45

# 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) <b>Patricia</b>	1B. MIDDLE <b>Ann</b>	1C. LAST (FAMILY) <b>Konantz</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/15/1953</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/02/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>La Jolla</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Zanella M. Black, Mother 1680 Seacoast Dr. #D Imperial Beach, CA 91932</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> <b>01/05/1999</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition claimed herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/07/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900337</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-9-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-6-99

*Pre-Need Trust*

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

In a liner Funeral, date, time \_\_\_\_\_  
Type of Burial 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 12

Grave space & Care Fund Pre-Need E-13995 0

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

**PAID**  
 JAN 6 1999  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due 769.73

Paid receipt number R-50708 769.73

Balance due 0

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 14805**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Casket measurements  
12 W  
24 L

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-6-99

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

of Carolyn Howard

in a \_\_\_\_\_ Funeral, date, time Mon. 1-11 11:00

Church, Chapel, Graveside Graveside; Co. Burial 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 1636 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund \_\_\_\_\_ 100.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 125.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_

Total Due 270.00

Paid receipt number R-50729 270.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Mary Ann [Signature]  
Signature  
3433 ALEXANDRA AVE.  
Address  
SPRING VALLEY, CA 91977  
City  
(619) 464-0060  
Telephone  
Zip Code

Work Order # E 14806

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



51025

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY  
527-3400

Date: 4-9, 19 99

From: Teresa Watkins Address: 3433 Alexandra Ave S.D. 91977

Eighty and 00/100 Dollars (\$ 80.00 )

In full Payment of setting fee for marker of Carolyn Howard

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14806

BALANCE DUE A

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

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Container*	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	<u>80 00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>80 00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

6191

ISSUED BY Lynda

E 14806

# 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) <b>CAROLYN</b>	1B. MIDDLE <b>NIKAYLE</b>	1C. LAST (FAMILY) <b>HOWARD</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/03/1999</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/05/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GAYLE HOWARD—MOTHER 2843 KEEN DRIVE SAN DIEGO, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAMON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE, SIGNED <b>01/08/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/08/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>K. WALKER</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-11-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-6-99

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

of Elsa Soruto

In a liner Funeral, date, time 1-12-99 11:30

Church, Chapel, Graveside Church; Guadalupe 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 114 Grave 9 Row \_\_\_\_\_ Section 3 Division/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..... 145.00

Flower vases - Marker setting fee..... \_\_\_\_\_

Recording and filing fee..... 45.00

Sales taxes..... 14.73

Total Due..... 1564.73

Paid receipt number 50720 800.00

Balance due 764.73

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

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

Signature of recorded holder of deed

X BORWARD Soruto  
Signature

Address

City

Zip Code

Telephone

Work Order # E 14807

Invoice # 311076

Acct. # 097656

MT. HOPE CEMETERY

W.O. # E 14807

## NOTE

\$ Seven Hundred Sixty Four &  $\frac{73}{100}$  San Diego, California 1-7 19 99

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Sixty Four &  $\frac{73}{100}$  DOLLARS with interest from Bernardo Serato on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME \_\_\_\_\_ SIGNATURE Bernardo Serato

ADDRESS 3138 1/2 G St. San Diego, CA

CALIFORNIA DRIVER LICENSE NUMBER \_\_\_\_\_ SSN # J266-99-3361



E-14807

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 097650

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-10-99

PAID BY (CIRCLE ONE): CA  CH  NF

PAYMENT REFERENCE NUMBER \_\_\_\_\_

AMOUNT PAID 764.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Bernardo Leruto

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) \_\_\_\_\_

CUSTOMER (PAYOR) ADDRESS \_\_\_\_\_

REMARKS E-14807 <also Leruto>

CASHIER \_\_\_\_\_

INV. NO. 311076

E 14807

# 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) <b>ELSA</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>SERUTO</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/22/1952</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/02/1999</b>	4. SEX <b>F.</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BERNARDO SERUTO—BROTHER 3138 1/2 G ST. SAN DIEGO, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA MEM. CHAPEL &amp; MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as Applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>01/11/1999</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>01/11/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>NANCY LOPEZ</b>	9900518
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -----			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-12-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-6-99

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

of Elue Lena Bennett

in a liner Funeral, date, time 1-8-99 1:00

Church, Chapel, Graveside; SD Memorial 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 1048 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 125.00

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due 150.00 1889.73

Paid receipt number R-50731 150.00

Balance due 0

**PAID**  
JAN 08 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

*Mark will bring check*

*LATE SERVICE*

*32 apr*

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

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

*Juanita Bennett*  
Signature  
835 CEDARBEND WAY  
Address  
CHULA VISTA, CA. 91910  
City Zip Code  
619-421-7027  
Telephone

Signature of recorded holder of deed

Work Order # **E 14808**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

REA-104 (7-88)

This information is available in alternative formats upon request.

14808  
85

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Elue</b>		1B. MIDDLE <b>Lena</b>	1C. LAST (FAMILY) <b>Bennett</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/13/1913</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/01/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Julius Bennett - Son 835 Cedarbend Way Chula Vista, CA. 91910</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>		6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			BB. DATE SIGNED <b>01/04/1999</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/05/1999</b> <b>M. Legaspi</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900117</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; PO Box 85222 San Diego, CA. 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3351 Market St. San Diego, CA. 92102</b>	11B. DATE BURIED <b>1-8-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 1-7-99

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

of Baby Carolyn Howard

In a \_\_\_\_\_ Funeral, date, time 1-11-99 11:00

Church, Chapel, Graveside \_\_\_\_\_; CA Burial 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 \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund ..... 160.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 125.00

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 270.60

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Exp. Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14809**

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

*prepared & signed*

Date 1-8-99

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

of Leroy Cook

in a urn 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 of \$ \_\_\_\_\_ will be applied and billed to undersigned. \_\_\_\_\_

Lot 144 Grave 11 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Containers ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1664.73

Paid receipt number R50726 1664.73

Balance due 0

**PAID**  
JAN 6 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14810**



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-8-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katka Jeff, Anna #1999554 in a urn Funeral, date, time 1-12 2:00 Church, Chapel, Graveside delivery only: Markley-Mitchell Mortuary, David 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 67 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....	<u>126.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>165.00</u>
Burial Container .....	<u>50.00</u>
Handling Fees .....	_____
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	_____
Total Due .....	<u>386.00</u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
 Signature of recorded holder of deed

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Telephone

Invoice # 311078

Acct. # 000952

Work Order # **E 14811**

E 19811

# 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) <b>ANNA</b>	1B. MIDDLE <b>MARIE</b>	1C. LAST (FAMILY) <b>KAFKAFLEFF</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/21/1931</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/06/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CHRISTINA AVILA - DAUGHTER 2506 FENTON PLACE NATIONAL CITY, CA 91950</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>NERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-119</b>	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.		8B. DATE SIGNED <b>01/08/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/08/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900430</b> <b>V.I. MITCHELL</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 ( SAN DIEGO COUNTY )</b>	11B. DATE BURIED <b>1-12-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-8-99

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

in a liner Type of Burial Container Funeral, date, time 1-12-99 2:00

Church, Chapel, Graveside drop off; Markley-Mittal 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 67 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14812**

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 1-11-99

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

of Hazel Babcock

in a Urn Funeral, date, time Wed. 1-13 11:00

Church, Chapel, Graveside Graveside; Bonham Bros 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 105 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund Revised c-1127 \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

Total Due \_\_\_\_\_ 769.73

Paid receipt number R-50745 769.73

Balance due 0

*mortuary to  
bring this  
760-789-1678  
X*

**PAID**  
**JAN 13 1999**  
**MT. HOPE CEMETERY**  
**CITY OF SAN DIEGO, CALIF.**

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

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

Signature of recorded holder of deed \_\_\_\_\_

X \_\_\_\_\_  
Signature  
X \_\_\_\_\_  
Address  
X \_\_\_\_\_  
City  
X \_\_\_\_\_  
Telephone

Zip Code \_\_\_\_\_

Work Order # E 14813

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-11-99

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

In a burial Type of Final Disposition Funeral date, time Wed. 1-13 11:00  
Church, Chapel, Graveside Graveside Donham Bros Mortuary.

All Funeral cars must arrive before 2:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.

Lot <u>105</u>	Grave	Row	Section <u>3</u>	Division/Block <u>8</u>
Grave space & Care Fund	<u>Burial E-1127</u>			
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			
Graves taxes	14.73			
	Total Due <u>769.73</u>			

*mortuary to be checked*

Paid receipt number

Balance due

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

I hereby authorize the interment in lot / fold under dead.

Signature of nearest next of kin

Dorothy Williams  
Signature  
 17276 Voorties Ln  
Address  
 Ramona, CA 92065  
City  
 760/789-8528  
Telephone

Box Code

Work Order # E 14813

Invoice #

Acct. #

REA-104 (7-90)

This information is available in alternative formats upon request.

Printed on recycled paper

E-148B

96

# 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) <b>HAZEL</b>	1B. MIDDLE <b>I.</b>	1C. LAST (FAMILY) <b>BABCOCK</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/02/1902</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/09/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Poway</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Dorothy Williams (Daughter)</b> <b>17276 Voorhes Ln.</b> <b>Ramona, CA 92065</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Bonham Bros &amp; Lee Mortuary</b> <b>321 12th St. Ramona, CA 92065</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD568</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Carolyn Lee</i>		8B. DATE SIGNED <b>01/10/1999</b>

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/11/1999</b> <b>C. Lee</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900479</b>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery</b> <b>3751 Market St. San Diego, CA 92101</b>	11B. DATE BURIED <b>1-13-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>NA</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>NA</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>NA</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>NA</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-11-9

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

of Rogelio Hernandez PA # 14

In a liner Funeral, date, time Wed 1-13 10:00

Church, Chapel, Graveside Delivery Only: Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 34 Grave 5 Row \_\_\_\_\_ Section 1 Division/Block 17

Grave space & Care Fund ..... 126.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 165.00

Burial Container ..... 50.00

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 326.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 14814

Invoice # 311373

Acct. # 000952

E 1484

48

# 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) <b>Rogelio</b>		1B. MIDDLE -	1C. LAST (FAMILY) <b>Hernandez</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/02/1950</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/07/1998</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Public Administrator-P A. 5201-A Ruffin Rd., San Diego, CA 92123</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary, 2859 Adams Ave., San Diego, CA</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>		8B. DATE SIGNED <b>01/11/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.								

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/14/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego, P.O. Box 85222, San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, 92102</b>	11B. DATE BURIED <b>1-14-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-11-99

*Pre. need set - final*

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

of Esma Gray

in a TS Funeral, date, time \_\_\_\_\_  
Type of Burial 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 129 Grave 2 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... -

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 183.00

Flower vases - Marker setting fee = (125.00 to be added later)

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1169.38

Paid receipt number M/C 1000.00

Balance due 669.38

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

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

Signature of recorded holder of deed \_\_\_\_\_

Esma Gray  
 Signature  
 3330 54th St  
 Address  
 San Diego  
 City  
 Carib 92105  
 Telephone

Invoice # \_\_\_\_\_

Work Order # **E 14815**

Acct. # \_\_\_\_\_

GRAY, ESMA 3330 54th Street, San Diego 92105

			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
2-9-99	M/C	Coupon 1 x 2		56.00	613.38
4-5-99	M/C	3 x 4		56.00	557.38
6-1-99	M/C	5 x 6		56.00	501.38
9-2-99	M/C	7 x 8		56.00	445.38
10-25-99	Visa	9 x 10		56.00	389.38
1-3-00	M/C	11 x 12		56.00	333.38
3-7-00	M/C	13 x 14		56.00	277.38
6-12-00	M/C	15 x 16		56.00	221.38
8-7-00	M/C	17 x 18		56.00	165.38
10-03-00	M/C	19 x 20		56.00	109.38
2-21-01	R- 53376			-56.00	53.38
				109.38	



Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Esma Gray**

**3330 54th Street**

**San Diego, CA 92105**

**Month and Day Due Indicated Below**

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

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

\$ **28.00**

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

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

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-head-dot & Trust**

**Emma Gray**

**3330 54th Street**

**San Diego, CA 92105**

**E-14815**

**Month and Day Due Indicated Below**

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

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



\$ **28.00**

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



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

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

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot ' & Trust**

**Emma Gray**

**3330 54th Street**

**San Diego, CA 92105**

**E-14815**

**Month and Day Due Indicated Below**

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

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



\$ **28.00**

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



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

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

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

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

**12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot. & Trust**

**Emma Gray**

**3330 54th Street**

**San Diego, CA 92105**

**E-14815**

**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.



\$ **28.00**

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



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

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Emma Gray**

**3330 54th Street**

**San Diego, CA 92105**

**E-14815**

**Month and Day Due Indicated Below**

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

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



\$ **28.00**

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



\$ **56**

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

Amount Received

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

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

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Emma Gray**

**3330 54th Street**

**San Diego, CA 92105**

**E-14815**

**Month and Day Due Indicated Below**

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

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



**28.00**  
\$ \_\_\_\_\_

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



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

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



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

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need, Let & Trust**

**Emma Gray**

**3330 54th Street**

**San Diego, CA 92105**

**E-14815**

**Month and Day Due Indicated Below**

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

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



\$ **28.00**

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



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

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

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

*Pre-used Lot & Trust*

*Emma Gray*

*3330 54th Street*

*San Diego, CA 92105*

*E-14815*

**Month and Day Due Indicated Below**

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

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



\$ 28.00

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



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

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pro-wood Lpt & Trust**

**Emma Gray**

**3338 54th Street**

**San Diego, CA 92105**

**E-14815**

**Month and Day Due Indicated Below**

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

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



**28.00**  
\$ \_\_\_\_\_

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



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

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

Amount Received \$ \_\_\_\_\_

**NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

check (✓) if this is new address

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

**20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

*Pre-owned Lot & Trust*

*Kenn Gray*

*3330 54th Street*

*San Diego, CA 92105*

*E-14815*

**Month and Day Due Indicated Below**

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

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



*28.00*  
\$ \_\_\_\_\_

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



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

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



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

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pro-need Lot & Trust**

**Kenna Gray**

**3330 54th Street**

**San Diego, CA 92105**

**E-14815**

**Month and Day Due Indicated Below**

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

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



**28.00**

\$ 28

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



\$ 56.00

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

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

**22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**FTD-0004 LOR & TRUST**

**Kenn Gray**

**3330 54th Street**

**San Diego, CA 92105**

**E-14815**

**Month and Day Due Indicated Below**

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

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



**28.00**  
\$ \_\_\_\_\_

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



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

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

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pro-Seed Lot & Trust**

**Emma Gray**

**3330 54th Street**

**San Diego, CA 92105**

25

**E-14815**

**Month and Day Due Indicated Below**

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

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



**28.00**

\$

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



\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

with each remittance **COUPON****24**

ENTIRE BOOK

Proposed Lot &amp; Trust

ACCOUNT No.

Kama Gray

3330 54th Street

San Diego, CA 92105

E-14815

**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\$ ~~28.00~~  
25.30Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

 check (✓) if this is new address



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-11-99

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

of Charlene Engle  
 in a Double Death Funeral, date, time Thurs 1-14 1:00

Church, Chapel, Graveside Chapel/Graveside: Humphrey 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 111 Grave 11 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 29.45

Total Due ..... 2044.45

Paid receipt number R-50731 2044.45

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

X David R Engle  
 Signature  
 X 3040 E  
 Address  
 X \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 X \_\_\_\_\_  
 Telephone  
 X ast nat cely  
 Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

Work Order # E 14816

E-14816

# 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) <b>Charlene</b>	1B. MIDDLE <b>Viola</b>	1C. LAST (FAMILY) <b>Engle</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/09/1922</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/09/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Gerald E. Engle - Husband 3040 East Division Street National City CA 91950</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED <b>Judith King 01/13/1999</b>		
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/13/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>J.E. King</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>1-14-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-11-95

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

In a LINER Type of Burial Container Funeral, date, time TUES 1-19 1:00  
Church, Chapel, Graveside CHAPEL / GRANSIDE RAGSDALE 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 29 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund 1981 PRE-NEED E-2353

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup " "

Burial Container " "

Handling Fees " "

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee " "

Sales taxes " " "

Total Due

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature

Address

City Zip Code

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 14817

E-14817

MEMORANDUM  
INTERMENT ORDER

City of San Diego

Date: 1-11-91

Full and complete information is hereby given to you and your family, to be used for the  
of HATTIE FERGUSON  
in LIVER      Final Service TUES 1-19      \$ 3.00  
From Chapel DAVE / GRACE WAGSDALE      \$ 150.00  
All charges must be paid in full at the time of service.  Funeral Home

Lot <u>29</u> Grave <u>6</u> Row <u>2</u> Distance <u>12</u>	PRE-NEED E-2353	<input checked="" type="checkbox"/>
Grave space & Care Fund		
Additional Service and Merchandise		
Opening Chamber & Seal		
Final Container		
Handling Fees		
Flower Vases - Marker setting fee		
Recording and filing fee		
Exam fees		
Total Due		<input checked="" type="checkbox"/>

I hereby certify that the above information is true and correct. I, the undersigned, certify and represent that I have the authority to make this interment order and I agree to hold the City of San Diego harmless from any liability that may be incurred as a result of this order.

Signature: [Signature]  
Name: [Name]  
Address: [Address]  
City: [City]

E-14817



OFFICIAL RECEIPT

51028



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-9 1999

From: James Ferguson Address: 565 W Chase Ave # 2 EC 92020

One Hundred Twenty-Five Dollars (\$ 125.00 )

In full Payment of marker setting fee for Matthew Ferguson

Lot 29 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 14817

BALANCE DUE 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.

376

ISSUED BY Lynda

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	125 00
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	125 00

E-14817

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

84

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Mattie</b>		1B. MIDDLE <b>Eugenia</b>	1C. LAST (FAMILY) <b>Ferguson</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>10/26/1914</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/08/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Chula Vista</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Perry Jacobs, Brother</b> <b>751 Jewell Dr.</b> <b>San Diego, CA 92144</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 113376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>01/14/1999</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/15/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	<b>9900860</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-19-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-12-99

*Per John Montoya  
 do not charge  
 date fee*

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

of EARL K. GILLIAM

in a DOUBLE DEPTH Funeral, date, time Fri 1-15 2:00

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

All Funeral cars must arrive before 3: 0 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

✓ Lot 891 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10

Grave space & Care Fund PRE-NEED E-12799 ⊕

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup paid in full 375.00

Burial Container 1-13-99 380.00

Handling Fees 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 1149.45

*MORTUARY TO  
 BRING CHECK*

Paid receipt number 50747 1149.45

50748 Balance due ⊗

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
✓ Telephone \_\_\_\_\_

*See attached*

Work Order # E 14818

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-14818

MT HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-12-99

You are hereby authorized and authorized subject to your rules and regulations, to inter the remains of EARL K. GILLIAM

in a DOUBLE DEPTH Final rest date FRI 1-15 2:00

Chapel, Chapel, Graveyard CHURCH GRAVES-DC RAGSDALE Mortuary

All Funeral Care must be paid within 30 days of regular work day or an extra charge of \$ 150.00

will be applied and billed to you by Earl K. Gilliam

Lot 891 Grave PRE-NEED Plot E-12799 Section 10 Outerblock 10

Grave space PRE-NEED E-12799 10

Additional spaces and caskets

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 29.45

**MORTUARY TO BRING CHECK** Total Due 1149.45

I hereby certify that the Earl K. Gilliam of the address stated above and that I am authorized to make the interment of remains as above indicated. I hereby and represent that I have the right to make the interment as above and I agree to hold Mt. Hope Cemetery harmless from any claims or actions of any nature whatsoever and I hereby

I hereby authorize the mortuary to use the name of the deceased in all advertising and promotional material and to use the name of the deceased in all advertising and promotional material and to use the name of the deceased in all advertising and promotional material

Order # E 14818

THE MOUNTAIN VIEW CEMETERY 10000 LA JOLLA VILLAGE ROAD, SAN DIEGO, CA 92121



E 14819

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

41

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Earl</b>		1B. MIDDLE <b>Kenneth</b>	1C. LAST (FAMILY) <b>Gilliam</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/12/1957</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/11/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Jolla</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Barbara J. Gilliam, Mother . 2420 Torrey Pines Rd. A202. La Jolla, CA 92037</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shelley Walker</i>		
8B. DATE SIGNED <b>01/14/1999</b>		9. I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/14/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900773</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-15-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-12-99

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

of MILDRED NOYES

in a LINEA Funeral, date, time FRI 1-15 1:00

Church, Chapel, Graveside Chapel + graveside Mortuary MERRILEY MITCHELL

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. X

Lot 69 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund ..... PRE-NEED E-1621 ⊖

Additional spaces and care fund .....

Opening/Closing & Setup ..... PRE-NEED E-12196 ⊖

Burial Container ..... " " ⊖

Handling Fees ..... " " ⊖

Flower vases - Marker setting fee .....

Recording and filing fee ..... " " ⊖

Sales taxes ..... " " ⊖

Total Due ..... ⊖

*Interfuneral transfer  
2-1-98*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

X \_\_\_\_\_  
Signature  
X \_\_\_\_\_  
Address  
X \_\_\_\_\_  
City \_\_\_\_\_ Zip Code  
X \_\_\_\_\_  
Telephone

Work Order # E 14819

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14819  
96

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MILDRED</b>	1B. MIDDLE <b>LOUISE</b>	1C. LAST (FAMILY) <b>NOYES</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/21/1902</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/11/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SUSAN FORD - GRANDDAUGHTER</b> <b>4181 LOIS STREET</b> <b>LA MESA, CA 91941</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MERKLEY-MITCHELL MORTUARY</b> <b>3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-119</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Thomas Mitchell</i>		8B. DATE SIGNED <b>01/13/1999</b>

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>01/13/1999</b> <b>T.C. MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900643</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-15-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

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

of DAVID CANDLER

In a liner Type of Burial Container Funeral, date, time Thurs 1-14 1:00

Church, Chapel, Graveside Church/Graveside Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

Lot 91 Grave 5 Row \_\_\_\_\_ Section 3 Division/Block 13

Grave space & Care Fund Pre-Paid E-13995

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Pre-Paid E-14805

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

*- Interfund transfer 2-1-99*

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
 Signature of recorded holder of deed

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Zip Code

\_\_\_\_\_  
 Telephone

Work Order # **E 14820**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-14820

68

# 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) <b>DAVID</b>		1B. MIDDLE <b>EARDL</b>	1C. LAST (FAMILY) <b>CANDLER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/25/1930</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/08/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Mesa</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>William P. Candler - Brother 2312 Lawton Drive Lemongrove CA 91945</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith Ekins</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.				8B. DATE SIGNED <b>01/13/1999</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/13/1999</b> <b>J.E. King</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900658</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>1-14-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51192



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

MOUNT HOPE CEMETERY

527-3400

From: William Candler Address: 2312 Lawton Dr. Lemon Grove, CA 91945 Date: 10-1, 1999

In one hundred thirty full Dollars (\$ 135.00),

Payment of full marker setting fee  
David Candler

Lot: 91 Grave 5 Row \_\_\_\_\_ Section 3 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E14820  
BALANCE DUE 2

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

ISSUED BY Catrina Avallone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	<u>135 00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>135 00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
2307

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-12-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary A. Bell

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial 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 33 Grave 6 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Grave space & Care Fund Pre-Paid D-8506 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 \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14821**



1-14 - 99E-1482/  
Dottie Linka  
asked will go  
to Rosemary

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-12-99

*Pre need  
lot + trust*

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

in a liner Funeral, date, time \_\_\_\_\_  
Type of Burial 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 34 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 12  
Grave space & Care Fund ..... 995.00

Additional spaces and care fund .....  
Opening/Closing & Setup ..... PAID IN 375.00

Burial Container ..... 90.00  
Handling Fees ..... FULL 01-08-01 45.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 4.73

Sales taxes ..... 1764.73  
Total Due ..... 2507.40

Paid receipt number 882.73  
Balance due 882.00

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

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

Signature of recorded holder of deed \_\_\_\_\_

Joseph Barnes  
Signature  
 1051 Bowers ST  
Address  
 San Diego 92114  
City Zip Code  
 260-2935  
Telephone

Work Order # E 14822

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



Barnes, Joseph 1051 Beverly St. San Diego Ca. 92114

			DEBIT	CREDIT	BALANCE
1-12-99	Opened Pre-need Lot & Trust				
	Lot 34, Grave 9, Sec-2, Div 12				20% 86.73
	Trust includes O/P, Handing Fee, Recording Fee				8090796.00
	Sale Tax, Liner	177	995.00		
		796	769.73		1769.73
1-12-99	Receipt# 50740			882.73	882.00
3-9-99	receipt # 50929 coupon 1			37.00	845.00
4-8-99	receipt # 51017 coupon 2			37.00	808.00
5-12-99	receipt # 51139 coupon 3			37.00	771.00
6-3-99	R 51204 Cpn 4			37.00	734.00
7-7-99	R 51322 Cpn 5			37.00	697.00
8-9-99	R 51419 Cpn 6			37.00	660.00
9-3-99	R 51491 Cpn 7			37.00	623.00
10-7-99	R- 51595 " 8			37.00	586.00
11-9-99	R- 51671 9			37.00	549.00
12-7-99	R- 51759 10			37.00	512.00
1-6-00	51851 11			37.00	475.00
2-8-00	52115 12			37.00	438.00
3-6-00	R- 52182 13			37.00	401.00

Barnes, Joseph Pre-need Lot &amp; Trust

Balance

				Per to Travel		Balance
4-7-00	R- 52299	Coupon # 14			37.00	401.00
5-9-00	R- 52407	15			37.00	364.00
6-9-00	R- 52543	16			37.00	327.00
7-11-00	R- 52660	17			37.00	290.00
8-9-00	R- 52752	18			37.00	253.00
9-11-00	R- 52839	19			37.00	216.00
10-11-00	R- 52962	20			37.00	179.00
11-8-00	R- 53043	21			37.00	142.00
12-7-00	R- 53136	22			37.00	105.00
1-8-01	R- 53229	23	224		68.00	68.00



OFFICIAL RECEIPT

51017



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-8, 1997

From: Joseph Barnes Address: 1051 Beverly St. SD 92114  
Thirty Seven Dollars (\$ 37.00 )

In part Payment of pre need

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 14822

BALANCE DUE 808.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

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

ISSUED BY Lynette

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>37 00</u>
Opening/ Closing	77181	
Burial	100	
Container	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>37 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

51139

MOUNT HOPE CEMETERY

527-3400

Date: 5-12, 1999

From: Joseph Barnes Address: 1051 Beverly St SD 92114

Thirty Seven and 00/100 Dollars (\$ 37.00 )

In part Payment of preneed lot & trust for Joseph Barnes

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14822

BALANCE DUE \_\_\_\_\_

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.

ISSUED BY Lynda

CREDIT	67007	
20% Sales Care	77184	<u>12 73</u>
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>24 27</u>
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>37 00</u>

6370



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51204



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

MOUNT HOPE CEMETERY  
527-3400

From Joseph Barnes Address: 1051 Beverly St. SD 92114 Date: 6-3 1999

thirty seven Dollars (\$ 37.00 )

In part Payment of pre need lot & trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 14822

BALANCE DUE 734.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

6385

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

ISSUED BY Catrina Avallone

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial	77181	
Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	<u>37 00</u>
TOTAL PAID	60101	
	78300	<u>37 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51535



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

MOUNT HOPE CEMETERY

527-3400

Date: 10-7, 1999

From: Joseph Barnes Address: 1051 Beverly St. San Diego 92114

~~Therly Seven~~ Dollars (\$ 37.00 )

In part Payment of Pre-Need Lot - Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE 586.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>37 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>37 00</u>

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

ISSUED BY D. H. Hutton

6464



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51671



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

MOUNT HOPE CEMETERY  
527-3400

Date: 11-9, 1999

From: Joseph Barnes Address: 1051 Beverly Street San Diego 92114

Thirty Seven Dollars (\$ 37.00 )

In part Payment of Pre-Need Lot + Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE 549.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

6428

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

ISSUED BY D. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>37 00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>37 00</u>

OFFICIAL RECEIPT

51759



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

From: Joseph Barnes Address: 1051 Beverly Street San Diego 92114 Date: 12-7 1999  
thirty seven Dollars (\$ 37.00 )  
In part Payment of Pre-need Lot + Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 3 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-14822  
BALANCE DUE 512.00

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

ISSUED BY S. Schellin

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

37 00  
37 00

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
6443



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52182

Date: 3-6 00

From: Joseph Barnes Address: 1051 Beverly St. San Diego 92114

Thirty Seven Dollars (\$ 37.00 )

In part Payment of Pre-need Lot & trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE 401.00

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

AC-212 (Rev. 5-94)

6709

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

ISSUED BY D. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>37 00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>37 00</u>

OFFICIAL RECEIPT

51851



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 1-6 2000

From: Joseph Barnes Address: 1051 Beverly St. SD 92114

Thirty Seven and 00/100 Dollars (\$ 37.00 )

In part Payment of preneed lot & trust for Joseph Barnes

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14822

BALANCE DUE 475.00

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.

**PAID**

JAN 06 2000

MT. HOPE CEMETARY  
CITY OF SAN DIEGO, CA

ISSUED BY Lynda

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	37 00
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	37 00

6684



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52299

Date: 4-7 90

From: Joseph Barnes Address: 7051 Beverly St. San Diego 92114

Thirty Seven Dollars (\$ 37.00 )

In part Payment of Pre-need Lot & Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE 364.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>37 00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>37 00</u>

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

6724

ISSUED BY S. Shetton

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52407

Date: 5-9 98

From: Joseph Barnes Address: 1651 Beverly Street San Diego 92114  
thirty seven Dollars (\$ 37.00 )

In part Payment of Pre-need Lot - Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 1482d

BALANCE DUE 327.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

6738

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY J. Schellin

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>37 00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>37 00</u>



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY  
 527-3400

52543

Date: 6-9 98

From: Joseph Barnes Address: 1051 Beverly St. San Diego 92114  
Thirty Seven Dollars (\$ 37.00 )

In part Payment of Pre-Need Lot & Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE 290.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY S. Shickelto

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/ Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	53033	<u>37 00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>37 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

6753

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52660

From: Joseph Barnes Address: 1051 Beverly St San Diego 92114 Date: 7-11 90  
Thirty Seven Dollars (\$ 37.00 )

In part Payment of Pre-Need Lot & Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE 253.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

6771

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY

*[Signature]*

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	37	00



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52752

From: Joseph Barnes Address: 1051 Beverly St. San Diego 92114 Date: 8-9 90  
thirty seven Dollars (\$ 37.00 )

In part Payment of Pre-Need Lot + Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE 216.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

6781

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. Schellin

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	37 00
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	37 00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52839

MOUNT HOPE CEMETERY

(619) 527-3400

From: Joseph Barnes Address: 1051 Beverly St San Diego 92114 Date: 9-11 .20 00  
Thirty Seven Dollars (\$ 37.00 )

In part Payment of Pre-Need Lot & Trust

Lot 34 Grave 9 Row \_\_\_\_\_ Section 2 Division 12  
 Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-14822  
 BALANCE DUE 179.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. Sheehan

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>37 00</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>37 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
6800



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52962

**MOUNT HOPE CEMETERY**  
 (619) 527-3400

Date: Oct - 11 - 20 00

From: Joseph Barnes Address: 1051 Beverly Street S.D. CAL. 92114

In: part Payment of Thirty Seven - <sup>xx</sup>/<sub>100</sub> - Dollars (\$ 37.00)  
Pre-Need Lot & Trust For  
Joseph Barnes

Lot 34 Grave 9 Row --- Section 2 Division 12  
 Block ---

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE \$142.00

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

**PAID**

OCT 11 2000

MT. HOPE CEMETARY  
 CITY OF SAN DIEGO, CALIF.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	37	00
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	37.	00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
**MOUNT HOPE CEMETERY**  
 (619) 527-3400

53043

Date: Nov - 8 - 20 00

From: Joseph Barnes Address: 1051 BEVERLY STREET SAN DIEGO, CA. 92114  
Thirty Seven & 20/100 Dollars (\$ 37.00)  
 In PART Payment of 1051 Beverly (PRE-NEED LOT & TRUST)

Lot 34 Grave 9 Row - Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14822

BALANCE DUE \$ 105.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**PAID**

NOV 08 2000

MT. HOPE CEMETARY  
 CITY OF SAN DIEGO, CA

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	60033	37.00
Sales Tax	9022	
	60101	
	78390	
<b>TOTAL PAID</b>		<b>\$ 37.00</b>



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53136

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Dec. 7th, 2000  
 From: Joseph Barnes Address: 1051 Beverly Street, San Diego, 92114  
Thirty - Seven and No/100 Dollars (\$ 37.<sup>00</sup>/~~xx~~)  
 In -part Payment of Pre-Need Lot & Trust

Lot 34 Grave 9 Row - Section 2 Division 12  
Block

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-14822  
 BALANCE DUE \$68.<sup>00</sup>/~~xx~~

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Denise Culver

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/ Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	<u>37.00</u>
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>37.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

Send or bring one coupon with each remittance **COUPON**

**2**

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

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



\$ 37.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Pre-need Lot & Trust

Joseph Barnes

1051 Beverly St.

San Diego, CA 92114

Lot 34, Gr 9 Sec 2 Div 12 E-14822

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on, or before, due date above.



\$ 37.00

Amount due if paid more than \_\_\_\_\_ days after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly 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.



\$ 37.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**  
**1051 Beverly Street**  
**San Diego, CA 92114**  
**Lot 34 Gr 9 Sec 2 Div 12 E-14822**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before  
due date above:



\$ 37.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above:



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

**Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Bevarly St.**

**San Diego, CA 92114**

**Lot 34, Gr 9 Sec 2 Div 12 E-14822**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		10									

Amount due when paid on, or before,  
due date above.



\$ 37.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly Street**

**San Diego, CA 92114**

**Lot 34 Gr 9 Sec 2 Div 12 E-14822**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10									

Amount due when paid on, or before,  
due date above.



\$ 37.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$

37.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly St.**

**San Diego, CA 92114**

**Lot 34, Gr 9 Sec 2 Div 12 E-14822**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		<b>10</b>									

Amount due when paid on, or before,  
due date above.



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly Street**

**San Diego, CA 92114**

**Lot 34 Cr 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			<b>PAID</b>						

Amount due when paid on, or before  
due date above.

FEB 10  \$ 77.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

**MT. HOPE**  **EMETAR**  
**CITY OF SAN DIEGO**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly St.**

**San Diego, CA 92114**

**Lot 34, Gr 9 Sec 7 Blk 12 E-14822**

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on, or before,  
due date above.

\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly Street**

**San Diego, CA 92114**

**Lot 34 Gr 9 Sec 2 Div 12 E-14822**

**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



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Treat**

**Joseph Barnes**

**1051 Bevarly St.**

**San Diego, CA 92114**

**Lot 34, Gr 9 Sec 1 Div 12 E-14822**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on, or before,  
due date above.



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly Street**

**San Diego, CA 92114**

**Lot 34 Gr 9 Sec 2 Div 13 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



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly St.**

**San Diego, CA 92114**

**Lot 34, Gr 9 Sec 2 Div 12 E-14822**

**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.



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-owned Lot & Trust**

**Joseph Barnes**

**1051 Beverly Street**

**San Diego, CA 92114**

**Lot 34 Gr 9 Sec 2 Div 12 E-14822**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		<b>10</b>									

Amount due when paid on, or before,  
due date above.



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly St.**

**San Diego, CA 92114**

**Lot 34, Gr 9 Sec 2, Div 12 E-14822**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		<b>10</b>									

Amount due when paid on, or before,  
due date above



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lot & Treat**  
**Joseph Barnes**  
**1051 Beverly Street**  
**San Diego, CA 92116**  
**Lot 34 Cr 9 Sec 2 Div 12 E-14822**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before,  
due date above.



\$ 37.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly St.**

**San Diego, CA 92114**

**Lot 34, Gr 9 Sec 2 Div 12 E-14822**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		<b>10</b>									

Amount due when paid on, or before,  
due date above

\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pro-saad Lat & Trust**

**Joseph Barnes**

**1051 Beverly Street-**

**San Diego, CA 92114**

**Lot 34 Gr 9 Sec 2 Div 12 E-14822**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		<b>10</b>									

Amount due when paid on, or before,  
due date above.



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Joseph Barnes**

**1051 Beverly St.**

**San Diego, CA 92114**

**Lot 34, Gr 9 Sec 2 Div 12 E-14822**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		<b>10</b>									

Amount due when paid on, or before,  
due date above



\$ **37.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send coupon with each remittance **COUPON**

**24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lot & Trust**

**Joseph Barnes**

**1051 Beverly Street**

**San Diego, CA 92114**

**Lot 34 Cr 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



\$ ~~32.00~~

Amount due if paid more than \_\_\_\_\_ days after due date above



\$ 31.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-12-99

Pre need  
10TS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vera Owens

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 11 Grave 7+8 Row 12 Section \_\_\_\_\_ Division/Block 12  
10 12

Grave space & Care Fund (3 @ 995.00) 2985.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

PAID IN  
FULL  
9-24-01

Total Due 2985.00

Paid receipt number R 50744 1492.50

Balance due 1492.50

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Vera Owens  
Signature  
X 12 Owens St  
Address  
X San Diego, CA 92101  
City Zip Code  
X 262-7857  
Telephone

Work Order # E 14823

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



Owens, Vera 812 Quail St. San Diego Ca. 92102

			DEBIT	CREDIT	BALANCE
1-12-99	Pre-need Lot only				
	Lot-10, Gr- 12, Sec-1, Div- 12				
	Lot-11 Gr-7&8, Sec-1, Div-12	995.00 ltr			
1-12-99	Pre-need Lots only	20 % 597	2985.00		
		80 % 2388			
1-12-99	Receipt# 50744			1492.50	1492.50
3-10-99	Receipt # 50935			62.00	1430.50
4-12-99	Receipt # 51034 coupon # 2			62.00	1368.50
5-11-99	Receipt # 51132 coupon # 3			62.00	1306.50
6-10-99	Receipt # 51234 coupon # 4			62.00	1244.50
7-13	" 51344 " 5			62.00	1182.50
8-10-99	R 51431 " 6			62.00	1120.50
9-13-99	R 51528 # 7			62.00	1058.50
10-11-99	R 51608 # 8			62.00	996.50
11-12-99	R 51683 # 9			62.00	934.50
12-10-99	R- 51775 # 10			62.00	872.50
1-28-00	R- 52078 " 11			62.00	810.50
2-15-00	R- 52131 # 12			62.00	748.50
3-20-00	R 52237 # 13			62.00	686.50

Owens, Vera Pre-need Lot Only

OVER

Pen to 20%

686.55

4-27-00	R-52369	Coupon # 14	62.00	624.55
5-30-00	R-52504	15	62.00	562.55
6-28-00	R-52604	16	62.00	500.55
7-24-00	R-52702	17	62.00	438.55
9-22-00	R-52904	18+19	124.00	314.55
10-27-00	R-53006	20	62.00	252.55
5-25-01	R-53726	21 + 22	124.00	128.55
9-24-01	R-54159	23 + 24	<del>0</del>	

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51623



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Vera Owens Address: 812 Quail St., San Diego, CA 92102 Date: Nov. 12, 1999

In partial Payment of Sixty two & <sup>xx</sup>/<sub>100</sub> pre-need lot only Dollars (\$ 62.00)

Lot 10 & 11 Grave 72.7 & 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. E-14823  
W.O. \_\_\_\_\_  
BALANCE DUE \$ 934.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>62.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>62.00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
M.O.

ISSUED BY [Signature]



51608

## OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE.....TO CUSTOMER  
 CANARY.....CEMETERY  
 PINK.....AUDITOR

## MOUNT HOPE CEMETERY

527-3400

Date: July 11, 1999From: Kenn. Owens Address: 12 Quail St. San Diego, CA 92104In part Payment of pre Need 1+ Dollars (\$ 62.00)Lot 10-11 Grave 13-7-08 Row 5 Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. 14823

W.O. \_\_\_\_\_

BALANCE DUE \$996.50Pre-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.ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>62.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51344



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 7-13 1999

From: Vera Owens Address: 817 Quail Street San Diego 92102

Sixty Two Dollars (\$ 62.00 )

In part Payment of Pre-Need Lots

11 7 x 8

Lot 10 Grave 17 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14823

BALANCE DUE 1182.50

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY J. Stuchlik

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	300	62	00
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	62	00

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER  
 CANARY.....CEMETERY  
 PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY  
 527-3400

51234

Date: 6-10, 1999

From: Vera Owens Address: 812 Quail St. SD 92102

Sixty two and 00/100 Dollars (\$ 62.00 )

In part Payment of Pre-need lot trust

Lot 1011 Grave 12 758 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 14823

BALANCE DUE 1244.50

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.

ISSUED BY Lynda

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>62.00</u>
77184		
Opening/ Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>62.00</u>



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51132

Date: 5-11, 1999

From: Vera Owens Address: 812 Quail St. SD 92102

Sixty Two and 00/100 Dollars (\$ 62.00 )

In part Payment of pre need trust for Vera Owens

Lot 10311 Grave 12,738 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 14823

BALANCE DUE 1306.50

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

ISSUED BY Lynne

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>62</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	100		
TOTAL PAID	63033		
	9022		
	60101		
	78390		
		<u>62</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51034

Date: 4-12, 1999

From: Vera Owens Address: 812 Quail St SD 92102

Sixty Two and 00/100 Dollars (\$ 62.00 )

In part Payment of pre need lots

Lot 10-12 11-788 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14823

BALANCE DUE 1368.50

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check  no

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

ISSUED BY Lynden

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>62.00</u>
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>62.00</u>

Send or bring one coupon with each remittance **COUPON**

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lots E-14823

Vera Owens

812 QUAIL STREET

San Diego, CA 92102 Sec 1 Div 12

Lot 10 Grave 12 Lot 11 Gr 7 & 8

**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.



\$ 62.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 62.00

NAME

Vera Owens

ADDRESS

812 Quail St

CITY

San Diego

STATE

CA

ZIP

92102

check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Lots E-14823*

*Vera Owens*

*812 Quail Street*

*San Diego, CA 92102 Sec 1 Div 12*

*Lot 10 Gr 12, Lot 11 Gr 7 & 8*

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on, or before,  
due date above

\$ 62.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME *Vera Owens* Amount Received

\$ 62.00

ADDRESS *812 Quail St*

CITY *San Diego*

STATE *CA*

ZIP *92102*

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**4**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lots E-14823**

**Vera Owens**

**812 QUAIL STREET**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Grave 12 Lot 11 Gr 7 & 8**

**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.



\$ **62.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ **62.00**

NAME **Vera Owens**

ADDRESS **812 Quail St**

CITY **S.D.**

STATE **CA**

ZIP **92102**

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots E-14823**

**Vera Owens**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Gr 12, Lot 11 Gr 7 & 8**

**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

\$ 62.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME Vera Owens Amount Received \$ \_\_\_\_\_

ADDRESS 812 Quail St

CITY San Diego

STATE CA

ZIP 92102

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lots E-14823**

**Vera Owens**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Gr 12, Lot 11 Gr 7 & 8**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		10									

Amount due when paid on or before  
due date above.



\$ 62.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 62.00

\$ \_\_\_\_\_

NAME Vera Owens Amount Received \$ \_\_\_\_\_

ADDRESS 812 Quail St SD CA 92102

CITY SD STATE CA ZIP 92102

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lots E-14823**

**Vera Owens**

**812 QUAIL STREET**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Grave 12 Lot 11 Gr 7 & 8**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before,  
due date above.

\$ 62.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 62.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Vera Owens

ADDRESS 812 Quail St

CITY San Diego

STATE CA

ZIP 92109

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots E-14823**

**Vera Owens**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Gr 12, Lot 11 Gr 7 & 8**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		10									

Amount due when paid on, or before, \*  
due date above:

**\$ 62.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

**\$ 62.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Vera Owens

ADDRESS 812 Quail St

CITY San Diego STATE CA ZIP 92109

check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots E-14823**

**Vera Owens**

**812 QUAIL STREET**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Grave 12 Lot 11 Gr 7 & 8**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10									

Amount due when paid on, or before,  
due date above.

\$ **62.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **62.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

*Vera Owens*

ADDRESS

*812 Quail St*

CITY

*SD*

STATE

*CA*

ZIP *92102*

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots E-14823**

**Vera Owens**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Gr 12, Lot 11 Gr 7 & 8**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10									

Amount due when paid on, or before,  
due date above.

\$ **62.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ ~~62.00~~

\$ \_\_\_\_\_

NAME Kera Amount Received \$ 62.00

ADDRESS 812 Quail St

CITY San Diego STATE CA ZIP 92102

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lots E-14823**

**Vera Owens**

**812 QUAIL STREET**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Grava 12 Lot 11 Gr 7 & 8**

**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.



**62.00**

\$

Amount due if paid more than ~~62.00~~ days  
after due date above.



\$

\$

Amount Received

\$

**62.00**

NAME

**Vera Owens**

ADDRESS

**812 Quail St**

CITY

**San Diego CA**

STATE

**CA**

ZIP

**92102**

check (✓) if this is new address



Send or bring one coupon with each remittance**COUPON****13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots E-14823****Vera Owens****812 Quail Street****San Diego, CA 92102 Sec 1 Div 12****Lot 10 Gr 12, Lot 11 Gr 7 & 8**

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

**PAID**Amount due when paid on, or before,  
due date above:**MAR 20 2000 \$62.00**Amount due if paid more than  
after due date above:**MT. HOPE CEMETARY \$69.00**  
**CITY OF SAN DIEGO, CA**

\$ \_\_\_\_\_

NAME Vera Owens Amount Received \$ \_\_\_\_\_ADDRESS 812 Quail StCITY San Diego STATE CA ZIP 92102 check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lots E-14823**

**Vera Owens**

**812 QUAIL STREET**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Grave 12 Lot 11 Gr 7 & 8**

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



**62.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



**69.00**

\$

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one Coupon with each remittance

**COUPON**

**15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots E-14823**

**Vera Owens**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Gr 12, Lot 11 Gr 7 & 8**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on, or before,  
due date above.

\$ **62.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ **62.00**

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

**Kera Owens**

ADDRESS

**812 Quail St**

CITY

**San Diego**

STATE

**CA**

ZIP

**92102**

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Pre-need Lots B-14823

Vera Owens

512 QUAIL STREET

San Diego, CA 92102

Sec 1 Div 12

Lot 10 Grave 12 Lot 11 Cr 7 & 8

**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.



62.00

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

62.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-used Lot# E-14823**

**Vera Owens**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Gr 12, Lot 11 Gr 7 & 8**

**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



\$ **62.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **62.00**

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Vera Owens

ADDRESS 812 Quail St

CITY San Diego STATE CA ZIP 92102

check (  ) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

Pre-used Lots E-14823

ACCOUNT No.

Vera Evans

812 QUAIL STREET

San Diego, CA 92102

Sec 1 Div 12

Lot 10 Grave 12 Lot 11 Gr 7 & 8

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on or before, due date above.



62.00

\$

Amount due if paid more than \_\_\_\_\_ days after due date above.



62.00

\$

Amount Received

\$

NAME

Vera Evans

ADDRESS

812 Quail St

CITY

San Diego

STATE

CA

ZIP

92102



Send or bring one coupon with each remittance **COUPON**

**19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots E-14823**

**Vers-Owens**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Or 12, Lot 11 Or 7 & 8**

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		10									

Amount due when paid on, or before,  
due date above.

▶ \$ **62.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

▶ \$ \_\_\_\_\_  
\$ **62.00**

Amount Received \$ \_\_\_\_\_

NAME Alex Owens

ADDRESS 812 Quail St

CITY San Diego

STATE CA

ZIP 92102

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

Pre-paid Lots 8-14823

ACCOUNT No.

Vera Owens

612 QUAIL STREET

San Diego, CA 92102 Sec 1 Div 12

Lot 10 Grave 12 Lot 11 Gr 7 & 8

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before,  
due date above.



62.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



62.00

\$

Amount Received \$

NAME

Vera Owens

ADDRESS

612 Quail St

CITY

San Diego

STATE

CA

ZIP

92102

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-paid Lots E-14823**

**Vera Owen**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Gr 12, Lot 11 Gr 7 & 8**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		<b>10</b>									

Amount due when paid on, or before, due date above

**\$ 62.00**

Amount due if paid more than \_\_\_\_\_ days after due date above

**\$ 62.00**

\$ \_\_\_\_\_

NAME Vera Owen Amount Received \$ \_\_\_\_\_

ADDRESS 812 Quail St

CITY San Diego STATE CA ZIP 92102

check (  ) if this is new address



Send or bring one coupon with each remittance **COUPON**

**22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

512 QUAIL STREET

San Diego, CA 92102 Sec 1 Div 12

Lot 10 Grave 12 Lot 11 Gr 7 & 8

Month and Day Due indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10									

Amount due when paid on, or before,  
due date above:



62.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above:



62.00

\$

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lots E-14873**

**Vera Owens**

**812 Quail Street**

**San Diego, CA 92102 Sec 1 Div 12**

**Lot 10 Gr 12, Lot 11 Gr 7 & 8**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10								24	

Amount due when paid on, or before,  
due date above.

▶ \$ **62.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

▶ \$ **62.00**

\$ \_\_\_\_\_

NAME **Vera Owens** Amount Received \$ \_\_\_\_\_

ADDRESS **812 Quail St**

CITY **San Diego** STATE **CA** ZIP **92102**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**24**

**DO NOT MAIL ENTIRE BOOK**

ITS-Seed Lots E-14523

ACCOUNT No.

Vera Oweas

512 QUAIL STREET

San Diego, CA 92102 See 1 Div 12

Lot 10 Grave 12 Lot 11 Gr 7 & 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.



62.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



62.00

\$

Amount Received \$

NAME

*Vera Oweas*

ADDRESS

*512 Quail St*

CITY

*San Diego*

STATE

*CA*

ZIP

*92102*

check (✓) if this is new address



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-13-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOHN E. ST. PIERRE

In a LINER Funeral, date, time FRI 1-15 2:00

Church, Chapel, Graveside Graveside : CLAIREMONT 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. X

✓ Lot 76 Grave 2 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund PRE-NEED D-2150 0

Additional spaces and care fund 172 \_\_\_\_\_

Opening/Closing & Setup " " 0

Burial Container " " 0

Handling Fees " " 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee " " 0

Sales taxes " " 0

Total Due 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_

X Address \_\_\_\_\_

X City \_\_\_\_\_ Zip Code \_\_\_\_\_

X Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 14824

E-14824

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

69

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOHN</b>	1B. MIDDLE <b>EUGENE</b>	1C. LAST (FAMILY) <b>ST PIERRE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/28/1929</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/11/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GABRIELLA E. ST PIERRE -SISTER-IN-LAW</b> <b>2341 CARDINAL DRIVE</b> <b>SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE.</b> <b>SAN DIEGO, CA 92117</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1126</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED <b>01/14/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>01/15/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 9900842</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY: 3751 MARKET STREET</b> <b>SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-15-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.







open back gate

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-13-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George Yamada

In a ash vault Funeral, date, time Sat 1-23 10:30

Church, Chapel, Graveside Chapel / Graveside : Cypress View Mortuary, \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

Lot 159 Grave 3 Row \_\_\_\_\_ Section 11 Division/Block 7

Grave space & Care Fund Pre-Paid A-8289 \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 55.00

Handling Fees \_\_\_\_\_ 60.00

Flower vase & Marker set up fee Sat. overtime \_\_\_\_\_ 210.00

Recording and filing fee \_\_\_\_\_ 45.00

Sales tax \_\_\_\_\_ 4.26

Total Due 479.26

Paid receipt number M/C 479.26

Balance due 0

I hereby certify I am the X sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Ayako Segawa  
Signature  
X 4794 Jefferson Ln  
Address  
X La Mesa Ca 91944  
City  
X 698-2651  
Telephone

Work Order # E 14825

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14825

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>GEORGE</b>	1B. MIDDLE <b>H.</b>	1C. LAST (FAMILY) <b>YAMADA</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/03/1927</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/10/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>LAS VEGAS</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>NV</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>AYAKO SEGAWA - SISTER 4794 JEFFER LANE LA MESA, CA 91941</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CYPRESS VIEW/BONHAM BROTHERS MORTUARY 3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-670</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Paulita Valente</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>01/19/1999</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/19/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9900945</b> <b>P Valente</b>
		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 <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-23-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Hudson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



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, subject to your rules and regulations, to inter the remains

of Karen Watkins

in a liner # 40

Funeral, date, time Tues. Jan. 19 11:00

Church, Chapel, Graveside Church + graveside CA Burial

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. X JW

Lot 601 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 13.00 207.00 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... PAID IN 375.00

Burial Container ..... 190.00

Handling Fees ..... FULL 9-21-99 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1504.73

mortuary to bring  
check for 500.00  
down

Paid receipt number R-50844 782.00

Balance due 782.73

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Raphael Watkins  
Signature 4471 44th ST #201  
Address San Diego CA 92115  
City 619-291-1503 Zip Code  
Telephone

Signature of recorded holder of deed

30 day note

Work Order # E 14826

Invoice # 311914

Acct. # 097765



MT. HOPE CEMETERY

W.O. # E 14826

**NOTE**

\$ 782.73 San Diego, California January 13 1999

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of seven hundred eighty two + 73/100 DOLLARS with interest from February 19, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME  Raphael Watkins SIGNATURE  Raphael Watkins  
ADDRESS  4471 44th ST #201 SD CA 92115  
CALIFORNIA DRIVER LICENSE NUMBER  C3291577 SSN #  557-33-5031

E-14826

40

# 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) <b>KAREN</b>	1B. MIDDLE <b>LORRAINE</b>	1C. LAST (FAMILY) <b>WATKINS</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/13/1958</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/11/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LINDA WESTBROOK—SISTER 817 ETA STREET #1507 NATIONAL CITY, CA 91950</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>01/15/1999</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/15/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-19-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

*Pre-need Trust*

Date 1-14-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Neta Mae

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 62 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 100F Division/Block 23

Grave space & Care Fund Pre-Need C-3656 ⊖

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Market pricing fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-50749 269.26

Balance due ⊖

**PAID**  
**JAN 14 1999**  
**MT. HOPE CEMETERY**  
**CITY OF SAN DIEGO, CALIF.**

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 14827

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14827

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 Moe, 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 Griego, 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**

City of San Diego

Date 1-14-99

84 L  
32 W  
18 H

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nathaniel Thomas

in a T.S. VAULT #7 Funeral, date, time June 1-19 10:00

Church, Chapel, Graveside Church/Graveside; Regedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned: Nathaniel Thomas

✓ Lot 160 Grave 12 Row \_\_\_\_\_ Section 2 Division/Block 12  
Grave space & Care Fund ..... 79.00 20% 895.00

Additional spaces and care fund ..... 375.00

Opening/Closing & Setup ..... 400.00 250.00

Burial Container ..... 235.00 185.00

Handling Fees ..... 45.00

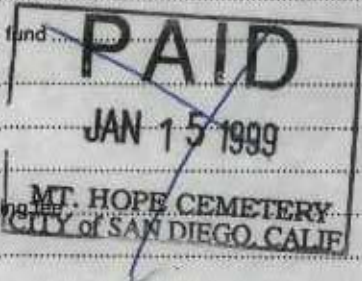
Flower vases - Marker setting fee ..... 31.00 19.38

Recording and filing fee ..... 1769.38

Sales taxes ..... 835.38

Total Due ..... 934.00

Paid receipt number R-50755 Balance due 211.82



I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. \$ 1145.02

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Nathaniel Thomas  
Address 3774 Wildcats Ln  
San Diego, CA 91902  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone 619-472-1704

Work Order # E 14828

Invoice # 311604  
Acct. # 097706



MT. HOPE CEMETERY

W.O. # E-148200

# NOTE

\$ 1145.62  
934.00

San Diego, California January 15 1999

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred thirty four DOLLARS with interest from February 20, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X DAVID THOMAS SIGNATURE X David Thomas

ADDRESS X 3774 WILD OATS LN BONITA, CA 91902

CALIFORNIA DRIVER LICENSE NUMBER X H0346702 SSN # X 263-60-3411



5-12828

93

# 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) <b>Ella</b>	1B. MIDDLE <b>Mae</b>	1C. LAST (FAMILY) <b>Hill</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/14/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/12/1999</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Isabelle Oates, Niece</b> <b>6776 Charlene Ave.</b> <b>San Diego, CA 92124</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED <b>01/19/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/20/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901024</b>	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-20-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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-14828

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

35

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Nathaniel</b>	1B. MIDDLE <b>Bernard</b>	1C. LAST (FAMILY) <b>Thomas</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/28/1963</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/11/1999</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>Chula Vista</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>David Thomas, Father</b> <b>3774 Wild Oats Lane</b> <b>Bonita, CA 91902</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED <b>01/15/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/15/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9900864</b>
	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-19-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 14828

000.....1

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20%

79.00 +

375.00 +

400.00 +

235.00 +

45.00 +

11.62 +

006.....

1145.62 +



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-14-99

*vault to be delivered by the state*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ella m. Hill Wed. 1-20

in a T.S. vault Funeral, date, time Tue 1-19 12:00

Church, Chapel, Graveside Church/Graveside; Regulate Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. [Signature]

Lot 136 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 145 00% 895.00

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 375.00

Burial Container ..... —

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 45.00

Sales taxes ..... —

Total Due ..... 1500.00

Paid receipt number R-50761 750.00

Balance due 750.00

I hereby certify I am the X Grand Nephew/son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X [Signature]  
Signature  
X 2776 Charlene Ave.  
Address  
X San Diego 92114  
City Zip Code  
X 619-286-2621  
Telephone

Invoice # 311 552

Work Order # E 14829

Acct. # 097701

*e in alternative formats upon request.*

2-1-99

*11-10-99 E-14829  
Still owe 338.35  
per Treasurer*

MT. HOPE CEMETERY

W.O. # E14829

## NOTE

\$ Seven Hundred Fifty San Diego, California 1-19 1999

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order  
3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Fifty DOLLARS  
with interest from ISABELLE DATES on the unpaid principal  
at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Isabelle Dates SIGNATURE Isabelle Dates

ADDRESS 6776 Chalkene Ave. San Diego CA 92114

CALIFORNIA DRIVER LICENSE NUMBER 50764687 SSN # 549-74-6808



# Modern Stairways Inc.

3239 Bancroft Dr.  
Spring Valley, CA 91977  
(619) 466-1484 FAX 466-8920  
(888) 842-6525

E-14829 DELIVERY / ORDER

DATE	INVOICE #
1/19/99	2361

BILL TO
La Vista Memorial Park P.O. Box 536 National City, CA 91950

SHIP TO
Mt. Hope Billy Mae Hill Del. Tues. 1/19/99

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
Jack	Net 30	DLS	1/19/99	Our Truck		

QUANTITY	ITEM CODE	DESCRIPTION
1	Top Seal	Top Seal/Security Vault
1	Delivery Chg	Delivery Charge resale

*J. Mitchell*

We appreciate Your Business!



Free La Vista - will have  
a T.S. vault delivered  
to UP from Whitted  
to replace our inventory  
for the T.S. vault that  
will be used from UP.

3 40  
Dobbs  
to comm

wed 1-20

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-14-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Edgar Maderias

In a Urner Type of Burial Container Funeral, date, time THUR 1-21 2:00

Church, Chapel, Graveside delivery : Mayer 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 11 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 277.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee .....

Sales taxes .....

*c. claim 2-4-99*  
*Roma Stromach*

Total Due ..... 783.00

Paid receipt number R-50902 783.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14830**

change lot per room.  
water line



E-14830

74

# 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) <b>Edgar</b>		1B. MIDDLE -	1C. LAST (FAMILY) <b>Maderios</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/03/1924</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/10/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Mesa</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Roma Stronach-P.A. 5201-A Ruffin Rd., San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary, 2859 Adams Ave., San Diego, CA</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>		8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8B. DATE SIGNED <b>01/20/1999</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/20/1999</b> <i>James Hale</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901101</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego, P.O. Box 85222, San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>1-21-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 1-15-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Briggs Tulp 1-19 1:00  
 in a liner Funeral, date, time wed 1-20 2:00  
 Church, Chapel, Graveside Church Graveside; Santa Lakeside 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. X

✓ Lot 3067 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund	<b>PAID</b> JAN 19 1999 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	<u>0</u>
Additional spaces and care fund		<u>0</u>
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		<u>0</u>
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>14.73</u>
Total Due		<u>769.73</u>
Paid receipt number <u>R-50759</u>		<u>769.73</u>
Balance due	<u>0</u>	

*mortuary to bring check*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature See attached  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # **E 14831**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



### MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-15-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Briggs TULP 1-19  
 in a Urn Funeral, date, time Wed 1-20 2:00  
Type of Burial Container  
 Church, Chapel, Graveside Church Graveside Center Lakeside Mortuary  
3:00 PM  
 All Funeral cars must arrive before 3:00 p.m. of regular work day or on a fee charge of \$ 150.00  
 will be applied and billed to undersigned. Robert Hamilton

Lot 3067 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Need C-6326 0

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

Mortuary to bring check

Total Due 1109.73

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the Robert Hamilton son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Robert Hamilton  
 Signature  
PO BOX 545  
 Address  
Rancho Ca 92065  
 City Zip Code  
760 788-6666  
 Telephone

Work Order # E 14831

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



F-14831  
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## 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) <b>RUTH</b>	1B. MIDDLE <b>BERTHINE</b>	1C. LAST (FAMILY) <b>BRIGGS</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/14/1916</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/14/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>RICHARD G. HAMILTON - SON P.O. BOX 545 RAMONA, CA 92065</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LAKESIDE-SANTEE FUNERAL CHAPEL: 9840 MAINE AVENUE, LAKESIDE, CA 92040</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-997</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Neza</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED <b>01/15/1999</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/19/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA NEZA 9900914</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-17-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 1-15-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Andrews  
in a ash vault Funeral, date, time FRI. JAN 22 10:00

Church, Chapel, Graveside Graveside; Caring Crematorium 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 1 Division/Bleek 11

Grave space & Care Fund Pre-Paid D-5545

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 40.00

Flower vases - Marker setting fee JAN 19 1999

Recording and filing fee 45.00

Sales taxes 4.20

**PAID**  
**JAN 19 1999**  
**MT. HOPE CEMETERY**  
**CITY OF SAN DIEGO, CALIF.**

Total Due 2109.20

Paid receipt number 50758 2109.20

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Myra H. Brown  
Signature

4246 49th St  
Address

J.S. Ca 92115  
City Zip Code

582-7761  
Telephone

Work Order # **E 14832**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E 14832

# 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) <b>JOHN</b>	1B. MIDDLE <b>RAYMOND</b>	1C. LAST (FAMILY) <b>ANDREWS</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/13/1914</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/15/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MYRA DRURY-DAUGHTER 4726-49TH ST SAN DIEGO CA 92115</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CARING CREMATION SERVICES OF S.D. P.O. BOX 711036 S.D. CA 92171-9972</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1516</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rosa Nava</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>01/15/1999</b>		

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/15/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>ROSA NAVA</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>—</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-22-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Bay Medina</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CREMATION SERVICES INC 2570 FORTUNE WAY VISTA, CA 92083</b>	12B. DATE CREMATED <b>11/18/99</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>S.W. Schork</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

**COPY 1** OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

1st Burial  
interment transfer  
2-3-99

Date 1-19-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Rzeslawski

In a double Funeral, date, time 10:00 1-21-99  
Type of Burial Container

Church, Chapel, Graveside Graveside ~~Cemetery~~ Mortuary. HSA 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 44 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund 1992 Pre paid 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Pre paid 0

Burial Container Pre paid 0

Handling Fees Pre paid 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee Pre paid 0

Sales taxes \_\_\_\_\_

**PAID**  
JAN 19 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 0

Paid receipt number E 9890

Balance due \_\_\_\_\_

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

David Rzeslawski  
Signature  
558 Parkside Drive  
Address  
Chula Vista CA, 91910  
City Zip Code  
(619) 476-8089  
Telephone

Work Order # **E 14833**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14833

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

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1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DAVID</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>RZESLAWSKI</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/18/1935</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/18/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>CHULA VISTA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ADELA RZESLAWSKI - WIFE 7953 LANSING DRIVE LEMON GROVE, CA 91945</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1469</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>01/20/1999</b>	

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-21-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COMPLETE ALL APPLICABLE ITEMS

COPY 2 IS RETAINED BY 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 1-19-99

*Disinterment  
family wants  
marker*

*picked up  
by mortuary*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James F. Kelley

In a \_\_\_\_\_ Funeral, date, time TUES. 3-3

Church, Chapel, Graveside Leatheringill Mortuary, Ed

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 LINER

Lot 782 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund Disinterment 1,000.00

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 1,000.00

Paid receipt number R-50845 1000.00

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Edell K. Henry  
Signature  
18160 Cottonwood #132  
Address  
Seaside, OR 97707  
City  
541-593-2987 Zip Code  
Telephone

Work Order # E 14834

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



Suzanne Kelley  
9498 Bantam Ave  
LD 92123

Suzanne Kelley  
9498 Bantam Ave  
LD 92123

E-14834 February 1999

Dear Linda,

As per our phone conversation enclosed is a check for \$1000.00 for my father's disinterment, a disinterment Order, and two Authorities To Disinter - 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 Hope Cemetery.

Thank you for your help.

Sincerely,

278-2249

Edell K Henry



E-14834

# 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) <u>James</u>		1B. MIDDLE <u>Franklin</u>	1C. LAST (FAMILY) <u>Kelley</u>	2. DATE OF BIRTH MONTH, DAY, YEAR <u>09/29/1905</u>	3. DATE OF DEATH MONTH, DAY, YEAR <u>01/11/1975</u>	4. SEX <u>M</u>
5A. CITY OF DEATH <u>San Diego</u>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <u>San Diego</u>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <u>Suzanne Kelley - Daughter</u> <u>9498 Bantam Ave.</u> <u>San Diego, CA 92123</u>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <u>Featheringill Mortuary</u> <u>6322 El Cajon Blvd. San Diego, CA 92115</u>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <u>FD 1083</u>		6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <u>02/23/1999</u>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <u>\$ 7.00</u>	9B. DATE PERMIT ISSUED <u>02/24/1999</u>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <u>PO BOX 85222 San Diego, CA</u> <u>92186-5222</u>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <u>-</u>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <u>Pacific Crematory 571 J Crane St.</u> <u>Lake Elsinore, CA 92530</u>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <u>RES- Suzanne Kelley 9498 Bantam Ave.</u> <u>San Diego, CA 92123</u>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



E-14834

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

01-19-99

MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

JAMES F. KELLEY

from Lot 782 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 HOPE

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

\_\_\_\_\_

Edell K Henry  
Signature

daughter  
Relation to deceased

1860 Cottonwood Rd Box 132 San Diego  
Address OR 97107  
9498 Britton Ave  
San Diego Ca 92125

I hereby authorized the above disinterment:

\_\_\_\_\_  
(Lot owner must sign if not legal custodian)

\_\_\_\_\_  
Date

(This form must be notarized, if not signed in presence of cemetery staff.)





E-14834

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California }  
County of San Diego } ss.

On 1-22-99, before me, LINDA KAZMAREK  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared EDSELL K. HENRY & SUZANNE D. KELLEY  
Name(s) of Signer(s)

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 the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Linda Kazmarek  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

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
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_







E-14834

THE CITY OF SAN DIEGO

**AUTHORITY TO DISINTER, REMOVE OR REINTER**

01-19-99  
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

JAMES F. KELLEY

from Lot 782 Grave \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_

Division 10 And to remove the same to and reinter said remains in Lot \_\_\_\_\_

Grave \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_ Division \_\_\_\_\_

Cemetery \_\_\_\_\_

**The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.**

James M. Kelley SON

30250 Heia Ct  
SANDY, OR 97055

Signature

Relation to deceased

Address

I hereby authorized the above disinterment:

2/3/99

(Lot owner must sign if not legal custodian)

Date

(This form must be notarized, if not signed in presence of cemetery staff.)

Sandra L Bond



**Mt. Hope Cemetery**

Real Estate Assets • Public Works • 3757 Market Street • San Diego, CA 92102  
Tel (619) 527-3400



E-14834

This certificate is attached to a 1 page document entitled Authority to Disinter, Remove or Reinter  
and dated 2/3/99.

**Jurat Certificate**

State of OREGON  
County of Washington

Subscribed and sworn to before me this 3 Day of February  
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.*



Sandra L. Bond  
Signature of Notary Public

Sandra L. Bond  
Name of Notary printed

Notary Public, State of OREGON

My Commission Expires 10/26/2001



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-20-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jewell Fuller

in a 20 Liner Funeral, date, time Fri 1-22 2:00

Church, Chapel, Graveside Church/Graveside; Baystate 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. X S.T.

Lot 43 Grave 5 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund 3:50 Pre-Need E-908 0

Additional spaces and care fund late service 150.00

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 769.73

Total Due 769.73

Paid receipt number R-50767 769.73

Balance due 150.00

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Sheryl A. Tyler  
Signature

X 123 TIMELY TERR  
Address

X SAN DIEGO CA 92116  
City Zip Code

X 619-263-9887  
Telephone

Work Order # E 14835

Invoice # 311547

Acct. # 097698



E-14835

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 74

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Jewel</b>	1B. MIDDLE <b>Lee</b>	1C. LAST (FAMILY) <b>Fuller</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/02/1924</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/14/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Shirley Tyler, Daughter</b> <b>123 Timely Terrace</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Bldg.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shirley Tyler</i>		8B. DATE SIGNED <b>01/20/1999</b>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/21/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Shirley Tyler</i>	9901178
		10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-22-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Shirley Tyler</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
311547	02/04/99	097698	SHIRLEY TYLER 100 072		77183	000072	03/01/99 OPER	CK	2659	150.00 150.00	150.00	0.00 PAID IN FULL
NUMBER OF INVOICES PAID				1								

*E-14835*



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-20-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Andrew Jones 1:00 deliver Monday 1-25-99

in a T.S. VAULT Type of Burial Container Funeral, date, time Fri 1 27 2:00

Church, Chapel, Graveside San Jacinto Regional Mortuary Ragsdale

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of only

will be applied and billed to undersigned.

✓ Lot 269 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 17

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 .....

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1669.38

Paid receipt number 50769

Balance due 0

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Jimmy Jones  
 Signature  
2848 50 HOPE AVE  
 Address  
ONTARIO, CA 91761  
 City Zip Code  
(909) 947-8530  
 Telephone

Work Order # E 14836

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-19836

69

# 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) <b>Andrew</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Jones, Jr.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/08/1929</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/15/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Annie M. Jones, Wife</b> <b>3222 "J" St.</b> <b>San Diego, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Richard Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>01/20/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/21/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Richard Williams</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>1-25-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-21-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eva Lake

in a liner Funeral, date, time MON. 1-25 1:30

Church, Chapel, Graveside delivery only: ADA 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 376 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Prepaid D-5756 \_\_\_\_\_

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 769.73

Paid receipt number 50774 7109.73

Balance due 0

I hereby certify I am the X MIDGE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

A. E. O'Brien  
Signature  
2868 HOFFING AVE.  
Address  
SAN DIEGO, CA 9223  
City Zip Code  
(619) 279-3930  
Telephone

Work Order # E 14837

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14 837

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 91

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1. NAME OF DECEDENT—FIRST (GIVEN) <b>EVA</b>		1B. MIDDLE -	1C. LAST (FAMILY) <b>LAKE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/29/1907</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/20/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ESTELLA KAVANAGH - NIECE 8868 HOFFING AVENUE SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1469</b>	8A. SIGNATURE OF APPLICANT—Person issuing permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>01/22/1999</b>			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/22/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					FOR CORONER'S USE ONLY	
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION			<input type="checkbox"/> F. DISINTERMENT			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY			<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>		11B. DATE BURIED <b>1-23-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED 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 1-21-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Kayumi Yamada

In a T.S. Vault Funeral, date, time Tues 1-26 10:00

Church, Chapel, Graveside Graveside; Sanis Colonial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ map

will be applied and billed to undersigned.

Lot 4982 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Paid C-7434 ~~0~~

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees **JAN 21 1999** 185.00

Flower vases - Mariner setting fee \_\_\_\_\_

Recording and filing fee **MT. HOPE CEMETERY** 45.00

Sales taxes **CITY OF DIEGO CALIF** 19.38

Total Due 874.38

Paid receipt number R-50768 874.38

Balance due 0

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Carol J. Suruya  
Signature  
X 268 Camino Vista Real  
Address  
X Chula Vista 91910  
City Zip Code  
X 425-6425  
Telephone

Work Order # **E 14838**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14838

## 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) <b>KAZUMI</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>YAMADA</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/03/1922</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/20/1999</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CAROL FURUYA - DAUGHTER 262 CAMINO VISTA REAL CHULA VISTA, CA 91910</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pavela valente</i>			8B. DATE SIGNED <b>01/21/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/21/1999</b> <b>P. Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901190</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-26-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. M. S.</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



Alan Kospader

(949) 768-0933

MT. HOPE CEMETERY *McCormick*

# INTERMENT ORDER

City of San Diego

Date 1-21-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Addie E. Porter <sup>num</sup> 1-25-99

in a TS Type of Burial Container Funeral, date, time between 10-12

Church, Chapel, Graveside delivery : McCormick (Sun Valley) Mon. Monuary.

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 402 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Preneed D3717 \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 250.00

Handling Fees \_\_\_\_\_ 185.00

Flower vases - Marker setting fee Marker setting fee \_\_\_\_\_ 125.00

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 19.38

Total Due \_\_\_\_\_ 874.38

Paid receipt number 50770 \_\_\_\_\_ 999.38

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Constance E. Wood

Signature

3040 Ponder Pl.

Address

Dallas, TX 75229

City Zip Code

1-214-357-1018

Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14839**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14839

96

# 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) <b>Addie</b>	1B. MIDDLE <b>E</b>	1C. LAST (FAMILY) <b>Porter</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/01/1902</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/19/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Laguna Hills</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Orange</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marilyn Krull—daughter 2706 Briarcliff Ave Henderson, NV 89014</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>McCormick &amp; Son Laguna Hills, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1312</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Walter J. Krull</i>		8B. DATE SIGNED <b>01/21/1999</b>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>myrlshelby 01/21/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Hildy Meyers MD</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Box 234 Santa Ana, CA</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>Box 85222 San Diego, CA</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt Hope Cemetery 3751 Market St San Diego, CA</b>	11B. DATE BURIED <b>1-21-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>X</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>X</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>X</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>X</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-21-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lau Young Tues. 1-20  
 in a liner Funeral, date, time Sat. 1-23 10:00

Church Chapel Graveside Graveside & chapel Humphrey Mortuary.  
Nancy

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 \_\_\_\_\_ Grave 3 Row 7 Section Chinese 1 Division/Block \_\_\_\_\_

Grave space & Care Fund pre need

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**  
 JAN 22 1999  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

375.00  
 190.00  
 145.00  
 1000.00  
 45.00  
 1473  
 769.73  
 304.73  
 1085.00  
 1084.73  
 84.73

30 day note

Total Due 769.73

Paid receipt number VISA

Balance due 84.73

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Wai Fing Poon  
 Signature  
3005 El Porden in Way  
 Address  
S. D. Cal. 92173  
 City Zip Code  
428-3225  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 14840**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

family changed day of  
service to tuesday instead  
of paturday.

1-22-99



E-14840

# 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) <b>LAU</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>YEUNG</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/21/1915</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/19/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Wai Ling Driesenga - Daughter 3085 El Porvenir Way San Ysidro CA 92173</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>01/26/1999</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/25/1999</b> <b>J.E. King</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901352</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>1-26-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-21-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARIE MINARD

In a LINER Type of Burial Container Funeral date, time Mon. Jan 25 1:00

Church, Chapel, Graveside DELIVERY CONRAD 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 40 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 100.00

Handling Fees ..... 54.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

Roma Stronach Total Due ..... 700.00

PA c.claim Paid receipt number R-50903 700.00

2-5-99 Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 14841

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14841

94

# 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) <b>MARIE</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>MINARD</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/21/1904</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/16/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LEMON GROVE</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROMA STRONACH - PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <b>MILKA MITTELHAUSER</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>01/21/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/22/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>M. Mittlhauser</b>	9901230
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-25-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-22-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elisha Bullen

in a Double Depth Funeral, date, time Fri 1-29 11:00

Church, Chapel, Graveside Chapel/Graveside: Regedale 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 280 Grave 2 Row \_\_\_\_\_ Section 14 Division/Block 7

Grave space & Care Fund 800-Need 2-8446 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 225.00

Burial Container PAID 274.00

Handling Fees PAID 300.00

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee MT. HOPE CEMETERY 29.45

Sales taxes CITY of SAN DIEGO CALIF 29.45

Total Due 893.45

Paid receipt number 50788 893.45

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Mortuary Paid for service

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 14842

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14842  
76

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Elisha</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Mullen</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/06/1922</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/22/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Orelia Harris, Sister 450 N. 30th St. San Diego, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED <b>01/23/1999</b>	

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/28/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Nital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St San Diego, CA 92102</b>	11B. DATE BURIED <b>1-27-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-22-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Essie Mae Driffin  
 in a Double Depth Crypt Funeral, date, time Fri 1-29 11:00

Type of Burial Container Church, Chapel, Graveside Church & graveside Daysdale Mortuary 150.00

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. X B.N.

✓ Lot 123 Grave 4 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 29.45

Total Due ..... 1944.45

30 day note

Paid receipt number 50778 Balance due 972.00

I hereby certify I am the X Daughter of the above named decedent  
 and this is your authority to make disposition of remains as above indicated. I certify that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Betty M. Driffin  
 Signature 3997  
 Address San Diego 92113  
 City San Diego Zip Code 92113  
 Telephone (619) 263-7982

Work Order # **E 14843**

Invoice # 311780  
 Acct. # 097746



2-11-99 paid \$86.00 on Dept invoice

MT. HOPE CEMETERY

W.O. # E 14843

**NOTE**

972.00

San Diego, California January 22 1999

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred seventy two DOLLARS with interest from February 26, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Betty Mae Jane Driffin Nelson SIGNATURE Betty Mae Jane Driffin Nelson

ADDRESS X 3997 7th St

CALIFORNIA DRIVER LICENSE NUMBER XA 0791686 SSN # X 251-920062

E-14843

70

# 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) <b>Essie</b>	1B. MIDDLE <b>Mae</b>	1C. LAST (FAMILY) <b>Driffin</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/06/1928</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/20/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Betty Mae Driffin, Nelson, Daughter 3997 "T" St. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>01/26/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/26/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901438</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Ht. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>1-29-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2  
E-14843



E 14843

000.....

91.53

Senior

320.00

Harling

45.00

per

29.45

tax

004.....

486.00

\$

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50773



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY  
527-3400

From: Betty M. Driffin Address: 3997 T St SD 92113 Date: 1-22, 1999  
Nine hundred seventy two & 45/100 Dollars (\$ 972.45)

In part Payment of interment of Eppie Mae Driffin  
Lot 123 Grave 4 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E 14843  
BALANCE DUE 972.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>103.00</u>
Opening/Closing	100	<u>177.45</u>
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101 78390	
TOTAL PAID		\$ <u>972.45</u>

Pre-Need Lot  At Need  On Acct.   
Pre-need Trust  Cash  Check   
92285956081  
92285956092

ISSUED BY Catrina Avallone

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50793



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY  
527-3400

From: Kazuyo Burgess Address: 4909 Drafter Dr. S.D. 92102 Date: 2-1, 1999  
Four Hundred Eighty Six and 00/100 Dollars (\$ 486.00)  
In partial Payment of burial services for Essie Mae Driffin

Lot 123 Grave 4 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E 14843  
BALANCE DUE 486.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	
Opening/Closing	100	<u>375.00</u>
Burial Containers	77182	<u>111.00</u>
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101 78390	
TOTAL PAID		\$ <u>486.00</u>

Pre-Need Lot  At Need  On Acct.   
Pre-need Trust  Cash  Check   
564

ISSUED BY Lynda

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 097746

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 2-11-99

PAID BY (CIRCLE ONE): CA  **CK**  NF

PAYMENT REFERENCE NUMBER NO 52-5007103<sup>5</sup>

AMOUNT PAID 486.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Betty Mae Driffin Nelson

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS E-14843

CASHIER \_\_\_\_\_

INV. NO. 311780





Pre-need  
Set

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-22-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of L.C. Morton

In a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial Container

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.

Lot 174 Grave 7 to 10 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund 4 at 895.00 3580.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**  
JAN 22 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 3580.00  
Paid receipt number R-50777 1790.00  
Balance due 1790.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X L.C. Morton  
Signature  
X 8697 Golden Ridge Rd  
Address  
X Lafayette Cal 92040  
City Zip Code  
561-2206  
Telephone

Work Order # **E 14844**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-14844

Lot 10 ✓

Junie Myers

619

4736 Divine Way

466-4586

La Mesa Calif 91941

Lot 9 ✓

Wally Myers

619

4736 Divine way

466-4586

La Mesa Cal 91941

Lot 8

Margaret Horn

619-667-6944

3079 GOLF Crest Ridge Rd

El Cajon Cal 92019

Lot 7 ✓

Ben Savin

619-667-6944

3079 GOLF Crest Ridge Rd

El Cajon Cal 92019

Willa Mae Morton

& L. C. Morton

Call Junie, 466-4586





4321322159267406  
MT HOPE CEMETARY  
3751 MARKET STREET  
SAN DIEGO, CA 92102-4527  
619 527-3400

03/19/99 15:10:32 8

PURCHASE

ACCOUNT NUMBER  
[REDACTED]

EXP.  
1299

TRAN CODE  
20

AUTH.  
019945

REF #  
001001

AMOUNT \$ 1715.00

DESC. E-14844

X. Willa Mae Morton  
WILLA MAE MORTON

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-25-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BERNA VERCAMMEN

In a LINER Type of Burial Container Funeral, date, time FRI 1-29 10:30

Church, Chapel, Graveside DELIVERY ONLY: MERKLEY MITCHELL Mortuary, SCOTT

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 250 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund PRE-NEED C-5817

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PRE-NEED D-5472

Burial Container 1975

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 X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Signature \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ Zip Code \_\_\_\_\_  
X Telephone \_\_\_\_\_

*See all others*

Work Order # E 14845

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



1-25-1999 12:35PM FROM NEW YORK TELETYPE UNIT 10120000000

P. 0

JAN-25-99 MON 12:13 10-MT HOPE CE 8789

TEL NO:

REV: YU

E-14845

INTERNET ORDER

1-25-99

BEAMA VERLANNEN

LINEA

FBI 1-27 10:30

330

EXP-AGED E-5717

THE #100 D-547A

Bank Charge

Handling Fee

Printed Matter

Postage and Freight

Post Office

E 14845

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14845

93

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>BERNA</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>VERCAMEN</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/16/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/23/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-119</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Mitchell</i>		8B. DATE SIGNED <b>01/26/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/27/1999</b> <b>T.C. MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901533</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 ( SAN DIEGO COUNTY )</b>	11B. DATE BURIED <b>1-29-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Proctor</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

To Be  
placed with  
Claude Nance  
Piner 7

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-25-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARION NANCE HEFFERN

in a Ash Vault Type of Burial Container Funeral, date, time Tues 2-2-99 10:00

Church, Chapel, Graveside witness : - 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 1465 Grave      Row      Section 1 Division/Block 8

Grave space & Care Fund Pre-paid c-4784

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

Total Due 269.26

Paid receipt number Visa charge 269.26

Balance due 0

I hereby certify I am the X of the above named decedent and this is my authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed     

X      Kenneth Heffern  
Signature  
X 3910 La Cresta Dr.  
Address  
X San Diego, CA 92107  
City Zip Code  
X 619-225-8555  
Telephone

Work Order # **E 14846**

Invoice #       
Acct. #



E-14846

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) <b>MARION</b>	1B. MIDDLE <b>NANCE</b>	1C. LAST (FAMILY) <b>HEFFERN</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/11/1927</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/18/1997</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>KENNETH W. HEFFERN - HUSBAND 3910 LA CRESTA DRIVE SAN DIEGO, CA 92107</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>PD 815</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>07/18/1997</b>
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>07/21/1997</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-2-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVENUE, SAN DIEGO, CA 92113</b>	12B. DATE CREMATED <b>07-22-97</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 to your rules and regulations, to inter the remains

of Alexander A. Laputz (X)

in a aph vault Type of Burial Container Funeral, date, time Fri. Jan. 29 1:00

Church, Chapel, Graveside graveside 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 1 Grave 1 Row \_\_\_\_\_ Section 100F Division/Block 23

Grave space & Care Fund pre need B-7916 Ø

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 106.00

Burial Container \_\_\_\_\_ 55.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_ 4.20

Sales taxes \_\_\_\_\_ 2109.26

**PAID**  
 JAN 25 1999  
 IN FULL  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due \_\_\_\_\_ 2109.26

Paid receipt number MC 2109.26

Balance due Ø

I hereby certify I am the X mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Ann Orem  
 Signature \_\_\_\_\_  
937 Myra Ave.  
 Address \_\_\_\_\_  
Desa Vista, Ca 91911  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
619 420-0659  
 Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14847

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14847

38

# 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) <b>ALEXANDER</b>	1B. MIDDLE <b>ALFRED</b>	1C. LAST (FAMILY) <b>LAPUTZ</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/02/1940</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/25/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ANN OREM—MOTHER 937 MYRA AVE CHULA VISTA, CA 91911</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CARING CREMATION SERVICES OF S.D. P.O. BOX 711036 S.D. CA 92171-9972</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1516</b>	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Rosa Nava</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>01/26/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/27/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901475</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-29-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Rosa Nava</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CREMATION SERVICES, INC. 2570 FORTUNE WAY VISTA, CA 92083</b>	12B. DATE CREMATED <b>1/27/99</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>S. W. Schock</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 14847



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-26-99

*Pre-need  
lot*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Andrea Roussens

In a \_\_\_\_\_ Funeral, date, 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.

Lot 111 Grave 6 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... See

Burial Container ..... 3-26-01 E-16293

Handling Fees ..... unchanged for

Flower vases - Marker setting fee .....

Recording and filing fee ..... LOT 70 Gr 10

Sales taxes ..... SEC 3 DIV 13

Total Due ..... 895.00

Paid receipt number R-50780 448.00

Balance due 447.00

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Andrea Roussens  
Signature  
X Mario Salter  
Address  
X La Mesa, Ca 91941  
City  
X (619) 464-0854  
Telephone Zip Code

Work Order # **E 14848**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400



## Mt. Hope Cemetery Prepayment Plan Record

Andrea Kousens  
4910 Taltex 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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400



## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

## Mt. Hope Cemetery Prepayment Plan Record

Andrea Kousens  
4910 Taltex 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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400



## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400



## Mt. Hope Cemetery Prepayment Plan Record

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

Office Hours are M-F 8:00 - 4:30  
Cemetery Gates Open 375 days per  
year from 8:00 - 4:00  
For information Please call  
(619) 527-3400

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53253

MOUNT HOPE CEMETERY

(619) 527-3400

From: Andrea Kousens Date: 1-12, 2001  
 Address: 8397 Lemon Ave #3 La Mesa 91941  
Two Hundred Twenty Eight Dollars (\$ 228.00)  
 In part Payment of Pre-Need Lot

Lot 111 Grave 6 Row \_\_\_\_\_ Section 1 Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-14848  
 BALANCE DUE 219.00

NOT VALID FOR PURCHASE UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**PAID**  
 JAN 12 2001  
 MT. HOPE CEMETARY  
 CITY OF SAN DIEGO, CA  
 ISSUED BY J. Skelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>228 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>228 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
4469

Send or bring one coupon with each remittance **COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. Pre-need Lot B-14848

Andrea Kousens

4910 Taltec Dr.

La Mesa, CA 91941

Lot 111 Gr 6 Sec 1 Div 11

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on, or before,  
due date above.



\$ 19.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14848

Andrea Kousens

4910 Taltec Dr.

La Mesa, CA 91941

Lot 111 Gr 6 Sec 1 Div 11

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before,  
due date above.



\$ 19.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Loan E-14848**

**Andrea Koussouf**

**4910 Taltec Dr.**

**La Mesa, CA 91941**

**Lot 111 Gr 6 Sec 1 Div 11**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
			10								

Amount due when paid on, or before,  
due date above.



\$ **19.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot E-14848**

**Andrea Kousens**

**4910 Taltec Dr.**

**La Mesa, CA 91941**

**Lot 111 Gr 6 Sec 1 Div 11**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on, or before,  
due date above.



\$ 19.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



and or bring one coupon with each remittance **COUPON**

**8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14848**

**Andrea Koussens**

**4910 Taltec Dr.**

**La Mesa, CA 91941**

**Lot 111 Gr 6 Sec 1 Div 11**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
			10								

Amount due when paid on, or before  
due date above.

\$ **19.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot E-14848**

**Andrea Kousens**

**4910 Taltec Dr.**

**La Mesa, CA 91941**

**Lot 111 Gr 6 Sec 1 Div 11**

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on, or before,  
due date above.



\$ **19.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot E-14848**

**Andrea Kousens**

**4910 Taltec Dr.**

**La Mesa, CA 91941**

**Lot 111 Gr 6 Sec 1 Div 11**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
			10								

Amount due when paid on, or before,  
due date above.



\$ **19.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot E-14848**

**Andrea Kousens**

**4910 Taltec Dr.**

**La Mesa, CA 91941**

**Lot 111 Gr 6 Sec 1 Div 11**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
			10								

Amount due when paid on, or before,  
due date above.



\$ **19.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot E-14848**

**Andrea Kousens**

**4910 Taltec Dr.**

**La Mesa, CA 91941**

**Lot 111 Gr 6 Sec 1 Div 11**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
			10								

Amount due when paid on, or before,  
due date above

\$ 19.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14848

Andrea Kousens

4910 Taltec Dr.

La Mesa, CA 91941

Lot III Gr 6 Sec 1 Div 11

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before  
due date above.



\$ 19.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$

\$

Amount Received

\$

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-26-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wyomia Scott

In a T.S. Type of Burial Container Funeral, date, time Saturday 1-30-99 11:00

Church, Chapel Graveside Chapel/Graveside: Berg-Roberts 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 73 Grave 11 Row 16 Section 16 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases—Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Must be paid 1995 Total Due \_\_\_\_\_ 600.00

Prior to services Prepaid Paid receipt number E 12578 R-50782

on Saturday. Prepaid Balance due 600.00

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_  
Interment Transfer 2-8-99

X Phyllis W. Ward  
Signature  
X 2215 WARD PL  
Address  
X Escondido CA 92026  
City  
X (760) 738-9194 Zip Code  
Telephone

Work Order # E 14849 Invoice # \_\_\_\_\_

REA-104 (7-98) Acct. # \_\_\_\_\_

This information is available in alternative formats upon request.

E- A849

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

76

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>WYOMIA</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>SCOTT</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/19/1922</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/25/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GAIL F. CORTELL - DAUGHTER 2230 MELROSE ST NATIONAL CITY, CA 91950</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-284</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <b>Pamela Valencia 01/27/1999</b>		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/27/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>P. Valentine</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-30-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 L. Rens

Jeanne L. Rens  
in grave already

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elmer Rens (X)

in a Ash Vault Funeral, date, time WED 2-3 2:00

Church, Chapel, Graveside Witness Greenwood 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 17 Grave 207 Row 8 Section 8 Division/Block 7

Grave space & Care Fund 0

Additional spaces and care fund —

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee —

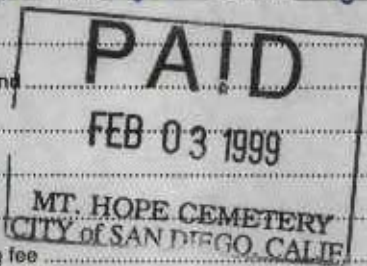
Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-50802 269.26

Balance due 0



will pay on day of service

I hereby certify I am the X son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature E. Rens

Address 6238 LAMBDA DR -

City SAN DIEGO CA 92120

Zip Code

Telephone 619 582-7460

Work Order # E 14850

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



1-28-99

son of deceased initialed  
the changing of grave  
numbers, from 19 to 20.

Catherine Malone





MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-27-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Harvey

in a liner Type of Burial Container Funeral, date, time MON Feb. 1 2:00

Church, Chapel, Graveside Graveside : LA Memorial 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 1045 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Preneed \_\_\_\_\_ ⊖

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 \_\_\_\_\_ 14.75

E 4658  
lot

**PAID**  
JAN 27 1999  
IN FULL  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 769.73

Paid receipt number R 50785 769.73

Balance due ⊖

I hereby certify I am the Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Lula S. Porter

Address 502 - 10th

City San Diego Ca 92101 Zip Code

Telephone 1-619-239-7181

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14851

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14851  
68

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOHN</b>	1B. MIDDLE <b>RUFUS</b>	1C. LAST (FAMILY) <b>HARVEY</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/08/1930</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/23/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOHN R. HARVEY, JR. - SON 1479 BATHURST PLACE EL CAJON, CA 92050</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8. DATE SIGNED <b>01/29/1999</b>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			9. SIGNATURE OF APPLICANT 

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/29/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>M. MITCHELL</b> ▶ <b>9901723</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

**FOR CORONER'S USE ONLY**  
 I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-1-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-27-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Michael W Singleton <sup>Delivery</sup> **MON. FEB. 1, 99**

in a Liner Funeral, date, time **(MOCK Friday 1-29-99 2:00)**

Church, Chapel, Graveside Chapel : Ragsdale 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 176 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund 62.63 80% 895.00

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

30 day note

Total Due 1664.73

Paid receipt number 50783 832.37

Balance due 832.36

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of dead \_\_\_\_\_

David Singleton  
Signature  
4288 Hoitt St #5  
Address  
SAN Diego 92102  
City Zip Code  
239-5544  
Telephone

Work Order # **E 14852**

Invoice # 311776  
Acct. # 097743



MT. HOPE CEMETERY

W.O.# E 14852

## NOTE

\$ 832.37 San Diego, California January 27 1999

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight Hundred Thirty Two and  $\frac{37}{100}$  DOLLARS with interest from January 27-1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

Daniel Singleton

SIGNATURE

Daniel Singleton

ADDRESS

4541 Cherokee Ave. #6 San Diego, CA 92116

CALIFORNIA DRIVER LICENSE NUMBER

B9704182

SSN #

562-39-6810



E-14852

43

# 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) <b>Michael</b>	1B. MIDDLE <b>Wayne</b>	1C. LAST (FAMILY) <b>Singleton</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/28/1953</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/24/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Denver</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Colorado</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Random Singleton, Father 4541 Cherokee Ave. #6 San Diego, CA 92116</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rubber Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>01/29/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/29/1999</b> <i>Rubber Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>99001675</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>--</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2-1-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Bob Miller</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>--</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>--</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>9</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>--</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 1-27-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of WILLIA MAE HART

In a liner Funeral, date, time SAT. JAN 30 10:00

Type of Burial Container CHURCH GRAVESIDE CA BURIAL 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. X JHL

Lot 72 Grave 2 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees..... 145.00

Flower vases - Marker setting for SATURDAY OVERTIME 600.00

Recording and filing fee..... 45.00

Sales taxes..... 14.73

Total Due..... 2204.73

Paid receipt number R 50787 2204.73

Balance due X

**PAID**  
JAN 28 1999  
IN FULL  
MT. HOPE CEMETERY

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Jo Carl-Lloyd  
Address 863 Friendly Circle  
EI Cajon 92021  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (619) 447-6988

Work Order # E 14853

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-14853

63

# 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) <b>WILLIA</b>	1B. MIDDLE <b>MAE</b>	1C. LAST (FAMILY) <b>HART</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/23/1935</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/23/1999</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>LAS VEGAS</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>NV</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JANISSA A. SCOTT-DAUGHTER 402 E. 6TH ST. IMPERIAL, CA 92251</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom Walker</i>			8B. DATE SIGNED <b>01/28/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/28/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>1-30-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED <b>-</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>-</b>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED <b>-</b>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <b>-</b>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED <b>-</b>	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <b>-</b>
	SCATTERING 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 <b>-</b>	15B. DATE OF DISPOSITION <b>-</b>	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>-</b>

COPY 2 IS RETAINED BY 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

**Preneed  
 104**

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of **Peggy E. Means**

in a \_\_\_\_\_ Funeral, date, 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. \_\_\_\_\_

✓ Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

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 995.00

Paid receipt number R50786 500.00

Balance due 495.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

**X Peggy E. Means**  
 Signature  
2345 Blackton Dr  
 Address  
SAN DIEGO CA 92105  
 Zip Code  
619-264-5445  
 Telephone

Work Order # **E 14854**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Means, Peggy E

2345 Blackton DR. San Diego Ca. 92105

1-27-99	Pre-need Lot Only		DEBIT	CREDIT	BALANCE
	Lot 1890 Divison 10				
	<del>Trust includes. Lot ONLY</del>	20% 80%	995.00		
1-27-99	Receipt# 50786	199 796		500.00	495.00
4-13-99	R 51038 CPN 142			42.00	453.00
5-18	R-51160 324			42.00	411.00
7-19-99	R 51359 546			42.00	369.00
8-17-99	R 51448 748			42.00	327.00
9-27-99	R 51569 9			21.00	306.00
11-2-99	R-51657 10 x 11			42.00	264.00
12-16-99	R-51792 12			21.00	243.00
1-19-00	R-52046 13 x 14			42.00	201.00
2-4-00	R-52096 15			21.00	180.00
3-17-00	R-52229 16 x 17			42.00	138.00
4-00	R-52307 18			21.00	117.00
5-5-00	R-52387 19			21.00	96.00
7-19-00	R-52684 20			21.00	75.00
8-9-00	R-52754 21			21.00	54.00
9-20-00	R-52890 22			21.00	33.00
	Means ,Peggy E. Pre-need Lot only				

OVER



Balance

10-12-00

R-52969

Coupon 23

2100

33.00

1-7-00

R-53041

Coupon 24

~~12.00~~

~~12.00~~

~~0~~



OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA  
AT-NEED PURCHASE  
MOUNT HOPE CEMETERY  
(619) 527-3400

59580



Date: 4-21-06, 20 06

From: means Address: 2345 Blackton Dr S.D. 92105

Two hundred & forty-three dollars <sup>71</sup>/<sub>100</sub> Dollars (\$ 243.71 )

in Full Payment of Marker setting Fee + Trion Vase For

Div 10 Sec \_\_\_\_\_ Bk/Row \_\_\_\_\_ Lot 1890 Grave Peggy means

Invoice No. E-14854

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 0

- Money Order
- Charge
- Check

NOT VALID FOR PURPOSES STATED UNLESS  
STAMPED "PAID" IN THIS SPACE

APR 21 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185	<u>28</u>	<u>00-HIP</u>
Recording &	100	<u>213</u>	<u>00-Misc</u>
Misc. Fees	77183		
Sales Tax	60101	<u>2</u>	<u>71-tax</u>
	78390		
TOTAL PAID	\$	<u>243</u>	<u>71</u>

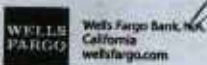
AC-212A (11-05)  
This information is available in alternative formats upon request.

PEGGY E MEANS  
2345 BLACKTON DR  
SAN DIEGO, CA 92105-5024  
PH. 619-264-5445

307  
16-24/1220 4501  
0754737971

4-21-06  
Date

Pay to the Order of Mount Hope Cemetery \$ 243 <sup>71</sup>/<sub>100</sub> Dollars  
Two forty three <sup>71</sup>/<sub>100</sub> Dollars



For Headstone & Vase burial Peggy E. Means

51038

## OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

 MOUNT HOPE CEMETERY  
 527-3400

Date: 4-13 19 99

 From: Peggy Means Address: 2345 Blackton Dr. SD 92105  
 forty two Dollars (\$ 42 00 )

In part Payment of pre need lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14854

BALANCE DUE 453 00

 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

	87007		
CREDIT	77184		
20% Sales Care	77184	42	00
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	53033		
Sales Tax	9022		
	60101		
	78380		
TOTAL PAID		\$ 42	00

ISSUED BY

Catina Avallone

1459

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51160



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY  
527-3400

Date: 5-18, 1999

From: Peggy Myers Address: 2345 Blakton Dr San Diego 92105

Only tub Dollars (\$ 42.00 )

In part Payment of bu-need lot

Lot 1870 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14854

BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>42</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handing Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>42</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

1586

ISSUED BY J. Shultz



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51569



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY  
527-3400

Date: 9-27, 1999

From: Peggy E Means Address: 2345 Blackton Dr. SD 92105

Twenty One and 09/100 Dollars (\$ 21.00 )

In part Payment of preneed lot for Peggy E. Means

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E 14854  
BALANCE DUE 306.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	<u>21.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

1816

ISSUED BY Lynda

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

51657

MOUNT HOPE CEMETERY

527-3400

Date: 11-2-99, 19\_\_

From: Peggy Mann Address: 2345 Blakton Dr. San Diego 92105

Justly Paid Dollars (\$ 4200 )

In part Payment of Pre-Need Lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 -Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14854

BALANCE DUE 264.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>4200</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	60101	
TOTAL PAID	78390	<u>4200</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

1895

ISSUED BY J. Shuchellin

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52046

Date: 1-19, 1900

From: Peggy Means Address: 3345 Buckton Dr San Diego 92105

Forty two Dollars (\$ 42.00 )

In part Payment of Pre-Need Lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14854

BALANCE DUE 201.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

1947

NOT VALID FOR PURCHASE UNLESS STAMPED "PAID" IN THIS SPACE

**PAID**

JAN 19 2000

MT. HOPE CEMETERY  
 CITY OF SAN DIEGO

ISSUED BY J. Schickler

CREDIT	67007	
20% Sales Com	77194	
80% Sales of Lots	100	<u>42 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>42 00</u>



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52096

From: Peggy Means Address: 2315 Blickton Dr San Diego 92105 Date: 2-4, 1900  
Twenty One Dollars (\$ 21.00 )  
 In part Payment of Pre-Need Lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14854

BALANCE DUE 180.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 5-84)

1968

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY

*[Signature]*

CREDIT	67007		
20% Sales Care	77184	19	00
80% Sales of Lots	100	2	00
77184			
Opening/ Closing	100		
77181			
Burial Containers	100		
77182			
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	80333		
8022			
Sales Tax	80101		
76390			
TOTAL PAID	\$	21	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52229

Date: 3-17- 08

From: Peggy Means Address: 2345 Blackton Dr. San Diego 92105

Early this Dollars (\$ 42.00 )

In part Payment of Pre-Need Lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block 42

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14854

BALANCE DUE 138.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Comm	77184	<u>42</u>   <u>00</u>
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>42</u>   <u>00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

2006

ISSUED BY J. Shultz

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52307

Date: 4-10-99  
 From: Peggy Means Address: 2315 Blackton Dr. San Diego 92105  
Twenty One Dollars (\$ 21.00)  
 In part Payment of Pre-Need Set

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block 21 00

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-14854  
 BALANCE DUE 117.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY J. Schultz

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>21 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
2033



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52387

From: Peggy Means Address: 2345 Blackton Dr. San Diego 92105 Date: 5-3-98  
Twenty One Dollars (\$ 21.00)  
 In part Payment of Pre-Need Lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-14854  
 BALANCE DUE 96.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>21.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

2058

ISSUED BY D. Mitchell

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52754

From: Peggy Means Address: 2345 Blackton Dr San Diego 92105 Date: 8-9 '80  
Twenty One Dollars (\$ 21.00 )

In part Payment of Pre-Need Lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14854

BALANCE DUE 54.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

2166

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY A. Schellin

CREDIT	67007	
20% Sales Care	77184	21 00
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	21 00

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52684

Date: 7-19 <sup>19</sup>

From: Beggy Meert Address: 2345 Blackton Dr San Diego 92105

Twenty One Dollars (\$ 21.00 )

In part Payment of Pre-Need Lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14864

BALANCE DUE 75.00

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.

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	<u>21</u>	<u>00</u>
50% Sales of Lots	100		
77184			
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>21</u>	<u>00</u>



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52890

MOUNT HOPE CEMETERY

(619) 527-3400

From: Reggy Means Date: 9-20 2000  
Twenty One Address: 2345 Blackton Dr San Diego 92105  
 Dollars (\$ 21.00 )

In part Payment of Pre-Need Set

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14854

BALANCE DUE 54.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

2212

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY D. Schellin

CREDIT	67007	
20% Sales Care	77184	<u>21.00</u>
90% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52969

MOUNT HOPE CEMETERY

(619) 527-3400

From: Peggy Means Address: 2345 Blackstone Dr San Diego Date: 10-12 2000  
Twenty One Dollars (\$ 51.00 )  
 In part Payment of Pre-Need Lot

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block 2100

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-14854  
 BALANCE DUE 12.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY J. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>2100</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
2230

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53041

From: PEGGY E MEANS Address: 2345 BLACKTON DR. SAN DIEGO, CA 92105  
 Date: Nov-7 .20 00  
twelve 00/100 Dollars (\$ 12.00)  
 In part Payment of Pre-Need lot only

Lot 1890 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
~~Block~~

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-14854  
 BALANCE DUE \$ 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  
**PAID**  
 NOV 07 2000  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO  
 ISSUED BY Martin Cortelli

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>12.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	<u>12.00</u>
	9022	
	60101	
	78390	



Send or bring one coupon with each remittance

**COUPON**

**1**

**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**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on, or before,  
due date above.



\$ 21.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 21.00

NAME

PEGGY E. MEANS

ADDRESS

2345 BLACKTON DR

CITY

SAN DIEGO STATE CA ZIP 92105

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-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.



\$ 21.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$

21.00

NAME

Peggy E. Means

ADDRESS

2345 BLACKTON DR

CITY

SAN DIEGO

STATE

CA

ZIP

92105

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**3**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot #14854**

**Peggy E. Means**

**2345 Blackton Dr.**

**San Diego, CA 92105**

**Lot 1890 Div 10**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 21.00

NAME

Peggy E. Means

ADDRESS

2345 Blackton Dr

CITY

San Diego

STATE

CA

ZIP

92105

check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot B-14854

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

Lot 1890 Div 10

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		10									

Amount due when paid on, or before,  
due date above.



\$ 21<sup>00</sup>

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 21<sup>00</sup>

NAME

Peggy E. Means

ADDRESS

2345 Blackton Dr

CITY

San Diego

STATE

Ca

ZIP

92105

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

**ACCOUNT No. Pre-need Lot E-14854**

**Peggy E. Means**

**2345 Blackton Dr**

**San Diego, CA 92105**

**Lot 1890 Div 10**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		<b>10</b>									

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ **21.00**

NAME

**PEGGY E. MEANS**

ADDRESS

**2345 BLACKTON DR.**

CITY

**SAN DIEGO**

STATE

**CA**

ZIP

**92105**

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

OCT	NOV	DEC	IAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10									

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME

PEGGY E. MEANS

ADDRESS

2345 BLACKTON DR

CITY

SAN DIEGO

STATE

CA

ZIP

92105

Amount Received

\$ 21.00

 check (✓) if this is new address



Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14854

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

Lot 1890 Div 10

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10									

Amount due when paid on, or before, due date above.



\$ 21.00

Amount due if paid more than \_\_\_\_\_ days after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ 21.00

NAME PEGGY E MEANS

ADDRESS 2345 BLACKTON DR

CITY SANDIEGO STATE CA ZIP 92105

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**12**

DO NOT MAIL ENTIRE BOOK


ACCOUNT No. **Pre-need Lot E-14854**

**Peggy E. Means  
2345 Blackton Dr.  
San Diego, CA 92105  
Lot 1890 Div 10**


Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
		10									

Amount due when paid on, or before,  
due date above.

 \$ **21.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

 \$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME PEGGY MEANS Amount Received \$ \_\_\_\_\_

ADDRESS 2345 BLACKTON DR

CITY SAN DIEGO STATE CA ZIP 92105

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14854

Peggy E. Meanus

2345 Blackton Dr.

San Diego, CA 92105

Lot 1890 Div 10

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		19									

Amount due when paid on, or before,  
due date above.

\$ 21.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME

Peggy E. Meanus

ADDRESS

2345 BLACKTON DR

CITY

S.D.

STATE

CA

ZIP

92105

 check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot E-14854**

**Peggy E. Means  
2345 Blackton Dr.  
San Diego, CA 92405  
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.



\$ **21.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ **21.00**  
NAME **PEGGY E. MEANS**  
ADDRESS **2345 BLACKTON DR**  
CITY **S. D.** STATE **CA** ZIP **92405**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-head Lot E-14854**

**Peggy E. Means**

**2345 Blackton Dr.**

**San Diego, CA 92105**

**Lot 1890 Div 10**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ 21.00

NAME PEGGY E. MEANS

ADDRESS 2345 BLACKTON DR.

CITY SAN DIEGO STATE CA ZIP 92105

check (✓) if this is new address

Send or bring ~~one~~ coupon with each remittance **COUPON**

**16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14854**

**Peggy E. Meana**

**2345 Blackton Dr.**

**San Diego, CA 92105**

**Lot 1890 Div 10**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		10									

Amount due when paid on, or before,  
due date above.



**21.00**

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME

**Peggy Meana**

Amount Received

\$

**21.00**

ADDRESS

**2345 BLACKTON DR**

CITY

**SAN DIEGO**

STATE

**CA**

ZIP

**92105**

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-head Lot E-14854**

**Peggy K. Means**

**2345 Blackton Dr.**

**San Diego, CA 92105**

**Lot 1890 Div 10**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		<b>10</b>									

Amount due when paid on, or before,  
due date above.



\$ **21.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ **21.00**

NAME **PEGGY MEANS**

ADDRESS **2345 BLACKTON DR**

CITY **SAN DIEGO** STATE **CA** ZIP **92105**

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-used Lot E-14854**

**Foggy E. Means**

**2345 Blackton Dr.**

**San Diego, CA 92105**

**Lot 1890 Div 10**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		<b>10</b>									

Amount due when paid on, or before,  
due date above.



**21.00**

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

**\$ 21.00**

NAME

**PEGGY E. MEANS**

ADDRESS

**2345 BLACKTON DR.**

CITY

**SAN DIEGO**

STATE

**CA**

ZIP

**92105**

check (✓) if this is new address

Send or bring one coupon with each remittance.

**COUPON**

**19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-paid Lot B-14854

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

Lot 1890 Div 10

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		10									

Amount due when paid on, or before,  
due date above



\$ 21.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ 21.00

Amount Received

\$ 21.00

NAME

PEGGY E. MEANS

ADDRESS

2345 BLACKTON DR

CITY

SAN DIEGO STATE CA ZIP 92105

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot E-14854**

**Peggy E. Means  
2345 Blackton Dr.  
San Diego, CA 92405  
Lot 1890 Div 10**

**Month and Day Due Indicated below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before,  
due date above.



**21.00**

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$

\$

NAME

**PEGGY E MEANS**

Amount Received

**\$ 21.00**

ADDRESS

**2345 BLACKTON DR**

CITY

**SAN DIEGO**

STATE

**CA**

ZIP

**92105**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

FR-DESB LOC E-14834

**Peggy E. Means  
2345 Blackton Dr.  
San Diego, CA 92105  
Lot 1890 Div 10**

E 14854

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		10									

Amount due when paid on, or before  
due date above.



\$ 21.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ 21.00  
~~21.00~~

NAME PEGGY E. MEANS  
ADDRESS 2345 BLACKTON DR  
CITY SAN DIEGO STATE CA ZIP 92105

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Head Lot Y-14854

Peggy E. Means

2345 Blackton Dr.

San Diego, CA 92105

Lot 1890 Div 10

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10									

Amount due when paid on, or before,  
due date above.



21.00

\$

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$

\$

Amount Received

\$

21.00

NAME

PEGGY E. MEANS

ADDRESS

2345 BLACKTON DR.

CITY

SAN DIEGO STATE CA 92105

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

FTS-BOOK LOC E-14824

**PEGGY E. MEANS**

**2345 Blackton Dr.**

**San Diego, CA 92105**

**Lot 1890 Div 10**

E14854

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10									

Amount due when paid on, or before, due date above.



**21.00**

\$

Amount due if paid more than \_\_\_\_\_ days after due date above.



\$

\$

Amount Received

\$

**21.00**

NAME

**PEGGY E MEANS**

ADDRESS

**2345 BLACKTON DR.**

CITY

**SAN DIEGO**

STATE

**CA.**

ZIP

**92105**

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-used Lot E-14554

Peggy E. Means

45 Blackton Dr.

San Diego, CA 92105

Lot 1890 Div 10

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
		10									

Amount due when paid on or before  
due date above



\$ ~~21.00~~

Amount due if paid more than \_\_\_\_\_ days  
after due date above



\$ 12.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ 12.00

NAME PEGGY MEANS

ADDRESS 4345 BLACKTON DR

CITY SAN DIEGO STATE CA ZIP 92105

check (✓) if this is new address

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

*Therese Dillard  
 287-2605  
 daughter*

Date 1-28-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorraine Jordan

In a liner Type of Burial Container Funeral, date, time Monday 2-1-99 12:00  
 Church, Chapel, Graveside Graveside : Accresce - Dault 760-729-3766  
800-323-1342 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 110 Grave 11 Row \_\_\_\_\_ Section 3 Division/Block 17

Grave space & Care Fund .....	<u>795.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>375.00</u>
Burial Container .....	<u>190.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	<u>14.73</u>

**PAID**  
 JAN 29 1999  
 IN FULL  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due 1564.73  
 Paid receipt number 50791 1564.73  
 Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Therese Dillard  
 Signature  
5618 Redwood St  
 Address  
San Diego Ca 92105  
 City Zip Code  
287-2605  
 Telephone

Work Order # **E 14855**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



E-14855

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>LORENE</b>		1B. MIDDLE -	1C. LAST (FAMILY) <b>JORDAN</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/11/1939</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/26/1999</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>LA MESA</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>TEARSA A. DILLARD DAUGHTER</b> <b>5618 REDWOOD STREET</b> <b>SAN DIEGO, CA. 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ACCU-CARE CREMATION CENTER</b> <b>2562 STATE STREET STE.E</b> <b>CARLSBAD, CA. 92008</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1528</b>		8A. SIGNATURE OF APPLICANT—Perish taking permit 		8B. DATE SIGNED <b>01/28/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.							

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>01/29/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>JOHN TOLBERT</b>	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222</b> <b>SAN DIEGO, CA. 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCAL (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY</b> <b>3751 MARKET STREET</b> <b>SAN DIEGO, CA. 92005</b>	11B. DATE BURIED <b>2-1-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2 E-14855

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-28-99

skeletal  
remains.  
file box size

**THES FEB 2**

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John/Jane DOE PA 1999526

in a Child Liner

Funeral, date, time MON. Feb. 1:00

Church, Chapel, Graveside delivery ; Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ Jim

will be applied and billed to undersigned.

1492

✓ Lot 277 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 165.00

Burial Container ..... 50.00

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 380.00

R. BARR  
P.A.

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 311947

Acct. # 000952

Work Order # E 14856

SEE E14857 for  
explanation for delivery  
date changing.



1492 277-10-212 14856

# 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) <b>John/Jane</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Doe</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>Unknown</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>08/11/1998</b>	4. SEX <b>Unk</b>
5A. CITY OF DEATH <b>Potrero</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marco deleToba-P. A. 5201-A Ruffin Rd., San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary, 2859 Adams Ave., San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1424</b>	8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				8B. DATE SIGNED <b>01/28/1998</b>	

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/01/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego, P.O. Box 85222, San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102</b>	11B. DATE BURIED <b>2-2-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREM.
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 1-28-99

*Skeletal remains  
file size box*

**TUES. FEB. 2**

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe PA # 1232703

in a liner Type of Burial Container Funeral, date, time MOR. Feb. 1 1:00

Church, Chapel, Graveside delivered Mortuary, Mayer Jim

All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of \$ \_\_\_\_\_ will be applied and billed to undersigned.

*0579*  
Lot 277 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund .....	<u>120.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>1105.00</u>
Burial Container .....	<u>50.00</u>
Handling Fees .....	_____
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	_____
<b>Total Due .....</b>	<b><u>380.00</u></b>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # **E 14857**

Invoice # 311949  
Acct. # 000952

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.



0579

277-11-2-13

E-14857

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) John/Jane		1B. MIDDLE -	1C. LAST (FAMILY) Doe		2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 03/22/1998	4. SEX Unk	
5A. CITY OF DEATH San Marcos			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca Barr-P. A. 5201-A Ruffin Rd., San Diego, CA 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person in Charge of Permit <i>[Signature]</i>		8B. DATE SIGNED 01/28/1999
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.								

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/01/1999	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 2-2-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-29-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Antie Tubbs

In a r-s. Vault Funeral, date, time Fri 2-5 1:00  
Type of Burial Container

Church, Chapel, Graveside Chapel/Graveside Regedale Mortuary

All Funeral cars must arrive before 5:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. XG.H.

✓ Lot 270 Grave 12 Row \_\_\_\_\_ Section 2 Division/Block 12

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 .....

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1669.38

Paid receipt number R-50790 1669.38

Balance due 0

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Glenda Hamilton  
 Signature  
Y 1056 W. 74th St  
 Address  
X Los Angeles CA 90044  
 City Zip Code  
323-752-8597  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14858

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



E-14858

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

69

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Artie</b>		1B. MIDDLE <b>Ruth</b>	1C. LAST (FAMILY) <b>Tubbs</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/08/1929</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/27/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Glinda Hamilton, Sister</b> <b>1056 W. 74th St.</b> <b>Los Angeles, CA 90044</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>01/28/1999</b>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/01/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9901750
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>2/15/99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

*Pre pay mat for  
 pre need for*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John and Lorna Wright

in a will provide ash containers Funeral, date, time \_\_\_\_\_  
Type of Burial Container

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.

Lot 96 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 2 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup for 2 210.00

Burial Container \_\_\_\_\_

Handling Fees for 2 120.00

Flower vases - Marker setting fee Marker Paid for may be installed already but each - 125.00

Recording and filing fee \_\_\_\_\_ 90.00

Sales taxes \_\_\_\_\_

Total Due 420.00

*OK - Per Tom Williams*

Paid receipt number credit card + 125.00 mon

~~Balance due~~ 545.00

I hereby certify I am the owner of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.  
Lorna Wright  
Signature of recorded holder of deed

John L Wright  
Signature  
2844 ST. JOSEPH DR.  
Address  
CONCORD, CA 94518  
City Zip Code  
925-676-1813  
Telephone

Work Order # **E 14859**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Estate case

Date 1-29-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Earle Dumas

in a liner Type of Burial Container Funeral, date, time WED 2-10 1:00

Church, Chapel, Graveside Delivery only: Ragsdale 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 278 Grave 4 Row \_\_\_\_\_ Section 2 Division/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 filling fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1514.73

Darnell Price - PA

Total Due .....

Paid receipt number \_\_\_\_\_

creditor's claim

Balance due \_\_\_\_\_

2-21-99

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14860



# 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) <b>Earle</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>Dumas</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/09/1899</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/17/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Darnell Price, Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT <i>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</i>			8A. SIGNATURE OF APPLICANT—Person having permit <i>Darnell Price</i>		8B. DATE SIGNED <b>01/28/1999</b>

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/09/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9902312</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P. O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2/10/99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



1st Burial

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-1-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ella Mae Lewis

In a double depth Type of Burial Container Funeral, date, time THUR 2-4 10:00

Church, Chapel, Graveside Chapel / Graveside / Ragsdale 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 12 Grave 2 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund Preneed E9529 0

Additional spaces and care fund 1991 \_\_\_\_\_

Opening/Closing & Setup Preneed 0

Burial Container Preneed 0

Handling Fees Preneed 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee Preneed 0

Sales taxes Preneed 0

interfund transfer  
2-18-99 Total Due 0

Paid receipt number \_\_\_\_\_

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14861**

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14861  
75

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Alla</b>	1B. MIDDLE <b>Mae</b>	1C. LAST (FAMILY) <b>Lewis</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/15/1923</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/28/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Johnie Lewis, Husband 6761 Tiffin Ave. San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED <b>02/03/1999</b>	

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/03/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>0901974</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2-4-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY 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, subject to your rules and regulations, to inter the remains

of Abraham Christiaan Planje ("Dutch")

in a Top Seal Vault Type of Burial Container Funeral, date, time Bandsley M. 2-3-99

Church, Chapel, Graveside Witness : Bandsley M. McCole 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 5331 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 1095.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... 125.00

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

**PAID**  
FEB 01 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 2094.38

*11 Bird Men of  
Ocean Beach  
Please include on info  
on card.*

Paid receipt number 50796

Balance due 0

I hereby certify I am the EXECUTOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

*\* Do Not Give to*  
*1885 SEPULCHRE PLACE*  
*SAN DIEGO, CA 92107*  
*(619) 225-8278.*

Signature of recorded holder of deed

**DO NOT GIVE THIS NAME OR ADDRESS TO ANYONE!**

Work Order # E 14862

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

*anyone on who signed order*



E-14862

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

81

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ABRAHAM</b>	1B. MIDDLE <b>CHRISTIAAN</b>	1C. LAST (FAMILY) <b>PLANJE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/15/1917</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/22/1999</b>	4. SEX <b>H</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-816</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>02/02/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>02/03/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901884</b> <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-3-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 2-2-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Mae Fair

In a Casket Funeral, date, time Tues 2-9 11:00

Church, Chapel, Graveside Chapel / Crawfords / Regsdale Mortuary, Skinner

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. X

Lot 269 Grave 8 Row \_\_\_\_\_ Section 2 Division/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

Paid receipt number R-50797 1564.73

Balance due 0

I hereby certify I am the NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Richard V. Springfield  
Signature  
X 1729 Ramon St.  
Address  
X Temor Street 91945  
City Zip Code  
X 619 698-0275  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14863

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-19863

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

85

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Ethel</b>	1B. MIDDLE <b>Mae</b>	1C. LAST (FAMILY) <b>Fair</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/18/1913</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/31/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Richard V. Springfield, Nephew 1729 Ramon St. Lemon Grove, CA 91945</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.; San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tarrah Hasky</i>	
				8B. DATE SIGNED <b>02/08/1999</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/08/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Tarrah Hasky</i>	9902178
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P. O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2/9/99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tarrah Hasky</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-2-99

*Pre - need  
set of trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ASYA - MINASOVA 12:30 SEPT 12 WGD

in a Double crypt Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ : MAYER 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 5020 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 1095.00

Additional spaces and care fund ..... PAID IN

Opening/Closing & Setup ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... FULL 320.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 3-9-01 29.45

Sales taxes ..... 29.45

Total Due ..... 2244.45

Paid receipt number R-50798 1122.00

Balance due 1122.45

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

*Actual*  
X Signature \_\_\_\_\_  
X Address 5826 Streamview Dr. #142  
X City SAN DIEGO CA 92105 Zip Code \_\_\_\_\_  
X Telephone (619) 582-5361

Work Order # E 14864

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MINASOVA, ASYA 5826 Streamview Dr. #142 San Diego 92105

				DEBIT	CREDIT	BALANCE
02-02-99	Opened Pre-need Lot & Trust					
	Lot 5020 Div 10			1095.00		
	Trust includes Opening/Closing, Double Depth					
	Crypt, Handling Fee, Recording Fee, Tax on			1149.45		2244.45
	Crypt.					
02-02-99	R-50798				1122.00	1122.45
3-10-99	R-50932	Coupon #1			47.00	1075.45
4-14-99	R-51042	Coupon #2			42.00	1033.45
5-10-99	R-51126	#3			47.00	986.45
6-3-99	R-51200	#4			47.00	939.45
7-15-99	R-51352	#5			47.00	892.45
8-30-99	R-51474				47.00	845.45
9-17-99	R-51545	#7			47.00	798.45
10-11-99	R-51607	#8			47.00	751.45
11-11-99	R-51688	#9			47.00	704.45
12-1-99	R-51773	#10			47.00	657.45
1-2-00	52109				47.00	610.45
2-8-00					47.00	563.45
	MINASOVA, ASYA					
		Pre-need Lot & Trust				
		E-14864				

(LOVER)



balance forward									
3-16-00	R- 52226	# 13							558.45
4-11-00	R 52315	# 14							511.45
5-5-00	R- 52396	# 15							472.00
6-9-00	R- 52547	# 16							471.00
7-11-00	R- 52656	# 17							47.00
8-9-00	R- 52751	# 18							47.00
9-12-00	R- 52866	19							47.00
10-11-00	R- 52961	20							47.00
11-02-00	R - 53018	21							47.00
12-20-00	R - 53168	22							47.00
01-16-01	R - 53261	23							47.00
03-9-01	R - 53450	24							41.45

Rm to  
total



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51628



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 11-16, 1999

From: Daya Minasova Address: 5826 Sherman Dr # 142 San Diego 92105

Twenty Seven Dollars (\$ 47.00 )

In part Payment of Pre-Need Lot & Trust

Lot 5020 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14864

BALANCE DUE 699.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

100

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY D. Schellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	47	00
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	47	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1486A

51607

Date: Oct. 11, 1999

From: ASVA MINASOVA Address: 5826 Hawthorn Dr. # 142 San Diego, CA

Forty Seven Dollars (\$ 47.00)

In part Payment of Pre-Need of Lot and Trust

Lot 5020 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE \$746.45

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

ISSUED BY: Roselle [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>47.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>47.00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51474



WHITE.....TO CUSTOMER  
CANARY.....CEMETERY  
PINK.....AUDITOR

MOUNT HOPE CEMETERY  
527-3400

Date: 8-30, 1999

From: Leya Minasora Address: 5826 Streamview Dr #142 L-20 92105

Forty Seven Dollars (\$ 47.00 )

In part Payment of Pre-Need Lot - Trust

Lot 5020 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14864

BALANCE DUE \_\_\_\_\_

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.

ISSUED BY D. Schellin

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>47 00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>47 00</u>



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51042

Date: 4-14, 1999

From: Asya Minssova Address: 5826 Streamview Dr. #142 SD 92105  
Forty Seven and 00/100 Dollars (\$ 47.00)

In part Payment of pre need trust

Lot 5020 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E14864  
BALANCE DUE 1028.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Suria/	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>47 00</u>
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>47 00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

ISSUED BY Lynda

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1486A

51206

Date: 6-3 1999

From: Asya Minasova Address: 5826 Streamview Dr. 142 SD 92105

Forty seven Dollars (\$ 47.00 )

In part Payment of pre need lot & trust

Lbt 5020 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 14864

BALANCE DUE 934.45

Pre-Need Lot  At Need  On Acct.   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

345

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

Catrina Avallone  
 ISSUED BY \_\_\_\_\_

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>47</u>	<u>00</u>
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	80003		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>47</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51126



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-10, 19 99

From: Asya Minasova Address: 5826 S. Greenwood Dr. #142 SD 92105  
Forty Seven and 00/100 Dollars (\$ 47.00)

In part Payment of pre need trust plot for Asya Minasova

Lot 5020 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14864

BALANCE DUE 981.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

341

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY Lynette

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>47 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>47 00</u>



Send or bring one coupon with each remittance **COUPON**

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Asya Minasova

E-14864

5826 Streamview Dr. #142

San Diego, CA 92105

Lot 5020 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.



\$ 47.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

**Asya Minasova**

**E-14864**

**26 Stresmview Dr. #142**

**San Diego, CA 92105**

**5020 Div 10**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		10									

Amount due when paid on, or before,  
due date above.



\$ 47.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

**Asya Minasova** E-14864

**5826 Streamview Dr. #142**

**San Diego, CA 92105**

**Lot 5020 Div 10**

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		10									

Amount due when paid on, or before,  
due date above.



\$ **47.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

**Asya Minasova**

**E-14864**

**5826 Streamview Dr. #142**

**San Diego, CA 92105**

**Lot 5020 Div 10**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on, or before,  
due date above.



\$ 47.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**

**Asya Minasova**

**E-14864**

**5826 Streamview Dr. #142**

**San Diego, CA 92105**

**Lot 5020 Div 10**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before,  
due date above



\$ **47.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Asya Minasova**

**E-14864**

**3926 Streamview Dr. #142**

**San Diego, CA 92105**

**5020 Div 10**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		<b>10</b>									

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 \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Asya Minsova**

**E-14864**

**5800 Streamview Dr. #142**

**San Diego, CA 92105**

**Lot 5020 Div 10**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10									

**PAID**  
JAN 12 2000

Amount due when paid on, or before, due date above.

Amount due if paid more than 30 days after due date above.

**MT. HOPE CEMETARY**  
**CITY OF SAN DIEGO, CA**

**47.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot 6 Trust**

**Anya Minasova**

**E-14864**

**3826 Oceanview Dr. #142**

**San Diego, CA 92105**

**5020 Div 10**

**PAID**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10									
				JAN	12	2000					

Amount due when paid on or before  
due date above.

**MT. HOPE CEMETARY**  
**CITY OF SAN DIEGO, CA**  
\$ **47.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address





Send or bring one coupon with each remittance

**COUPON**

**13**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Asya Minasova**

**E-14864**

**5826 Crossview Dr. #142**

**San Diego, CA 92105**

**5020 Div 10**

**Month and Day Due Indicated Below**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		<b>10</b>									

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** \_\_\_\_\_ **ZIP** \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

ITE-need Lot & Trust

Asya Minasova

E-14864

5820 Strenview Dr. #142-

San Diego, CA 92105

Lot 5020 Biv 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.

**PAID**

47.00

Amount due if paid more than \_\_\_\_\_ days after due date above.

APR 1

2400

**MT. HOPE CEMETARY**  
**CITY OF SAN DIEGO, CA**

Amount Received \$

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**15**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need Lot & Trust**

**Asya Minasova**

**E-14864**

**5826 Oceanview Dr. #142**

**San Diego, CA 92105**

**Ext 5020 Div 10**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
		<b>10</b>									

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 \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance **COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT NO.

PRE-PAID LOT & TRUST

Alya Minsova

E-14864

5800 Streamview Dr. #142

San Diego, CA 92105

Lot 5020 Biv 10

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
		10									

Amount due when paid on, or before,  
due date above.

\$ 47.00

**PAID**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

JUN 09 2006 \$ \_\_\_\_\_

NAME MT. HOPE CEMETARY

ADDRESS CITY OF SAN DIEGO

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**17**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-head Lot & Trust**

**Asya Minasova**

**E-14864**

**5826 Greenview Dr. #142**

**San Diego, CA 92105**

**San Diego Div 10**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		<b>10</b>									

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 \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring ~~any~~ coupon with each remittance

**COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

Pre-held Lot & Trust

ACCOUNT No.

Olga Khasova

E-14864

5826 Streamview Dr. #142

San Diego, CA 92105

Lot 5020 Div 10

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		10									

Amount due when paid on, or before,  
due date above.



\$ **47.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Fre-mead Lot & Trust

Amy Ninasova

K-14864

3826 Oceanview Dr. #142

San Diego, CA 92105

Call 5020 Div 10

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		10									

Amount due when paid on, or before,  
due date above.



47.00

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

5800 Strenuview Dr. #142  
San Diego, CA 92105  
Lot 5020 Div 10

E-14864

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
		10									

Amount due when paid on, or before,  
due date above



\$ 47.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

**21**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Amya Kinsava

E-14864

3826 Creechview Dr. #142

San Diego, CA 92105

5020 Div 10

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
		10									

Amount due when paid on, or before,  
due date above.



47.00

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**22**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Alya Mirasova

E-14866

5826 Streamview Dr. #142

San Diego, CA 92105

Lot 5020 Div 10

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
		10									

Amount due when paid on, or before,  
due date above.



\$ 47.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**23**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

PRE-PAID LOT & TRUCK

Amy Winslow

E-14864

5826 Stoneyview Dr. #142

San Diego, CA 92103

5026 Div 10

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		10									

Amount due when paid on, or before,  
due date above:



47.00

\$ \_\_\_\_\_

Amount due if paid more than \_\_\_\_\_ days  
after due date above:



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**24**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Ayo Hinojosa

E-14864

5826 Streamview Dr. #142

San Diego, CA 92105

Lot 5020 Div 10

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
		10									

Amount due when paid on, or before,  
due date above



\$

~~47.00~~

Amount due if paid more than \_\_\_\_\_ days  
after due date above



\$

41.45

\$

Amount Received

\$

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-2-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy C. Hall ~~at~~ then in a ash vault Funeral, date, time AYD 2-11 Church, Chapel, Graveside \_\_\_\_\_; Humphrey 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 7 Grave 12 Row \_\_\_\_\_ Section MA S Division/Block P

Grave space & Care Fund		<u>0</u>
Additional spaces and care fund		<u>—</u>
Opening/Closing & Setup		<u>105.00</u>
Burial Container		<u>55.00</u>
Handling Fees		<u>60.00</u>
Flower vases - Market setting fee		<u>—</u>
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>4.26</u>

**PAID**  
FEB 2 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 269.26  
Paid receipt number VISA 269.26  
Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X [Signature]  
Signature 548 1st St NE  
Address HICKORY NE 28601  
City 828-327-4393 Zip Code  
Telephone

Work Order # **E 14865**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

2-8-99 1 verified per  
Humphrey that was  
delivery only and AYD.

E 14865

will let me  
know if they  
want flower  
vase -  
would be a  
courtesy vase



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14865  
93

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DOROTHY</b>		1B. MIDDLE <b>CLAIRE</b>	1C. LAST (FAMILY) <b>HALL</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/05/1905</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/27/1999</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>Alpine</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Charles Jeffers - Son</b> <b>548 First St. N.E.</b> <b>Hickory NC 28601</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary</b> <b>855 Broadway Chula Vista CA 91911</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Justith E King</i>			8B. DATE SIGNED <b>02/01/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.							

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/01/1999</b>  <b>J.E. King</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9910768</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222</b> <b>San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street</b> <b>San Diego CA 92102</b>	11B. DATE BURIED <b>2-11-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Medina</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Oceanview Crematory - 1625 Gisler Ave.</b> <b>Costa Mesa CA 92626-5554</b>	12B. DATE CREMATED <b>FEB 03 1999</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Donald S. Webb</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**COPY 1** OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-2-99

*T.S. Vault  
 to be delivered  
 by 2:00*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Orelin Brown

in a \_\_\_\_\_ Funeral, date, time Thurs 2-4 1:00

Church, Chapel, Graveside Chapel / Cemetery: Daysdale 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. TJS

Lot 136 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 375.00

Burial Container ..... —

Handling Fees ..... 250.00

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 45.00

Sales taxes ..... —

**PAID**  
 FEB 2 1999  
 12:51  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due ..... 1565.00

Paid receipt number R-50800 1565.00

Balance due 0

I hereby certify I am the + Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Alto  
 Address 6776 Charlene Avenue  
San Diego, CA 92114  
 City 619-286-2621 Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # **E 14866**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# Modern Stairways Inc.

3239 Bancroft Dr.  
Spring Valley, CA 91977  
(9) 466-1484 FAX 466-8920  
(888) 842-6525

E- 14 866

## DELIVERY / ORDER

DATE	INVOICE #
2/2/99	2394

BILL TO

La Vista Memorial Park  
P.O. Box 536  
National City, CA 91950

**PENDING**  
(non-posting)

SHIP TO

Mt. Hope  
Reordia Brown  
Service Thurs. 1:00PM

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
Jack	Net 30	DLS	2/2/99	Our Truck		

QUANTITY	ITEM CODE	DESCRIPTION
1	Top Seal	Top Seal/Security Vault
1	Delivery Chg	Delivery Charge resale

*James H. [unclear]*

Thank you for your business.



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14866  
55

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Oredia</b>	1B. MIDDLE <b>Rosetta</b>	1C. LAST (FAMILY) <b>Brown</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/07/1944</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/28/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Spring Valley</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Judy Williams-Rach, Sister</b> <i>Rach</i>
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>		6A. SIGNATURE OF APPLICANT—Person taking permit <i>Judy Williams-Rach</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>02/03/1999</b>		

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/03/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901966</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2-4-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Barry Judice</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-2-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine Cook

In a liner Type of Burial Container Funeral, date, time Friday 2-5 1:30

Church, Chapel, Graveside Delivery only ; Goodbody 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 546 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund Prepaid E10921 1/2 0

Additional spaces and care fund D 1013 \_\_\_\_\_

Opening/Closing & Setup Prepaid 0

Burial Container Prepaid 0

Handling Fees Prepaid 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee Prepaid 0

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 14867



E-14867

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

103

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>KATHERINE</b>	1B. MIDDLE <b>A.</b>	1C. LAST (FAMILY) <b>COOK</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/27/1895</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>01/27/1999</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PATRICIA BULLOUGH - NIECE 316146 REGENT CRESENT BRANDON, MANITOBA R7B3L4</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOODBODY MORTUARY: 5027 EL CAJON BLVD. SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-790</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shirley...</i>			8B. DATE SIGNED <b>02/03/1999</b>
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/04/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 9902012</b>	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
			FOR CORONER'S USE ONLY		
			<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2/5/99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-2-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Adela Savage McLane 10:30

in a liner Funeral, date, time Friday 2-5-99 2:00  
Type of Burial Container

Church, Chapel, Graveside delivery : Feathering 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 112 Grave 11 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 165.00

Burial Container ..... 50.00

Handling Fees ..... 45.00

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 386.00

PA# 1999665

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 14868**

Invoice # 312011

Acct. # 000952

2-19-99

3 YRS OLD  
51 " L  
20 " H  
16 " W

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-3-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHRISTOPHER ACOSTA

In a Urns Type of Burial Container, Funeral, date, time 2-8-99 Mon 2:30

Church, Chapel, Graveside GLAUSSIDE : Humphrey 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 992 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 2 Division/Block 9

Grave space & Care Fund ..... 195.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 195.00

Burial Container ..... 95.00

Handling Fees ..... 50.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 7.36

Total Due ..... 587.36

Paid receipt number M/C 587.36

Balance due 0

**PAID**  
FEB 03 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Guillermo H. Acosta  
Signature  
X 4484 Orange Ave.  
Address  
X apt 19. San Diego 9215.  
City Zip Code  
X (619) 283-5977  
Telephone

Work Order # E 14869

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-19869

5-6-95

# 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) <b>CHRISTOPHER</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>ACOSTA</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/06/1943</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/02/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Guillermo H. Acosta - Father 4162 Fairmont Avenue San Diego CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>	8A. SIGNATURE OF APPLICANT—Permit taking permit; <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>02/05/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/05/1999</b> <i>J.E. King</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9902125</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>2/3/99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



E-19868

# 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) <b>Adela</b>		1B. MIDDLE <b>Savage</b>		1C. LAST (FAMILY) <b>McLane</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/02/1918</b>		3. DATE OF DEATH MONTH, DAY, YEAR <b>01/23/1999</b>		4. SEX <b>F</b>
5A. CITY OF DEATH <b>Santee</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Rebecca Barr - Public Admin, 5201-A Ruffin Rd. San Diego, CA 92123</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rebecca Barr</i>		8B. DATE SIGNED <b>02/02/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.										

<b>PERMIT</b>		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>		9B. DATE PERMIT ISSUED <b>02/02/1999</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9901867</b> <b>C. Lathrem</b>		
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>						
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.										

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)								
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT									
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA									
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA									

COMPLETE ALL APPLICABLE ITEMS	BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cem. 3751 Market St. San Diego, CA 92102</b>		11B. DATE BURIED <b>2/5/99</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

ROY FURUYA (X)  
 Remains in grave  
 already (see reverse)

City of San Diego

Date 2-4-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Kameyo Furuya

In a liner Type of Burial Container Funeral, date, time Tues 2-9 10:00

Church, Chapel, Graveside Delivery Only : Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ max

will be applied and billed to undersigned.

Lot 4960 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Re-Inst E-5126 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**  
 FEB 05 1999  
 FULL  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF

375.00  
 190.00  
 145.00  
 —  
 45.00  
 14.73  
 7109.73  
 769.73

Total Due \_\_\_\_\_

Paid receipt number R 50813

Balance due 2

I hereby certify I am the X Deceased of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Kameyo Furuya  
 Signature  
2229 Hamson Ave  
 Address  
San Diego, CA 92118  
 City  
(619) 230-1532 Zip Code  
 Telephone

Work Order # E 14870

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



2/05/99

per Ray Snider cemetery  
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

78

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>KAMEYO</b>	1B. MIDDLE <b>M.</b>	1C. LAST (FAMILY) <b>FURUYA</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/25/1920</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/04/1999</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>CHULA VISTA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LYN FURUYA - DAUGHTER 2231 HARRISON AVE. SAN DIEGO, CA 92113</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>P. Valentine</i>			8B. DATE SIGNED <b>02/08/1999</b>

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>02/08/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9902206</b> <i>P. Valentine</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2/4/99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 2-8-99

*Pre-need  
not  
Trade of Lots*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Johnson

In a \_\_\_\_\_ Funeral, date, 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.

*change from grave 4 to grave 2*

Lot 27 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Arthur Lee Johnson  
Signature  
X 2614 Dream St.  
Address  
X San Diego 92114  
City Zip Code  
619-264-4392  
Telephone

Work Order # E 14871

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-8-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James Earl

In a lined Funeral, date, time Thur 3-11 2:00

Church, Chapel, Graveside Graveside ; 20 Memorial 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 69 Grave 4 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 45.00

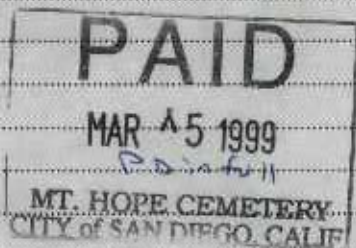
Recording and filing fee ..... 14.73

Sales taxes ..... 14.73

Total Due ..... 1664.73

Paid receipt number 50831 400.00

Balance due 1264.73



I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Blouin-Care  
Signature  
X 1577 Manzanita  
Address  
X SD 92139  
City Zip Code  
X 472 9232  
Telephone

Work Order # E 14872

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



2-16-99 R-50856 600.00

Balance is 664.73

3-1-99 R-50890

300.00  
364.73 Balance

3-5-99 R 50912 367.00

E14872

4381322159267406  
MT HOPE CEMETARY  
3751 MARKET STREET  
SAN DIEGO, CA 92182-4527  
619 527-3408

05/01/88

11:38:48

1

MAIL/PHONE

ACCOUNT NUMBER  
5487915000234588

EXP.  
1108

TRAN CODE  
22

AUTH.  
063466

REF N  
001001

AMOUNT \$ 125.00

DESC PHONE ORDER - E- 14872  
~~MARKING SETTING FEE FOR~~  
~~JAMES EARL JR.~~

X MAIL PHONE ORDER

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

E-19872

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

52

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>James</b>	1B. MIDDLE <b>Carlos</b>	1C. LAST (FAMILY) <b>Earl Jr.</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/09/1946</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>03/05/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Catherine Earl-Mother 1577 Manzana Way San Diego, CA. 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1575</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Legaspi</i>		8B. DATE SIGNED <b>03/08/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>03/09/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>M. Legaspi</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; PO Box 85222 San Diego, CA. 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt Hope Cemetery; 3351 Market St. San Diego, CA. 92102</b>	11B. DATE BURIED <b>3-11-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Linder</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 2-8-99

*Pre-need  
 lot = trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arthur + Clara Johnson

in a double death Funeral, date, time \_\_\_\_\_  
Type of Burial Container

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.

Lot 27 Grave 5 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & return at 375.00 ..... 750.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Records at 45.00 ..... 90.00

Sales Tax ..... 29.45

Total Due ..... 2464.45

Paid receipt number R-50823 2464.45

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent  
 and this is your authority to make disposition of remains as above indicated. I certify and represent  
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from  
 any liability on account of said authorization and interment.

I hereby authorize the interment in lot I  
 hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Clara Johnson  
 Signature  
 X 5614 Dream St  
 Address  
 X San Diego 92114  
 City Zip Code  
 X 619 264-4392  
 Telephone

Work Order # E 14873

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-8-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raisa Koutzenko

In a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial Container

Church, Chapel, Graveside \_\_\_\_\_ : ADA 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 \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due .....

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14874**

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Preneed

Date 2-8-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emilie Bandak

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial Container

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.

2373  
Lot 332 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 199.00

Additional spaces and care fund ..... fill ..... 796.00

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 175.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 14.73

Sales taxes ..... 14.73

Total Due ..... 1764.73

Paid receipt number R-50816 1764.73

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14875**

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
**INTERMENT ORDER**

*Preneed*

City of San Diego

Date 2-8-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen Handal

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Type of Burial Container

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. \_\_\_\_\_

Lot 2391 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 199.00

Additional spaces and care fund ..... 796.00

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

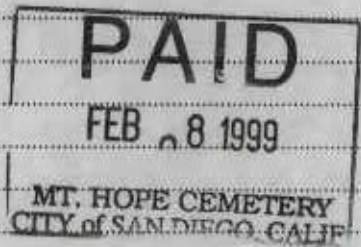
Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 995.00

Paid receipt number MC

Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14876

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-9-99

6 mo. old  
 149586

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emac Bruce

In a \_\_\_\_\_ Funeral, date, time Tues 2-9 2:00

Church, Chapel, Graveside Graveside; Greenwood 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 \_\_\_\_\_ Grave 41 Row \_\_\_\_\_ Section MUSLIM Division/Block U

Grave space & Care Fund ..... 100.00

Additional spaces and care fund ..... -

Opening/Closing & Setup ..... 105.00

Burial Container ..... -

Handling Fees ..... -

Flower vases - Mark of Burial Fee ..... -

Recording and filing fee ..... 45.00

Sales taxes ..... -

Total Due ..... 270.00

Paid receipt number R-50826 ..... 270.00

Balance due 0

I hereby certify I am the X Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_  
X Mysha abdu Rahman  
 Signature  
X 2651 West Blvd  
 Address  
X Chesham OH 44102  
 City Zip Code

Telephone \_\_\_\_\_  
 Invoice # \_\_\_\_\_

Work Order # E 14877 Acct. # \_\_\_\_\_



E-14877

149584

# 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) <b>EMAC - RAFTYAW</b>	1B. MIDDLE <b>TYQUAIL RANDY</b>	1C. LAST (FAMILY) <b>EASTER PRICE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/07/1998</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/05/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SHARN PRICE - MOTHER 4444 OREGON STREET, #9 SAN DIEGO, CA 92116</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY: I-805 &amp; IMPERIAL AVENUE SAN DIEGO, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>02/09/1999</b>			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>02/09/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 9902278</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2/9/99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tommy</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 2-9-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Pearl Moore

In a liner Funeral, date, time Fri 2-12 1:00

Church, Chapel, Graveside Church/Graveside: Ca Burial 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. X F.M.M.

✓ Lot 275 Grave 11 Row \_\_\_\_\_ Section 2 Division/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 45.00

Recording and filing fee 14.73

Sales taxes \_\_\_\_\_

Total Due 1564.73

Paid receipt number R-50827 782.00

R-50872 Balance due 782.73

I hereby certify I am the Daughter in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Flow M Moore  
Signature  
X 356-N-28 ST  
Address  
X San Diego Cal 92102  
City Zip Code  
X 238-0039  
Telephone

Work Order # E 14878

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY

W.O.# E-14878

# NOTE

\$ 782.73 San Diego, California Feb 9 1999

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Eighty Two <sup>73</sup>/<sub>100</sub> DOLLARS with interest from March 13, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Flora Moore SIGNATURE X Flora m moore

ADDRESS X 356-N-28 st San Diego Calif

CALIFORNIA DRIVER LICENSE NUMBER X B0401757 SSN # X 558-46-7252



E-14878  
25

## 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) <b>PEARL</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>MOORE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/06/1913</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/05/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>RUTH JACKSON—DAUGHTER 316 MEADOWBROOK DRIVE SAN DIEGO, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>02/10/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 102746 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/10/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>H. MITCHELL</b> ▶ <b>9902375</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-53222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-9-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY —
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION —

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY

INTERMENT ORDER

E-14879

City of San Diego

Date 2-9-99

family to witness burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ben H. Hays Sat. Feb. 13 8:00

in a Jewish funeral, date, time ~~Sat. 2-13 11:24~~

Church, Chapel, Graveside Chapel / Graveside: Jewish Colonial 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 152 Grave 5 Row 5 Section 2 Division/Blect 11

Charged mind-buried in #6 per family LGM

Grave space & Care Fund PAID

Additional spaces and care fund

Opening/Closing & Setup FEB 11 1999 375.00

Burial Container 190.00

Handling Fees 175.00

Flower vases Marker setting fee Sat. Svc. Overtime 1000.00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1369.73

Paid receipt number A/C 1369.73

Balance due 0

I hereby certify I am the  of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed [Signature]  
 Address 3864 3rd  
 City San Diego CA Zip Code 92105  
 Telephone 282-6291

Work Order # E 14879 Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

14879

MOUNT HOPE CEMETERY

10 Feb 99 19

The undersigned hereby requests and authorizes the interment of the remains of  
BINH HUYNH in Lot #152 #5 Row — Sec. —  
Block —  
Division #11 in accordance with and subject to the rules and regulations  
CHINESE AREA  
governing said interment in Mount Hope Cemetery, and certifies and represents

that she or she has the legal right to make such authorization and agrees to  
hold Mount Hope Cemetery harmless from any and all liability on account of said  
authorization and interment.

美國  
山姐姑  
中  
三

Thian Jew  
Signature of relative or legal representative

Albert Wong  
Witness  
Witness

3864 37<sup>th</sup> St SA 2104 地聖  
Address & relationship to deceased or  
authority to sign authorization  
for CHINESE CONSOLIDATED BENEVOLENT  
ASSOCIATION, INC. owners.

Receipt # 0807





# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14879

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>BINH</b>	1B. MIDDLE <b>LAN</b>	1C. LAST (FAMILY) <b>HUYNH</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/28/1951</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/08/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GENE DU - FRIEND 3864 37TH ST SAN DIEGO, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Parvitha Valente</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code		8B. DATE SIGNED <b>02/10/1999</b>			

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/10/1999</b> <i>P. Valentine</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9902369</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-13-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Madala</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



Preneed  
lot

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-9-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys D. Smoot

In a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Type of Burial Container

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. \_\_\_\_\_

Lot 799 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

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 ..... 995.00

Paid receipt number R50829 500.00

Balance due 495.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Philip Smoot  
Signature  
460 Lychar Rd  
Address  
SD CA 92114  
City  
619-263-9442 Zip Code  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Invoice # collection 4/21/03

Work Order # E 14880

Acct. # \_\_\_\_\_

SMOOT, GLADYS D. 160 Sychar Road San Diego 92114

263-9442

			DEBIT	CREDIT	BALANCE
02-09-99	●	Opened Pre-need Lot Lot 799 Div 10	995.00		995.00
02-09-99		Receipt 50829		500.00	495.00
3-18-03		<i>delinquent letter mailed.</i>			
4-21-03		<i>referred to collections</i>			



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-9-99

~~\$500.00~~  
~~\$885.00~~

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olga B. Perry

in a T.S. Vault Funeral, date, time Fri. Feb. 12 1:00

Church, Chapel, Graveside Church + graveside Ragsdale 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. X Kell

Lot 99 Grave 11 Row      Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional space and care fund FEB 19 1999

Opening/Closing & Setup 375.00

Burial Expense 250.00

Handling Fees 185.00

Flower vases - Marker setting fee TRION FLOWER VASE 40.93

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number VISA 1801.31 Balance due 0

\$1816.31  
refunded 45.00

Change Price  
\$1801.31 (1801.38)

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed [Signature]

24

Signature [Signature]

Address 247 Dark Creek Ct

City SAN Diego CA 92114 Zip Code

Telephone (619) 475-4193

Work Order # E 14881



OFFICIAL RECEIPT

51191



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-28, 19 99

From: Ragsdale Mortuary Address: 5050 Federal Blvd SD 92102

Three Hundred Seventy Five and 00/100 Dollars (\$ 375.00 )

In Full Payment of marker setting fee for Ola Perry, Beret, Brown and Nathaniel Thomas

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14881

BALANCE DUE 5

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	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	<u>375 00</u>
Sales Tax	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>375 00</u>

ISSUED BY Lynda

4777

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14881  
83

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Ola</b>	1B. MIDDLE <b>Bell</b>	1C. LAST (FAMILY) <b>Perry</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/19/1915</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/08/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE* OF INFORMANT <b>Robert Hayes, Son 247 Parkcreek Ct. San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		6A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 102276 of the Health and Safety Code, and was approved pursuant to Section 7100 of the Health and Safety Code.			BB. DATE SIGNED <b>02/11/1999</b>		

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/12/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9902501</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2-12-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



*Del Sepin is husband*

# MT. HOPE CEMETERY 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

of Magdalena Sepin

in a Double Depth Funeral, date, time Mon. 2-23 10:00

Church, Chapel, Graveside Church Graveside Humphreys 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 113 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund \_\_\_\_\_ 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Rollup \_\_\_\_\_ 375.00 750.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 90.00

Sales taxes \_\_\_\_\_ 29.45

**PAID**  
FEB 11 1999  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 2464.45

Paid receipt number R-50834 2464.45

Balance due 0

I hereby certify I am the [Signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Norma Sepin  
Signature  
X 142 EAST OXFORD ST.  
Address  
CHULA VISTA CA 91911  
City Zip Code

Signature of recorded holder of deed \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # **E 14882**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-19882

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

66

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MAGDALENA</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>SEPIN</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/01/1932</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/16/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Teddy Sepin Duarte - Daughter 6063 Garrett Street Palm Beach FL 33418</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <b>Judith E. King</b>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>02/19/1999</b>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/19/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>J.E. King</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>2-22-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Grey Judew</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-10-99

*2nd Burial*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Wanda Thomas

in a Double Depth Funeral, date, time Tues 2-16 1:00

Church, Chapel, Graveside Church/Graveside, Regsdale 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. X

Lot 115 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 11

Grave space & Care Fund Pre-Paid E-11944 ⊕

Additional spaces and care fund \_\_\_\_\_ —

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container Pre-Paid \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

*VOID*  
*E-11944*  
*PREPAID*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 14883**



MT. HOPE CEMETERY  
**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

of Wanda Thomas

in a #7 T.S. Vault Funeral, date, time Tues. Feb. 16 1:00  
Type of Burial Container

Church, Chapel, Graveside church/graveside Pagsdale Mortuary 150.00

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. XMP

Lot 128 Grave 243 Row 2 Section 2 Division/Block 11

Grave space & Care Fund ..... (24795.00) 1590.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 525.00

Handling Fees ..... 200.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 40.04

Total Due ..... 2,775.04

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

XMP Pagsdale  
 Signature 4933 Bunnell St  
 Address San Diego Ca 92113  
 City 619 266-1593 Zip Code  
 Telephone

Work Order # E 14884

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



Debbie to  
have Derrick  
@ call back  
regarding  
payment.  
2-12-99 \*\*

E 14884

Called <sup>2:34</sup> family <sup>2-12</sup>  
member called  
regarding changing  
burial to cremains  
and putting ashes  
in 115-9-2-11  
w/ Pincus Chambers.  
Mortuary to call back

5-24-99  
Debbie to check  
status

5-21-99  
family picked up  
ashes and they know

MT. HOPE CEMETERY  
**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 of Elora Covington

in a double Type of Burial Container Funeral, date, time Friday 2-12-99 1:00  
 Church Chapel, Graveside ; Ragsdale 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 186 Grave 12 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund See-Next E-13848 1997 0

Additional spaces and care fund \_\_\_\_\_ —

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_ 0

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 0

**PAID**  
 FEB 10 1999  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due \_\_\_\_\_ 420.00

Paid receipt number R-50835 420.00

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Elora Covington

10548 Kingsford Dr.

Address San Diego

City 92126

Zip Code

Telephone 619-530-8224

Work Order # E 14885

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-14885

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

84

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Elnora</b>	1B. MIDDLE <b>B.</b>	1C. LAST (FAMILY) <b>Covington</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/31/1915</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/09/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Connie Garner-Covington, Daughter 10548 Greenford Dr. San Diego, CA 92126</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>02/10/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 20276 of the Health and Safety Code, and was authorized pursuant to Section 21080 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/22/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	<b>9902489</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>2-12-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>-</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-10-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eathan Stone Hightower

in a \_\_\_\_\_ Funeral, date, time Fri. Feb. 12 11:00

Church, Chapel, Graveside Graveside Greenwood 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 3234 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 125.00

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fees ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

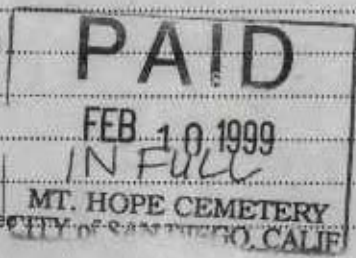
Sales taxes ..... \_\_\_\_\_

Total Due ..... 270.00

Paid receipt number 50840 270.00

Balance due 0

L 30  
W 10  
H 12



I hereby certify I am the X Eathan of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Signature Eathan Hightower  
X Address 3731 37th St. #1  
X City San Diego CA 92105 Zip Code  
X Telephone 641-7967

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14886

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

Father Tommy Hightower  
requested this grave to be to  
the right of their other son  
Israel Jacob Hightower  
(3233-1-9)

641-7967

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14886  
1 DAY

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>EATHAN</b>	1B. MIDDLE <b>STONE</b>	1C. LAST (FAMILY) <b>HIGHTOWER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/07/1999</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/07/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>TOMMY T. HIGHTOWER - FATHER, 3731 37TH STREET #1 SAN DIEGO, CA 92105</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY: 1-805 &amp; IMPERIAL AVENUE SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>02/09/1999</b>

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>02/11/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 9902481</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-12-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-11-99

family to witness burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GARY MOORE

In a liner Funeral, date, time Sat. Feb. 13 11:00

Church Chapel, Graveside Chapel + graveside CA Burial Mortuary GARY

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. X JJ

Lot 112 Grave 1 Row 2 Section 12 Division/Block 12

Grave space & Care Fund PAID IN 895.00

Additional spaces and care fund -

Opening/Closing & Setup FULL 6-24-99 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases Marker setting fee Sat. svc. overtime 600.00

Recording and filing fee 45.00

Sales taxes 14.73

30 day note Total Due 2,204.73

Paid receipt number 50840 1500.00

Balance due 714.73

I hereby certify I am the X sister OVER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature X Sharmaine Simpson

Address 5357 Charckward

City San Diego 92114

Telephone 587-9935

Zip Code

Work Order # E 14887

Invoice # 312168

Acct. # 097076

764.73 Balance  
700.00 Exp Invoice  
3-25-99

---

64.73 Balance

E-14887

000.....

0.0

handling fee

105.00 +

600.00 +

45.00 +

14.73 +

004.....

764.73 +



MT. HOPE CEMETERY

W.O. # E 14887

**NOTE**

\$ 764.73 San Diego, California February 11 1999

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of seven hundred sixty four & 13/100 DOLLARS with interest from March 16, 1999 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court, may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Sharmaine Simpson SIGNATURE X Sharmaine Simpson

ADDRESS X 5357 Churchward St.

CALIFORNIA DRIVER LICENSE NUMBER X 265 7227 SSN # X 555-89-5522

14887

# 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) <b>GARY</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>MOORE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/27/1956</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/06/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SHARMAINE SIMPSON—SISTER 5357 CHURCHWARD STREET SAN DIEGO, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CALIFORNIA CREMATION &amp; BURIAL CHAPEL 5880 ELCDON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1357</b>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom Walker</i>	
				8B. DATE SIGNED <b>02/12/1999</b>	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/12/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>K. WALKER</b> ▶ <b>9902527</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-13-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kay Lindie</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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-14887

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 097876

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-25-99

PAID BY (CIRCLE ONE): CA  CK  HF

PAYMENT REFERENCE NUMBER \_\_\_\_\_

AMOUNT PAID 700.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Sharmine Simpson

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) \_\_\_\_\_

CUSTOMER (PAYOR) ADDRESS \_\_\_\_\_

072

REMARKS E-14887

CASHIER \_\_\_\_\_

INV. NO. 312168



E-14887

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 097876

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 6-24-99 A.D.

PAID BY (CIRCLE ONE) CA  CK  NF

PAYMENT REFERENCE NUMBER #999

AMOUNT PAID 76.28

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Sharmaine Limpon

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS Gary Moore E-14887

CASHIER \_\_\_\_\_

INV. NO. 312168



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-11-99

Mother  
 Edna Porter  
 is buried in grave.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Anna Margaret Grasty (X)

In a Ash Vault Type of Burial Container Funeral, date, time Fri 2-19 2:00

Church, Chapel, Graveside Graveside ; LEWIS Colonial Mortuary.  
Reginald

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 1 Grave 8 Row \_\_\_\_\_ Section 100F Division/Block 11

Grave space & Care Fund preneed B-6188 Q

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_ 55.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_ 4.20

Sales taxes \_\_\_\_\_ 2109.26

**PAID**  
 FEB 17 1999  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO CALIF.

Total Due \_\_\_\_\_  
 Paid receipt number R-50861 269.26

Balance due Q

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Gordon Grasty  
 Signature  
X 288 Broadway #50  
 Address  
X Chula Vista CA 91910-2336  
 City Zip Code  
X 619 425 7210  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14888

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ANNA</b>	1B. MIDDLE <b>MARGARET</b>	1C. LAST (FAMILY) <b>GRASTY</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/26/1917</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/11/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>CORONADO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JULIA G. DAVIS - DAUGHTER 288 BROADWAY, #133 CHULA VISTA, CA 91910</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit		8B. DATE SIGNED <b>02/12/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/17/1999</b> <b>P Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9902702</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-19-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113</b>	12B. DATE CREMATED <b>2/17/99</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

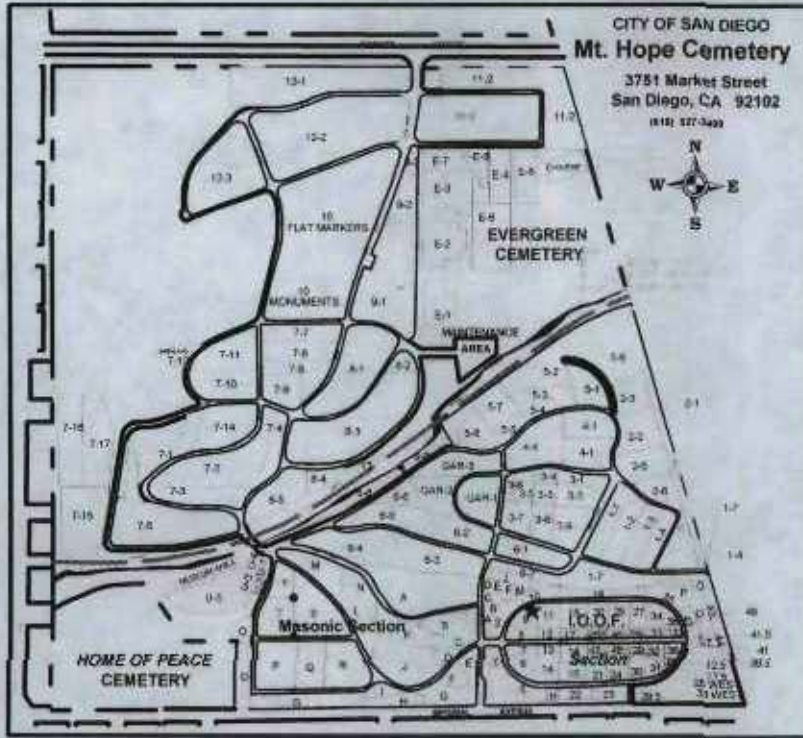
COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



E-14888

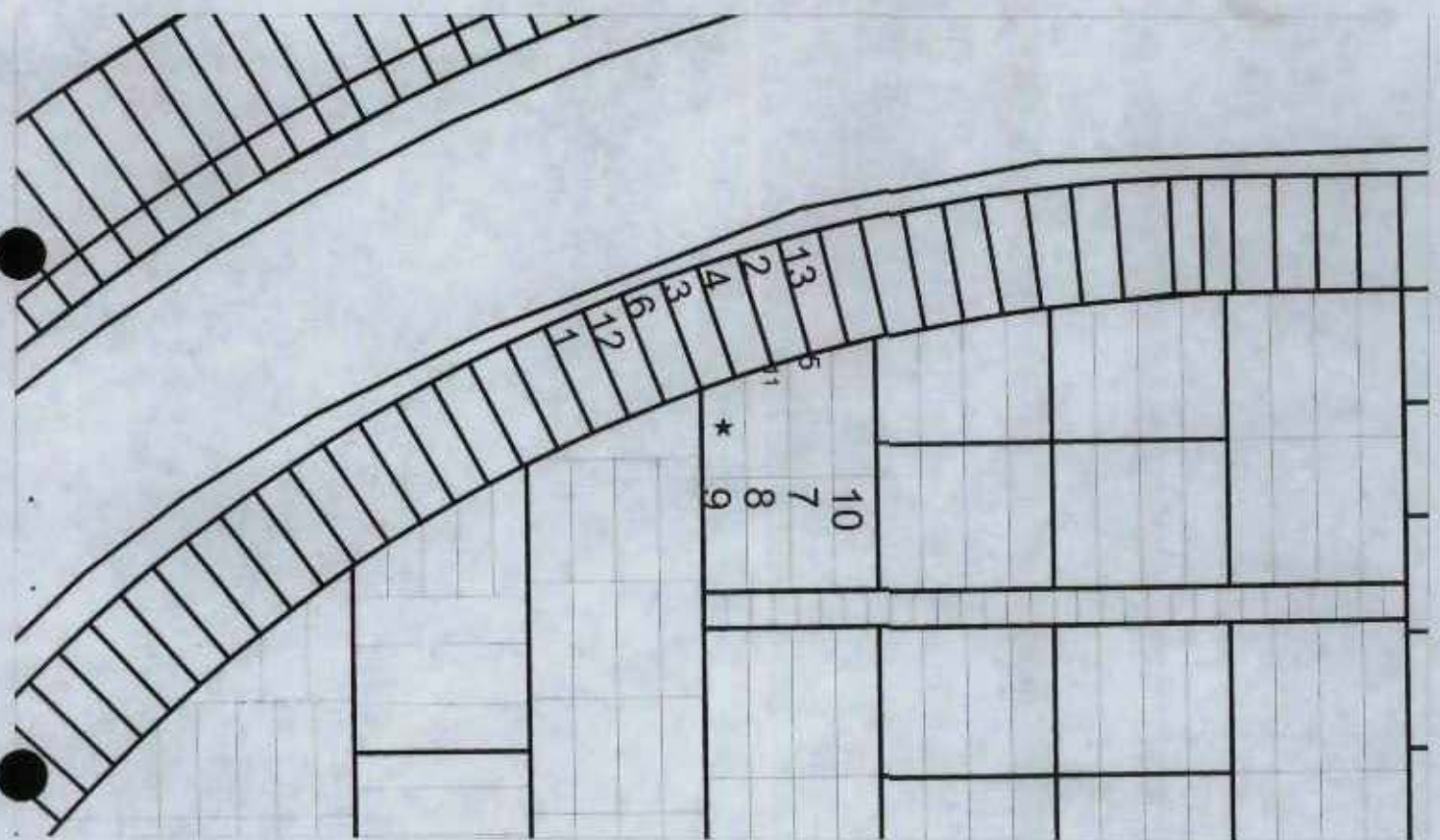
# Locator Map

Location	: IOOF, 11, 1, 8
Division	: IOOF
Section	: 1
Block Row	: 31
Lot	: 1
Grave	: H
C01 Prop Status	: I
C52 Deceased_A	: Grasty, Anne Margaret
C53 Deceased_B	: Grasty, George Milton
C54 Deceased_C	: Porter, Edna
C55 Deceased_D	
C56 Deceased_E	
C57 Deceased_F	
C10 Convey No	
C11 Convey Date	
C20 ContractNo_A	
C21 ContractNo_B	
C22 ContractNo_C	
C23 ContractNo_D	
C24 ContractNo_E	
C25 ContractNo_F	
C36 Owner Name A	
C37 Owner Name B	
C38 Owner Name C	
C39 Owner Name D	
C40 Owner Name E	
C41 Owner Name F	
C60 Dec info_A	: DOB=07/26/1917 DOD=02/11/1999
C61 Dec info_B	: DOB=10/24/1904 DOD=03/08/2001
C62 Dec info_C	: DOB=12/04/1890 DOD=11/12/1967
C63 Dec info_D	
C64 Dec info_E	
C65 Dec info_F	



Deceased Within A 15 Ft. Radius.

01-Brent, Helen Florence	(IOOF, 8, 34, 1)
02-Beyer, Ellen Elizabeth	(IOOF, 11, 108, 1)
03-Harvey, Nan	(IOOF, 11, 110, 1)
04-Harvey, Norman Bartow	(IOOF, 11, 109, 1)
05-Mitchell, Eleanor	(IOOF, 11, 7, 6)
06-Neilson, Helen Ruth	(IOOF, 9, 53, 1)
07-Neilson, Andrew	(IOOF, 11, 1, 3)
08-Neilson, Fannie Wellman	(IOOF, 11, 1, 2)
09-Neilson, Harold Christian	(IOOF, 11, 1, 1)
10-Neilson, Infant of Andrew	(IOOF, 11, 1, 4)
11-Porter, David Davis	(IOOF, 11, 1, 7)
12-Reynolds, Ann Finch	(IOOF, 9, 53, 1)
13-Sutton, Lena D.	(IOOF, 11, 127, 1)



**MT. HOPE CEMETERY  
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

of James V. Cobb

in a T.S. Vault Funeral, date, time Tues. Feb. 16 1:00

Church, Chapel, Graveside : Neptune Mortuary X

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. X

J Lot 3864 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund preneed C-5420 X

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

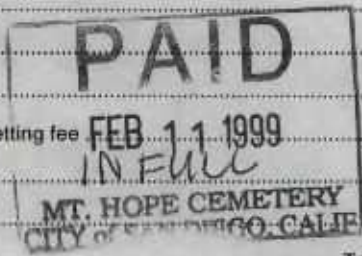
Burial Container \_\_\_\_\_ 250.00

Handling Fees \_\_\_\_\_ 185.00

Flower vases - Marker setting fee FEB 11 1999 \_\_\_\_\_ 45.00

Recording and filing fee IN FULL \_\_\_\_\_ 19.38

Sales taxes \_\_\_\_\_ 874.38



Total Due \_\_\_\_\_ 874.38  
Paid receipt number 50847 874.38

Balance due X

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Bonnie Froote  
Signature  
4390 Oak Beach  
Address  
Harrison, Mich  
City  
48625 Zip Code  
Telephone 1-517-5396153

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 14889

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51199



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Ronnie S. Fode Address: 43910 Oak Beach Dr. Harbor 43029 Date: LP-2 19 99

In one hundred twenty five Dollars (\$ 125 00 )

Payment of full marker setting fee for James V. Cobb

Lot 3804 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E14889

BALANCE DUE 2

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

980

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catura Avalone

CREDIT	67037		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183	<u>125</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>125</u>	<u>00</u>

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14889

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JAMES</b>	1B. MIDDLE <b>VERNON</b>	1C. LAST (FAMILY) <b>COBB</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/05/1927</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/10/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>CHULA VISTA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BONNIE FOOTE-BISTER 4093 OAK BEACH DR. HARRISON, MI 48625</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>NEPTUNE SOCIETY 14065 HWY 8 BUS, EL CAJON, CA 92021</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1352</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>L. Crumpler</i>		8B. DATE SIGNED <b>02/12/1999</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>02/12/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>L. CRUMPLER</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-16-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Sudek</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>n/a</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>n/a</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.**



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-11-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Izella M. Rogers

in a liner Funeral, date, time Mon 2-22 2:00

Church, Chapel, Graveside Chapel / Greenwood: Greenwood Mortuary, 3:00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 100

will be applied and billed to undersigned. \_\_\_\_\_

Lot 9 Grave 3 Row \_\_\_\_\_ Section 17 Division/Block 7

Grave space & Care Fund pre need D-1390

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup <sup>1972</sup> pre need D-1390

Burial Container pre need D-1390

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 Louise Berio of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any 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 \_\_\_\_\_

Louise Berio  
 Signature  
5589 Mt. Acacia Dr.  
 Address  
San Diego 92111  
 City Zip Code  
(619) 277-7133  
 Telephone

Work Order # **E 14890**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14890

88

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>IZELLA</b>	1B. MIDDLE <b>MAE</b>	1C. LAST (FAMILY) <b>ROGERS</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/04/1910</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/17/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>LA MESA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>LOUISE BEZIO - DAUGHTER 5589 MT. ACARA DRIVE SAN DIEGO, CA 92111</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GREENWOOD MORTUARY: I-805 &amp; IMPERIAL AVENUE SAN DIEGO, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>02/22/1999</b>		

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>02/22/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>VICTORIA MEZA 9903046</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS  <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE  <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-22-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-12-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mrs. San Lan Wong

In a liner Funeral, date, time Wed 2-17-99 @ 1:00

Church, Chapel, Graveside; Lewis Colonial 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 \_\_\_\_\_ Grave 13 Row 11 Section 1 Division/Block Chinese

Grave space & Care Fund \_\_\_\_\_ 5

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 \_\_\_\_\_ 769.73

Paid receipt number 50850

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Garcia  
Signature

12673 Darkwood Rd.  
Address

S. D. 92129  
City Zip Code

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # E 14891

Acct. # \_\_\_\_\_



E14891  
83

# 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) <b>SAU</b>	1B. MIDDLE <b>LAN</b>	1C. LAST (FAMILY) <b>WONG</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/19/1915</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/11/1999</b>	4. SEX <b>F</b>
6A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GAM LEE - SON 12673 DARK WOOD RD SAN DIEGO, CA 92129</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-480</b>		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.</small>			8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i>		
			8B. DATE SIGNED <b>02/12/1999</b>		

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/16/1999</b> <b>P Valentine</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9902629</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-17-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kay Nieder</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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-14891

MOUNT HOPE CEMETERY

12 Feb 99

The undersigned hereby requests and authorizes the interment of the remains of

Mrs. Wong, San Lan in Lot #13 Row #11 Sec. #1

Block Division \_\_\_\_\_ in accordance with and subject to the rules and regulations

Chinese Crematorium

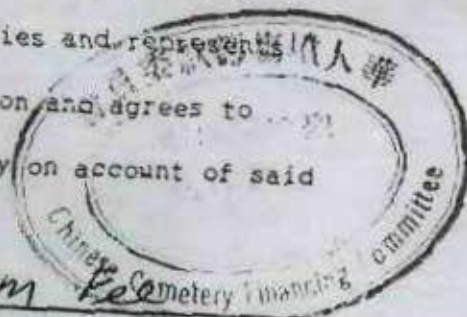
美國

特此

certifying said interment in Mount Hope Cemetery, and certifies and represents

that she or she has the legal right to make such authorization and agrees to

hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.



Mr. Lee, GOM Kee

12673 BARKWOOD Rd 5092129

Address & relationship to deceased or authority to sign authorization

Signature of relative or legal representative

Albert Wong

Witness

FOR CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, INC., owners.

Coordinators

Witness

Receipt #0884

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51092

Date: 5-3, 1999

From: Gan Lee Lee Address: ~~222~~ 12673 Dark Wood Rd

One Hundred Twenty Five Dollars (\$ 125.00 )

In full Payment of Marker Setting Fee for  
Lau Lan Wong Section 7

Lot \_\_\_\_\_ Grave 13 Row 11 Section 1 Division Block CHWEST

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-14891

BALANCE DUE 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.

ISSUED BY D. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77161	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	<u>125 00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 2-12-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruby Robinson PA#

in a liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside delivery : Humphrey 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 \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund ..... 120.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 145.00

Burial Container ..... 50.00

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes .....

Total Due ..... 385.00

P.A.  
Darnell Price

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 14892

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donnie Lee Avila

in a \_\_\_\_\_ Funeral, date, time Thurs 2-18 10:30

Church, Chapel, Graveside witness; McKenzie 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 276 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division/Block 8

Grave space & Care Fund \_\_\_\_\_ 300.00

Additional spaces and care \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 450.00  
Paid receipt number R-50855 450.00

Balance due 0

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Donna Marie McKenzie  
Signature  
X 141105 FootHills Blvd  
Address  
X SYLMAR CA, 91342  
City Zip Code  
X 619-593-1099  
Telephone

Work Order # E 14893

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

F-14893  
48

# 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) Donnie	1B. MIDDLE Lee	1C. LAST (FAMILY) Avila	2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1951	3. DATE OF DEATH MONTH, DAY, YEAR 01/15/1999	4. SEX Male
5A. CITY OF DEATH Los Angeles		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Esperanza Martinez-Mother 14165 Foothill Blvd #118 Sylmar California 91342		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH McKenzie Mortuary 2870 Orange Ave Signal Hill CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1539	8A. SIGNATURE OF APPLICANT—Person taking permit		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED 01/29/1999	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 01/29/1999	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ken McKenzie	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. Figueroa Street Los Angeles CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 061-2945			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED 2-18-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Suda</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Secure Crematory 1020 N. Fuller Santa Ana CA	12B. DATE CREMATED 2/3/99	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Chris Kerner</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION Res/Esperanza Martinez 14165 Foothill Blvd #118 Sylmar California 91342	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of QURATUL A. ADMANI

In a \_\_\_\_\_ Funeral, date, time Tues 2-16 2:00

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. \_\_\_\_\_

Lot 32A Grave \_\_\_\_\_ Row \_\_\_\_\_ Section MUSLIM Division/Block \_\_\_\_\_

Grave space & Care Fund .....	100.00
Additional spaces and care fund .....	—
Opening/Closing & Setup .....	125.00
Burial Container .....	—
Handling Fees .....	—
Flower vases - Marker setting fee .....	—
Recording and filing fee .....	45.00
Sales taxes .....	—
Total Due .....	270.00
Paid receipt number <u>R-50857</u>	270.00
Balance due	0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Muhammad Iqbal (M. I. ADMANI)  
Signature  
4139 JULIA DR.  
Address  
BRAWLEY CA 92227  
City Zip Code  
(760) 344-8950  
Telephone

Work Order # E 14894

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-14894

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1 DAY

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>QURATUL</b>	1B. MIDDLE <b>AINE</b>	1C. LAST (FAMILY) <b>ADMANI</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/12/1999</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/12/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Brawley</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Imperial</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mohammad Admani, Father 439 Julia Drive Brawley, CA 92227</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Frye Chapel &amp; Mortuary 799 So. Hwy 86 - Brawley, CA 92227</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 512</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shirley R Kruger</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>S. Kruger 02/16/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>S. Kruger</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Imperial Co. Health Dept. 935 Broadway - El Centro, CA</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>San Diego Co. Health Dept. P.O. Box 85222 - San Diego, CA</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>2-16-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Smith</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



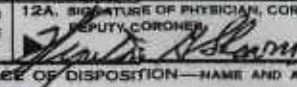

# CERTIFICATE OF FETAL DEATH

E14894

STATE FILE NUMBER

STATE OF CALIFORNIA  
USE BLACK INK ONLY MAKE NO ERASURES, WHITOUTS, OR OTHER ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

<b>THIS FETUS</b>	1A. NAME—FIRST (GIVEN) <b>OURATUL</b>		1B. MIDDLE <b>AINE</b>		1C. LAST (FAMILY) <b>ADMANI</b>													
	2. SEX <b>F</b>	3A. THIS FETUS, SINGLE, TWIN, ETC. <b>Single</b>	3B. IF MULTIPLE THIS FETUS 1ST, 2ND, ETC. <b>-</b>	4A. DATE OF EVENT—MONTH, DAY, YEAR <b>02/12/1999</b>		4B. HOUR—24 HOUR CLOCK TIME <b>1814</b>												
<b>PLACE OF DELIVERY</b>	5A. PLACE OF EVENT—NAME OF HOSPITAL OR FACILITY <b>Pioneers Memorial Hospital</b>			5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION <b>207 W. Legion Road</b>														
	5C. CITY <b>Brawley</b>		5D. COUNTY <b>Imperial</b>		5E. PLANNED PLACE OF DELIVERY <b>Hospital</b>													
<b>FATHER</b>	6A. NAME OF FATHER—FIRST (GIVEN) <b>Mohammad</b>	6B. MIDDLE <b>Iqbal</b>	6C. LAST (FAMILY) <b>Admani</b>		7. STATE OF BIRTH <b>India</b>	8. DATE OF BIRTH—MONTH, DAY, YEAR <b>06/06/1947</b>												
<b>MOTHER</b>	9A. NAME OF MOTHER—FIRST (GIVEN) <b>Khairunnisa</b>	9B. MIDDLE <b>Karen</b>	9C. LAST (MAIDEN) <b>Admani</b>		10. STATE OF BIRTH <b>Pakistan</b>	11. DATE OF BIRTH—MONTH, DAY, YEAR <b>08/11/1959</b>												
<b>CERTIFICATION</b>	12A. SIGNATURE OF PHYSICIAN, CORONER, OR DEPUTY CORONER 		12B. DEGREE OR TITLE AND TYPED NAME <b>Wynton G. Shaw, M.D.</b>		12C. DATE SIGNED <b>02/13/1999</b>	12D. LICENSE NUMBER <b>17475</b>												
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	13A. DISPOSITION(S) <b>BU</b>		13B. PLACE OF DISPOSITION—NAME AND ADDRESS <b>Mt. Hope Cemetery - San Diego, CA</b>		13C. DATE MO, DAY, YEAR <b>02/16/1999</b>	14A. SIGNATURE OF EMBALMER <b>Not Embalmed</b>												
	15A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Frye Chapel &amp; Mortuary</b>		15B. LICENSE NUMBER <b>FD 512</b>		16. SIGNATURE OF LOCAL REGISTRAR 		17. REGISTRATION DATE											
<b>CAUSE OF DEATH</b>	18. FETAL DEATH WAS CAUSED BY:					19. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER												
	IMMEDIATE CAUSE	(A) <b>Immaturity - 17 Weeks</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
	DUE TO	(B) <b>Incompetent Cervix</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
DUE TO	(C)				20B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO													
21. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER—CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN 18. <b>None</b>																		
<b>FATHER</b>	22. RACE <b>Fast Indian</b>	23. HISPANIC SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. USUAL OCCUPATION <b>Pediatrician</b>	24B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Healthcare</b>	24C. EDUCATION—YRS. COMPLETED <b>21</b>													
	25. RACE <b>Fast Indian</b>	26. HISPANIC SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	27A. USUAL OCCUPATION <b>Office Manager</b>	27B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Healthcare</b>	27C. EDUCATION—YRS. COMPLETED <b>14</b>													
<b>MOTHER</b>	28A. RESIDENCE—STREET, NUMBER, OR LOCATION <b>439 Julia Drive</b>		28B. CITY <b>Brawley</b>	28C. STATE <b>CA</b>	28D. ZIP <b>92227</b>	28E. COUNTY <b>Imperial</b>												
	29A. DATE LAST NORMAL MENSTRUATION BEGAN MONTH DAY YEAR <b>10 04 98</b>		29B. MONTH PRENATAL CARE BEGAN (1ST, 2ND, ... 8TH, 9TH) <b>1st</b>	29C. NUMBER OF PRENATAL VISITS <b>8</b>		31. PREGNANCY HISTORY (COMPLETE EACH SECTION)												
<b>MEDICAL DATA</b> <small>(ENTER THE APPROPRIATE CODE(S) FOR ITEMS 29D AND 32A-35 FROM THE VS 12A SUPPLEMENTAL WORKSHEET.)</small>	29D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE CODE: <b>06</b>		30. FETAL WEIGHT <b>196</b> GRAMS	32A. METHOD OF DELIVERY CODE(S): <b>03</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">LIVE BIRTHS</th> <th colspan="2">OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS)</th> </tr> <tr> <th>NOW LIVING (NUMBER)</th> <th>NOW DEAD (NUMBER)</th> <th>BEFORE 20 WKS (NUMBER)</th> <th>AFTER 20 WKS (NUMBER)</th> </tr> <tr> <td style="text-align: center;">A <b>3</b></td> <td style="text-align: center;">B <b>0</b></td> <td style="text-align: center;">D <b>3</b></td> <td style="text-align: center;">E <b>0</b></td> </tr> </table>	LIVE BIRTHS		OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS)		NOW LIVING (NUMBER)	NOW DEAD (NUMBER)	BEFORE 20 WKS (NUMBER)	AFTER 20 WKS (NUMBER)	A <b>3</b>	B <b>0</b>	D <b>3</b>	E <b>0</b>
	LIVE BIRTHS		OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS)															
	NOW LIVING (NUMBER)	NOW DEAD (NUMBER)	BEFORE 20 WKS (NUMBER)	AFTER 20 WKS (NUMBER)														
	A <b>3</b>	B <b>0</b>	D <b>3</b>	E <b>0</b>														
32B. EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY CODE: <b>06</b>		33. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES CODE(S): <b>27, 29, 09, 14, 24</b>		DATE OF LAST LIVE BIRTH MONTH DAY YEAR <b>09 25 89</b>		DATE OF LAST OTHER TERM. MONTH YEAR <b>05 96</b>												
34. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY CODE(S): <b>06, 27, 10</b>			35. ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS CODE(S): <b>00</b>															
STATE REGISTRAR																		
A. B. C. D. E. F. CENSUS TRACT																		

CONFIDENTIAL HEALTH AND MEDICAL INFORMATION

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Olga ~~Anna~~ ZEICH

In a Level Type of Burial Container Funeral, date, time 2-18-99 11:30

Church, Chapel Graveside ; Anderson 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. X S.Z.V.

Lot 7 Grave 2 Row \_\_\_\_\_ Section 5 Division/Block 3

Grave space & Care Fund		<u>1595.00</u>
Additional spaces and care fund		<u>-</u>
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		<u>-</u>
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>14.73</u>
	Total Due	<u>2364.73</u>
	Paid receipt number <u>VISA</u>	<u>2364.73</u>
	Balance due	<u>0</u>

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

X Stello Z. Vanagic  
 Signature  
X 1986 HACIENDA DR.  
 Address  
X EL CASON, CA 92020  
 City Zip Code  
X 619-469-4626  
 Telephone

Work Order # E 14895

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14895  
65

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>OLGA</b>	1B. MIDDLE -	1C. LAST (FAMILY) <b>ZEIGU</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/08/1933</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/12/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>STELLA VARAGIC - DAUGHTER 1985 HACIENDA DR EL CAJON, CA 92020</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ERICKSON-ANDERSON MORTUARY 8390 ALLISON AVE, LA MESA, CA 91941</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-296</b>		8. SIGNATURE OF APPLICANT—Person taking permit; <i>P. Valentine</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>02/17/1999</b>		

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/17/1999</b> <i>P. Valentine</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9902783</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>2-18-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

ok per Ray

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William Chamberlain

In a \_\_\_\_\_ Funeral, date, time Thu 2-18 3:30

Church, Chapel, Graveside \_\_\_\_\_; SD Memorial 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 \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_ 50.00

Flower vases - Marked \_\_\_\_\_

Recording and filing \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 50.00

Paid receipt number R-50868 50.00

Balance due 0

**PAID**  
**VETERANS AREA**  
**FEB 22 1999**  
**MT. HOPE CEMETERY**  
**CITY OF SAN DIEGO**  
set-up

with bring check  
for 50.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 14896**

Acct. # \_\_\_\_\_



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 2-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HENRY A. SMITH 92114

in a DBL CRYPT Type of Burial Container Funeral, date, time Sat. 2-12:00

Church, Chapel, Graveside GRAVESIDE : RAGSDALE 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 79 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund PRE-NSSD 0

Additional spaces and care fund \_\_\_\_\_ 0

Opening/Closing & Setup PRE-NSSD 0

Burial Container DBL CRYPT 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_ 0

Recording and filing fee Saturday Service 600.00

Sales taxes \_\_\_\_\_ 0

E-TICKET # E-9648 Total Due 0

8/26/91 Paid receipt number R-50865 Balance due 600.00

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Sabrina Smith  
Signature  
1435 AVA ST.  
Address  
SAN DIEGO, CA. 92114  
City Zip Code  
479-2548  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

*Interment Transfer 2-26-99*

Work Order # E 14897

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14897

72

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Henry</b>	1B. MIDDLE <b>Anderson</b>	1C. LAST (FAMILY) <b>Smith</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/10/1926</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/15/1999</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Sabrina Smith, Daughter</b> <b>1435 Ava St.</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>02/18/1999</b>		

<b>PERMIT</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/19/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9902957</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>2-20-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ~	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ~	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ~	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ~	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CABRINA

479-2548

HENRY → FAGSDALE

E-14897

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/26/91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IOIA K. Smith in a DOUBLE CRYPT Vault/Linea Funeral, date, time FRI 8/30 1:00 P.M. Church, Chapel, Graveside CHAPEL G.S. FAGSDALE Mortuary. All Funeral cars must arrive before 3.30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 79 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....	<u>595<sup>00</sup></u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup ... <u>Two (2) @ 350<sup>00</sup></u> .....	<u>700<sup>00</sup></u>
Burial Container .....	<u>330<sup>00</sup></u>
Handling Fees .....	<u>320<sup>00</sup></u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee <u>Two (2) @ 45<sup>00</sup></u> .....	<u>90<sup>00</sup></u>
Sales taxes .....	<u>27<sup>23</sup></u>
Total Due .....	<u>2062<sup>23</sup></u>

30 DA  
NOTE -

Paid receipt number # 41148 1031<sup>23</sup>  
# 41342 Balance due 1031<sup>00</sup>  
Bal - Due. 0

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of deceased holder of deed

Signature Henry A Smith  
Address 1435 Cedar St  
City San Diego Ca Zip Code 92114  
Telephone 479-2548

Work Order # E 9648  
91-503 (REV. 9-89)

Invoice # \_\_\_\_\_  
Acct. # 068103



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruby Robinson PA# 1999758

In a liner Funeral, date, time 2-18 2:00

Church, Chapel, Graveside Witness : Humphres 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 276 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 165.00

Burial Container ..... 50.00

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

K. Howard Total Due ..... 386.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 312309

Acct. # 000952

Work Order # E 14898



E-14898

95

# 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) <b>RUBY</b>		1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>ROBINSON</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/22/1903</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/11/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Diana Marie Robinson - Daughter 4932 Logan Avenue, #3 San Diego CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-964</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i>		8B. DATE SIGNED <b>02/17/1999</b>
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>02/17/1999</b> <b>J.E. King</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9902754</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102</b>	11B. DATE BURIED <b>2-18-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Andrew</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

*2nd Burial*

Date 2-17-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Adelupe Renteria

In a Double Death Funeral, date, time Fri 2-19 10:00

Church, Chapel, Graveside Chapel / Graveside / Featheringill 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 71 Grave 8 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund 1994 Pre-Paid E-11559 ⊕

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ ⊕

Burial Container \_\_\_\_\_ ⊕

Handling Fees \_\_\_\_\_ ⊕

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ ⊕

Sales taxes \_\_\_\_\_ ⊕

Total Due \_\_\_\_\_ ⊕

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the Quint Blair of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Quint Blair  
Signature  
5525 Olivaria Ave  
Address  
S.D. CA 92114  
City  
619-263-9193 Zip Code  
Telephone  
Granddaughter

Work Order # **E 14899**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E 14899

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

84

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Candalupe</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>Renteria</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>10/07/1914</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>02/16/1999</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Bertha Carrillo - Daughter in Law 5525 Olvera Ave. San Diego, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>PD 1083</b>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

BA. SIGNATURE OF APPLICANT—Person taking permit: **[Signature]** BB. DATE SIGNED: **02/18/1999**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>02/18/1999</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>C. Lathren</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Ht. Hope Cem. 3751 Market St. San Diego, Ca. 92102</b>	11B. DATE BURIED <b>2-19-99</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>[Signature]</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.