

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-17-99

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

of Beverly Brown
 in a T. S. VAULT Funeral, date, time Mon 2-22 11:00
Type of Burial Container
 Church, Chapel, Graveside Church/Gravelside; 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 [Signature]

Lot 3798 Grave _____ Row _____ Section _____ Division/Block 10

| | |
|---|-------------------|
| Grave space & Care Fund | <u>995.00</u> |
| Additional spaces and care fee | <u> </u> |
| Opening/Closing & Setup | <u>375.00</u> |
| Burial Container | <u>250.00</u> |
| Handling Fees | <u>185.00</u> |
| Flower vases - Marked setting fee | <u> </u> |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>19.38</u> |

PAID
FEB 23 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1869.38

Paid receipt number R-50871 1869.38

Balance due 0

Mortuary to prep check

I hereby certify I am the X [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.

Signature of recorded holder of dead _____

X [Signature]
 Signature
1858 Ballina Dr.
 Address
San Diego, CA 92114
 City
(619) 263-5130
 Telephone
 Zip Code

Invoice # _____

Work Order # **E 14900**

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14900
34

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

| | | | | | |
|--|---------------------------|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Beverly | 1B. MIDDLE Jean | 1C. LAST (FAMILY) Brown | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/03/1944 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/15/1999 | 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 Michelle Epps, Daughter 1858 Ballina Dr. San Diego, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 106726 of the Health and Safety Code, and was authorized pursuant to Section 7180 of the Health and Safety Code. | | | | BA. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i> | |
| | | | | BB. DATE SIGNED 02/17/1999 | |

| | | | | |
|--|--|--|---|---|
| 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 02/19/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9902923 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 2-23-99 | 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 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

✓
Mortuary to
bring casket

Date 2-18-99

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

of Rudolph Jury ^{Estate} ~~PA # 1238604~~ ^{imm.}

In a liner _{Type of Burial Container} Funeral, date, time 2-22-99 11:00

Church, Chapel, Graveside 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 103 Grave 11 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 selling fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-50867 1564.73

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.

CA Burial brought casket
R 50867

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

Signature _____

Signature of recorded holder of deed _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 14901**

Acct. # _____

234-3272

E-14901

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) RUDOLPH | 1B. MIDDLE - | 1C. LAST (FAMILY) JURY | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/11/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/15/1999 | 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 GREG BROWN—PUBLIC GUARDIAN 5200-A RUFFIN RD. SAN DIEGO, CA 92123 | | |
| 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 02/19/1999 | |

| | | | | | |
|---|--|--|---|---|--|
| 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. | 8A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 02/19/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9002939 | |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92185-5222 | | 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 | 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 | 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 2-18-99

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

of Verne Dunder
 in a ash vault Funeral, date, time SAT, 2-20 17:00
 Church, Chapel, Graveside Graveside : FAMILY 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.

| | | | | |
|-------------------------------------|--|--------------|------------------|-----------------------------------|
| J Lot _____ | Grave <u>41</u> | Row <u>5</u> | Section <u>6</u> | Division/Block <u>7</u> |
| Grave space & Care Fund | PAID | | | <u>0</u> |
| Additional spaces and care fund | | | | <u>0</u> |
| Opening/Closing & Setup | <u>FEB 9 4 1999</u> | | | <u>105.00</u> |
| Burial Container | | | | <u>55.00</u> |
| Handling Fees | <u>MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.</u> | | | <u>60.00</u> |
| Flower vases - Marker setting fee | <u>sat. overtime</u> | | | <u>210.00</u> |
| Recording and filing fee | | | | <u>45.00</u> |
| Sales taxes | | | | <u>4.26</u> |
| | | | | Total Due <u>479.26</u> |
| <i>To bring back ashes - permit</i> | | | | Paid receipt number <u>479.26</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 _____
 Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____
 Invoice # _____
 Acct. # _____

Work Order # **E 14902**

REA-104 (7-96) This information is available in alternative format upon request.

check

690-5988

Ken - Taylor

Mike Dunder
604 970 4719 cell

604 526-2344 home

2-22 is making check

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

619-690-2788 Km
619-488-5123 CEM

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

E-189102
61484

Date: 2-26, 20 09

From: KENNETH TAYLOR Address: 4217 Alcorn St. S.D. 92154

SEVEN & 54/100 Dollars (\$ 7.54)

in Full Payment of GRAVE VASE INSERT FOR VERNA LEA DUMLER

Div 7 Sec 6 Blk/Row 5 Lot 41 Grave 1

Invoice No. 149200

Acct. No. 6014902

W.O. _____

BALANCE DUE 0

- Money Order
- Charge RP44979Z
- Check

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

PAID

FEB 26 2009

MOUNT HOPE CEMETERY

ISSUED BY [Signature]

| | | | |
|----------------|-------|---|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | 7 | 00 |
| Sales Tax | 60101 | | 54 |
| | 78390 | 7 | 54 |
| TOTAL PAID | \$ | | |

E-14902

92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|--------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Verna | | 1B. MIDDLE Lea | 1C. LAST (FAMILY) Dumler | 2. DATE OF BIRTH MONTH DAY YEAR 05/05/1906 | 3. DATE OF DEATH MONTH DAY YEAR 02/17/1999 | 4. SEX F |
| 5A. CITY OF DEATH Watsonville | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Santa Cruz | 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Kenneth W. Taylor - Grandson 4217 Alcorn St. San Diego, CA 92154 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Davis Memorial Chapel 609 Main St., Watsonville, CA 95076 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-438 | 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 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 \$7.00 | 9B. DATE PERMIT ISSUED 02/18/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Fax. Auth. 000255 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 962, Santa Cruz, CA 95060 | | |

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 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 Mount Hope Cemetery San Diego, CA | 11B. DATE BURIED 2-20-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Soquel Cemetary Soquel, CA | 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 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 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.

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-19-99

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

of Edward Dominguez

In a _____ Funeral, date, time Tues 2-23

Church, Chapel, Graveside Jesus 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 72 Grave _____ Row _____ Section 100F Division/Block 34

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container Disinterment fee 1,000.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
FEB 22 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1,000.00

Paid receipt number R-50869 1,000.00

Balance due 0

mortuary check to bring check

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

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

Signature of recorded holder of deed _____

~~Signature _____
Address _____
City _____ Zip Code _____
Telephone _____~~

See Attached

Work Order # **E 14903**

Invoice # _____

Acct. # _____

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-19-99

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

In a _____ Funeral, date, time Tue 2-23
Type of Burial Container

Church, Chapel, Graveside _____ Levee Colonial Mortuary.

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

Lot 72 Grave _____ Row _____ Section 100F - Division/Block 34

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container Disinterment Fee 1,000.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

mortuary check to bring check

Total Due 1,000.00

Paid receipt number _____

Balance due _____

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

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

W. Juan Rodriguez
Signature
724 Latish E. Brown
Address
Ruth Chan
City Zip Code
19915 SWIFT CT HAYWARD, CA 94545
Home Address

Signature of decedent holder of deed _____

Invoice # _____

Work Order # E 14903

Acct. # _____

FEB-19-1999 FRI 15:04 ID:MT HOPE CEMETERY TEL NO: #921 P01

E14903

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------|--|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) EDWARD | 1B. MIDDLE I. | 1C. LAST (FAMILY) DOMINGUEZ | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/20/1905 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/26/1944 | 4. SEX M |
| 5A. CITY OF DEATH EL CENTRO RURAL | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE IMPERIAL | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VIVIAN RODRIGUEZ - DAUGHTER 724 LATISHA PLACE EL CAJON, CA 92021 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Panette Valentin</i> |
| * 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> | | | 8B. DATE SIGNED 02/21/1999 | | |

| | | | | |
|--|--|--|---|---|
| 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. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 8A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 02/22/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9903014 |
| | | 8B. SIGNATURE OF APPLICANT—Person taking permit <i>P Valentin</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 IMPERIAL COUNTY HEALTH DEPT, 925 BROADWAY, EL CENTRO, CA 92243 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA RIVERSIDE COUNTY HEALTH DEPT, PO BOX 7600 RIVERSIDE, CA 92513 | | |

| | | | |
|--|--|---|--|
| 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 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 RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN BLVD, RIVERSIDE, CA 92508 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | 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.

COPY 1

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

VS 9 (REV. 6/91)



THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

February 19, 1999

MONTH YEAR

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

EDWARD DOMINGUEZ

from Lot 72 Grave _____ Section 100F Row _____ Block 34

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

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery Riverside National 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.

Vivian Rodriguez Daughter
VIVIAN RODRIGUEZ

724 Latisk
EL CASON, CA 92021

Ruth Chan Daughter
RUTH CHAN
Signature Relation to deceased

1991 SWIFT
HAYWARD, CA 94545
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.)



Mr. Hope Cemetery

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-29-99

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

of Luemma Bowlen

In a ~~type~~ TS Vault Funeral, date, time Friday 2-26-99 11:00

Church, Chapel, Graveside Chapel/Graveside; Ragdale 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 141 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 250.00

Handling Fees 170.00

Flower vases - Marker setting fee 185.00

Recording and filing fee 45.00

Sales taxes 19.38

PAID
FEB 24 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1564.73

Paid receipt number L.S. Williams 1669.38

Balance due 0

I hereby certify I am the G. 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

L.S. Williams
Signature 5081 La Paz Dr.
Address SD 92103
City 527-3775 Zip Code
Telephone

Invoice # _____

Acct. # _____

Work Order # E 14904

E-14904

82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|---|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Luemma | 1B. MIDDLE - | 1C. LAST (FAMILY) Bowlen | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/25/1916 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/19/1999 | 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 Thomasa Williams, Granddaughter 5081 La Paz Dr. San Diego, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 02/23/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 02/25/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9903314 |
| | 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"/> 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 Mt. Hope Cemetery; 3751 Makket St. San Diego, CA 92102 | 11B. DATE BURIED 2-26-99 | 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 2-22-99

*Pre-paid
Trust*

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

of Mary Everest

In a liner Funeral, date, time Wed 4-7 1:30

Church, Chapel, Graveside : Forrest Lawn 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 527 Grave _____ Row _____ Section 10 Division/Block 7

Grave space & Care Fund Pre-Paid B-3487 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

Total Due 769.73

Paid receipt number R-50895 769.73

Balance due 0

PAID
MAR 07 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*Cheryl White
Forrest Lawn
714-484-2030*

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

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

Signature of recorded holder of deed _____

✗ Wilmuth L Crowder
Signature
✗ 309 E Francis Ave.
Address
✗ La Habra CA 90631-4748
City Zip Code
✗ 562-6913607
Telephone

Work Order # **E 14905**

Invoice # _____
Acct. # _____

REA-104 (7-95) This information is available in alternative formats upon request.

E-14905

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) MARY | 1B. MIDDLE MABEL FAYE | 1C. LAST (FAMILY) EVERIST | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/17/1903 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/02/1999 | 4. SEX F |
| 5A. CITY OF DEATH WHITTIER | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILMYN CROWDER, DTR 309 E. FRANCIS AVE. LA HABRA, CA. 90631 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FOREST LAWN MTY. 4471 LINCOLN, CYRESS, CA 90630 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1051 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Chen Lobang</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 4/05/99 | | | |

| | | | | |
|---|--|---|---|--|
| 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 04/06/1999 | SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Mark [unclear]</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA LOS ANGELES COUNTY HEALTH DEPARTMENT 313 N. FIGUEROA ST. LOS ANGELES, CA 90012 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY 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"/> 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 4-7-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Justice</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.

Pre-need
lot & trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-22-99

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

of Elva Lorraine Roberts

in a liner Funeral, date, time _____
Type of Burial Container

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 92 Grave 10 Row _____ Section 3 Division/Block 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 | | <u>45.00</u> |
| Recording and filing fee | | <u>14.73</u> |
| Sales taxes | | <u>1564.73</u> |

PAID
MAR 10 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1564.73

Paid receipt number R-50931 1564.73

Balance due 0

estate
case

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

PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN
ESTATE OF ELVA ROBERTS

I hereby authorize the interment in lot I hold under deed.
BY Gene M. Pentecost
Signature

Signature of recorded holder of deed _____

Address Public Administrator
City Public Guardian Zip Code _____
Telephone 5201-A Ruffin Road
San Diego, California 92123

(619) 694-3522

Work Order # **E 14906**

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-22-99

51 yrs old
 19 1/2 L
 16 W
 #

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

of Betty M. Johnson

in a liner Funeral, date, time MON, 3-1 2:00

Church, Chapel, Graveside Chapel Graveside, CA Burial Mortuary Martin

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 417 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 R-50893 587.36

Balance due 0

PAID
 MAR 17 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Mortuary to bring check. Martin said will be short service

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 14907**

Invoice # _____

Acct. # _____

E-14907

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-23-99

FEB-25-99 THU 01:17 PM CALIF. CREMATION & BURIAL 619 286 2674 TEL NO:

I hereby certify, as to the best of my knowledge and belief, that the foregoing information is true and correct.

City of San Diego, California San Diego, CA County San Diego

All Federal and State taxes have been paid or provided for by the decedent or the estate.

All bills are paid and filed to order of the

| | | | | | |
|-----------------------------------|-----|---------|---|------|---------------|
| Grave | 917 | Section | 9 | Plot | 9 |
| Grave space & Crypt fee | | | | | 95.00 |
| Additional crypts and crypt fee | | | | | 0.00 |
| Opening of Vault & Service | | | | | 95.00 |
| Burial Container | | | | | 50.00 |
| Handling Fees | | | | | 0.00 |
| Flower vases - Marker setting fee | | | | | 0.00 |
| Recording and filing fee | | | | | 99.00 |
| Sales taxes | | | | | 7.16 |
| | | | | | <u>597.36</u> |

*Mustang to
be buried in
new crypt*

Paid in cash, money

Balance due

I hereby certify, as to the best of my knowledge and belief, that the foregoing information is true and correct. I have the right to make this a donation, and agree to hold Mt Hope Cemetery harmless from any liability on account of said authorizations and directions.

I hereby authorize the extended to left to hold under said

Manuel Trevino
 5880 EL CAJON BL
 SAN DIEGO, CA
 (619) 234-3072

Approved by me or my agent

Order # **E 14907**

Executed on _____
At _____

This information is available for alternative dispute resolution.

E-14907

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-------------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BRYA | 1B. MIDDLE MARTRICE | 1C. LAST (FAMILY) JOHNSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/09/1993 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/21/1999 | 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 SHERELLE K. LOVE—MOTHER 4770 HOME AVENUE, #305 SAN DIEGO, CA 92105 | | |
| 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>Kim Walker</i> | | 8B. DATE SIGNED 02/24/1999 |
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 02/24/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER | 9D. SIGNATURE OF APPLICANT <i>Kim Walker</i> |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | |

10. 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 3-1-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Shirley Sneider</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 2-23-99

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

of Jose Macias

in a _____ Funeral, date, time Thurs 2-25 11:00

Church, Chapel, Graveside Chapel / Graveside; Ce 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 1349 Grave 44 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-50881 270.00

Balance due 0

mortuary to bring check

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

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

Signature [Signature]
Address 14517 Miguel Lane
El Cajon CA 92021
City _____ Zip Code _____
Telephone 619-561-3030

Signature of recorded holder of deed _____

Work Order # E 14908

Invoice # _____
Acct. # _____

E-14968

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) JOSE | 1B. MIDDLE WILLIAM CASTELO | 1C. LAST (FAMILY) MACIAS | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/17/1999 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/17/1999 | 4. SEX M |
| 5A. CITY OF DEATH LA MESA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOSE G. MACIAS—GRANDFATHER, 14517 MIGUEL LANE EL CAJON, CA 92021 | | |
| 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 02/25/1999 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

| | | | | |
|---|--|--|---|---|
| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 02/25/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 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 | 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 2-25-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Hilda</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 2-23-99

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

of Veronica Matzker

in a double death Funeral, date, time Fri 2-26 10:00

Church, Chapel, Graveside Church/Graveside: Featherzegg 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 3856 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund See Need D-5683 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container 380.00

Handling Fees FEB 23 1999 320.00

Flower vases MT. HOPE CEMETERY _____

Recording and _____ CITY OF SAN DIEGO, CALIF. 45.00

Sales taxes 29.45

Total Due 1149.45

Paid receipt number M/C 1149.45

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 Ch R Matzker
 Signature
X 3017 Fascination Circle
 Address
X Colo Spgs, CO 80917
 City
X 719 570-1247
 Telephone

Invoice # _____

Work Order # **E 14909**

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14909
85

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

| | | | | | | |
|---|-------------------------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Veronica | 1B. MIDDLE Florence | 1C. LAST (FAMILY) Matzker | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/26/1914 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/22/1999 | 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 Charles R. Matzker - Son 3017 Fascination Cir. Colorado Springs, CO 80917 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083 | 6A. SIGNATURE OF APPLICANT—Person taking permit; <i>Charles R. Matzker</i> | | | 6B. DATE SIGNED 02/26/1999 |

| | | | | | |
|---|---|--|--|---|--|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 103726 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 02/26/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Lathrem |
| 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. | | | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222 | 8E. 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 Mt. Hope Cem. 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 2-26-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Andrus</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.

Body being sent out of state

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-99

2-25-99
Per Debbie at Ragsdale cancel

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

of Tina Harris 2-26

in a T.S. Funeral, date, time Fridy ~~11:00~~

Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Lot _____ Grave 16 Row _____ Section 100F Division Block 2

Grave space & Care Fund 1595.00

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 2469.38

Ragsdale to bring check

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 _____

Jermani Harris
Signature
12512 Doubletree Rd
Address
Spring Valley, CA 91978
City
(619) 670-8375 Zip Code
Telephone

Invoice # _____

Work Order # **E 14910**

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-24-99

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

of ANGELA PURVIS

in a LINER Funeral, date, time Fri 2-26 11:00

Church, Chapel, Graveside CHURCH / GRAVESIDE, CA BURIAL Mortuary: XIM

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 109 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 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-50886 1564.73

Balance due 0

PAID
FEB 26 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

**MORTUARY to
BRING check**

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

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

Signature of recorded holder of deed _____

X _____
Signature
X _____
Address *See attached*
X _____
City Zip Code
X _____
Telephone

Work Order # E 14911

Invoice # _____

Acct. # _____

| | | | | | |
|-------------------|-----------|---------|---------|------------|---|
| Post-It* Fax Note | 7671 | Date | 2-24-99 | # of Pages | 1 |
| To | KIM | From | Sue | | |
| Co./Dept. | CA BURIAL | Co. | MT HOPE | | |
| Phone # | | Phone # | | | |
| Fax # | | Fax # | | | |

**MT. HOPE CEMETERY
INTERMENT ORDER**
City of San Diego

Date 2-24-99

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

In a LINER Funeral, date, time FR: 2-26 11:00
Type of Burial Container
 Church, Chapel, Graveside CHURCH / GRAVESIDE CA BURIAL Mortuary: M

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. 2

| | |
|---|-----------------------|
| Lot <u>109</u> Grave <u>2</u> Row _____ Section <u>3</u> Division/Block <u>12</u> | |
| 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> |
| Total Due | <u>1564.73</u> |

**MORTUARY TO
BRING check**

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 recorded holder of deed _____

X Diane Robinson
 Signature
 X 3605 Grove St # 101
 Address
 X Lemon Grove, CA 91945
 City Zip Code
 X 62-5368
 Telephone

Work Order # E 14911

Invoice # _____
Acct. # _____

E-14910

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|-------------------------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ANGELA | 1B. MIDDLE DANIELLE | 1C. LAST (FAMILY) PURVIS | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/19/1970 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/20/1999 | 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 MATTIE PURVIS—MOTHER 1647 ALTADENA AVE. SAN DIEGO, CA 92182 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATON & 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 02/25/1999 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 14375 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 \$7.00 | 9B. DATE PERMIT ISSUED 02/26/1999 | 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 | | 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 MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 2-26-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Jim Walker</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 2-24-99

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

of Soledad Espinoza Leyva

in a ash vault Funeral, date, time _____

Church, Chapel, Graveside _____: Regedate 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 124 Grave 9 Row _____ Section 3 Division/Block 13

Grave space & Care Fund Pre-Paid F-11448 ~~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 ~~0~~

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Norma Lopez
Signature
X 555 CADMAN ST
Address
X SAN DIEGO 92114
City Zip Code
X 264-6698
Telephone

Invoice # _____

Work Order # **E 14912**

Acct. # _____

REA-104 (7-98)

ats upon request.

expected to pass anytime.

Referred requested 3-1-99
portion of trust

DP 3820912

For Auditors Use Only

PAID 3-9-99 # 7019006

E-14912

Date Auditors Rcvd _____

Application Date _____

Refund No. _____

The City of San Diego

Date Rcvd By Dept _____

Processed By _____

APPLICATION FOR REFUND

Daily Cash Receipt (DCR) No. _____

Fund _____ Acct _____

Apprvd By _____ Date _____

To City Auditor & Comptroller:

The undersigned hereby requests refund of \$ 499.04 Date paid 04-07-94 to 02-20-96 on Receipts R-44830 to (Name of Receipt or Permit No.) No. R-47105 for the following reason(s): Portion of Trust.

I am requesting a refund because I have decided to use my grave for cremation and not full body burial. The difference is in cost of opening/closing of grave, liner/ash vault, handling fee and tax. 795.00 Lot 105.00 Opening/Closing 55.00 Ash Vault 60.00 Handling Fee 45.00 Recording Fee 4.26 Tax on ash vault. 1,064.26 - 1,563.30 Already paid. 499.04 Refund due

Refund Requested by:

Print Name: NORMA LOPEZ Address: 555 CADMAN ST Signature: [Signature] SAN DIEGO 92114

Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment.

CITY USE ONLY

I hereby certify that payment to the city of San Diego of the above stated amount was made under mistake of law or fact, that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of Ordinance 3911 (NS).

Print Name: Ray Snider Title Cemetery Manager Date 03-01-99 Signature: [Signature] Dept. Name READ/Mt. Hope Cemetery Phone 527-3400 M.S.72

White Copy - Auditor's Pink Copy - Auditor's Green Copy - Originating Dept.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-24-99

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

of Efijenia Alvarez

In a liner Funeral, date, time Friday, 2-26 11:00

Church, Chapel, Graveside Haris 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 125 Grave 3 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 _____

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 X Maria Olga Muller

Address 2018 E. Nutwood

City Fullerton CA 92821 Zip Code

Telephone 714-871-0511

Invoice # _____

Work Order # **E 14913**

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51041

From: Maria Miller Address: 2018 E. Nutwood Fullerton 92831 Date: 4-14, 1999

One Hundred Twenty Five Dollars (\$ 125.00)

In full Payment of marker setting fee for

Efigenia Alvarez Leanna Pae

Lot 125 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14913
 BALANCE DUE 0

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

ISSUED BY D. Mitchell

| | | |
|------------------------|-------|---------------|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| | 77184 | |
| Opening/Closing | 100 | |
| | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 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
776

E-14913

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

b6

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

| | | | | | | |
|---|--|-------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) EPLJENIA | | 1B. MIDDLE E. | 1C. LAST (FAMILY) ALVAREZ | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/02/1932 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/23/1999 | 4. SEX F |
| 5A. CITY OF DEATH Chula Vista | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Maria D. Miller - Daughter, 2018 Nutwood Avenue Fullerton CA 92831 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith E King</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 7109 of the Health and Safety Code. | | | 8B. DATE SIGNED 02/25/1999 | | | |

| | | | | |
|---|---|--|---|--|
| 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 02/25/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King |
| | | 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

| | | |
|--|--|--|
| <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 2-26-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Sieder</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF 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 2-24-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia M Zanders

In a liner Funeral, date, time Friday 2-26-99 11:00

Type of Burial Container: Church, Chapel, Graveside ; SD Mem 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 79 Grave 5 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..... 1564.73

Paid receipt number _____

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 _____

Helen Davis
Signature
 358 S. Main #195
Address
 Orange, CA 92866
City Zip Code
 714-634-4408
Telephone

Work Order # E 14914

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14914

51181



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-27 19 89

From: Tony Gardner Address: 5247 Camino Miralinda San Diego 92105

Dine Dashed Twenty Five Dollars (\$ 125.00)

In full Payment of Marker Setting Fee

Lot 79 Grave 5 Row Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-14914
BALANCE DUE 0

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

ISSUED BY J. H. Shelton

| | | | |
|----------------|-------|-----|----|
| 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 | 125 | 00 |
| Misc. Fees | 77183 | | |
| Pre-Need | 83033 | | |
| Trust | 9022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 125 | 00 |

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

F-14914

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | |
|--|--------------------------|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Júlia | 1B. MIDDLE Mae | 1C. LAST (FAMILY) Zanders | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/07/1941 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/22/1999 |
| 6A. CITY OF DEATH San Diego | | 6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Anthony Zanders—Son 5247 Caminito Mindy San Diego, CA. 92105 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | 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 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 02/24/1999 | | |

| | | | | |
|---|---|--|---|--|
| 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 02/24/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Legaspi |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. AUTHORIZED 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 Mount Hope Cemetery; 3351 Market St. San Diego, CA. 92102 | 11B. DATE BURIED 2-26-99 | 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 2-26-99

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

of Albert Major
In a liner Funeral, date, time Tues 2-2 1:00

Church, Chapel, Graveside Chapel / Graveside: Regerdale 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. Albert Major

Lot 16 Grave 10 Row _____ Section 1 Division/Block 11

| | |
|---|----------------|
| 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 | _____ |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>14.73</u> |
| Total Due | <u>1664.73</u> |
| Paid receipt number <u>A-50882</u> | <u>1664.73</u> |
| Balance due | <u>0</u> |

PAID
FEB 26 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Albert Major
Signature
4079 Euclid Ave # H
Address
San Diego, CA 92105
City
(619) 563-6631
Telephone

Work Order # **E 14915**

Invoice # _____
Acct. # _____

E-14915

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

68

| | | | | | | |
|--|--|------------------------|--|--|---|--|
| 1. NAME OF DECEDENT—FIRST (GIVEN) Albert | | 1B. MIDDLE - | 1C. LAST (FAMILY) Major | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/20/1930 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/25/1999 | 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 Jewel Major, Wife 4079 Euclid Ave. #H San Diego, CA 92105 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 8. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> |

02/26/1999

| | | | | | |
|---|--|--|---|--|---|
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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. | | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/02/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9903536 |
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 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 3-2-99 | 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 |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-25-99

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

of Phung ~~Truong~~ Truong 3-1

in a _____ Funeral, date, time Monday 11:00

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 156 Grave 4 Row _____ Section 2 Division/Block 11
~~12~~

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 260.00

Handling Fees _____ 196.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 20.16

Total Due _____ 896.16

Paid receipt number RS0880

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature [Handwritten Signature]

Address 4878 LONGFORD ST

City SAN DIEGO CA 92117 Zip Code

Telephone 619-571-5402

Invoice # _____

Work Order # E 14916

Acct. # _____

E-14916

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) PHUNG | 1B. MIDDLE - | 1C. LAST (FAMILY) TRUONG | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/25/1935 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/24/1999 | 4. SEX P |
| 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 ANH TRAC - DAUGHTER 4878 LONGFORD ST. SAN DIEGO, CA 92117 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Parente Valentine</i> | | 8B. DATE SIGNED 02/25/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 03/01/1999 P Valentine | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9903444 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. AUTHORIZED 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 ENTOMBMENT <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 3-1-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Key...</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.

Pre-Paid Trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-26-99

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

of Dorothy Rouse

in a top seal vault 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 2 Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____ *Pre-Paid 0-7392* 0

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
paid in full 12-7-92 R-58183

OCT 07 2000 Total Due 874.38

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA 250897 400.00
Balance due 474.38

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 _____

X Dolores Rouse
Signature
X 705 S. 45 ST
Address
X SAN DIEGO, CA 92108
City Zip Code
X 262-1742
Telephone

Work Order # **E 14917**

Invoice # _____

Acct. # _____

ROUSE, DOROTHY 705 S. 45th Street, San Diego 92113

| | | | DEBIT | CREDIT | BALANCE |
|----------|--|--|--------|--------|---------|
| 02-26-99 | Opened Pre-need Trust. Trust includes opening/ closing, T.S. Vault, Handling Fee, Recording Fee and tax on T.S. Vault. | | 874.38 | | 874.38 |
| | (Lot 2, Gr 12, Sec 2, Div 11) | | | | |
| 02-26-99 | R-50897 | | | 400.00 | 474.38 |
| 6-9-99 | R-51231 CPM 1 | | | 20.00 | 454.38 |
| 7-23-99 | R-51371 " 2 | | | 20.00 | 434.38 |
| 8-12-99 | R-51437 3 | | | 20.00 | 414.38 |
| 9-14-99 | R-51530 4 x 5 | | | 40.00 | 374.38 |
| 11-12-99 | R-51681 6 x 7 | | | 40.00 | 334.38 |
| 1-19-00 | R-52050 7 x 8 8 x 9 | | | 40.00 | 294.38 |
| 11-3-00 | R-53028 10 x 11 | | | 50.00 | 244.38 |
| | | | | 50.00 | 194.38 |
| 03-28-01 | R-53509 | | | 50.00 | 144.38 |
| 9-4-01 | R-54092 | | | 50.00 | 94.38 |
| 4-02 | R-54863 | | | 50.00 | 44.38 |
| 10-1-02 | R-55483 PAID-IN-FULL | | | 44.38 | 0 |

ROUSE, DOROTHY Pre-need Trust

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14917

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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.



\$ 20.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14917

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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.

▶ \$ 20.00

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

▶ \$ _____

\$ _____

Amount Received

\$ 20.00

NAME

Dorothy Rouse

ADDRESS

705 S 45 St

CITY

San Diego

STATE

CA

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14917

Dorothy Rouse
705 S. 45th Street
San Diego, CA 92113

(Lot 2, Gr 11, Sec 2, Div 11)

Month and Day Due Indicated Below

| MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB |
|-----|-----|-----|-----|-----|-------------|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |
| | | | | | AUG 12 1999 | | | | | | |

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

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

PAID
MT. HOPE CEMETERY
SAN DIEGO, CALIF

\$ 89.00
\$ _____
\$ _____

NAME

Dorothy Rouse

ADDRESS

705 S. 45 St

CITY

San Diego

STATE

CA

ZIP

92115

check if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14917

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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.



\$ 20.00

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



\$ _____

\$ _____

Amount Received

\$ 20.00

NAME DOROTHY ROUSE

ADDRESS 705 S 45th St

CITY San Diego STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14917

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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

\$ 20.00

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

\$ _____

\$ _____

NAME DOROTHY ROUSE Amount Received \$ 20.00

ADDRESS 705 S 45 ST

CITY SAN DIEGO STATE CA ZIP 92113

check (✓) if this is new address

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

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust, E-14917

Dorothy Rouse

705 1/2 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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.



\$ 20.00

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



\$ _____

\$ _____

NAME Dorothy Rouse Amount Received \$ _____

ADDRESS 705 1/2 S 45 St

CITY San Diego STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Trust E-14917**

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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.

\$ 20.00

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

\$ _____

\$ _____

NAME Dorothy Rouse Amount Received \$ _____

ADDRESS 705 S 45 St

CITY San Diego STATE CA ZIP 92113

check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14917

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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.

\$ 20.00

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

\$ _____

\$ _____

Amount Received \$ _____

NAME DOROTHY ROUSE

ADDRESS 705 S 45-87

CITY SAN DIEGO STATE CA ZIP 92113

check (✓) if this is new address

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

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Trust E-14917**

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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.

\$ 20.00

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

\$ _____

\$ _____

Amount Received

\$ 20-

NAME

DOROTHY ROUSE

ADDRESS

705 S 45th St

CITY

SAN DIEGO

STATE CA

ZIP

92113

check (✓) if this is new address

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

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Trust E-14917**

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, 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.

\$ 20.00

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

\$ 25.00

\$ _____

Amount Received \$ _____

NAME DOROTHY ROUSE

ADDRESS 705 S. 45th St

CITY SAN DIEGO STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Trust E-14917**

**Dorothy Rouse
705 S. 45th Street
San Diego, CA 92113
(Let 2, Gr 12, Sec 2, Div 11)**

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.

▶ \$ 20.00

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

▶ \$ 25.00

\$ _____

Amount Received \$ _____

NAME DOROTHY ROUSE

ADDRESS 705 So. 45th St

CITY SAN DIEGO STATE CA ZIP 92113

check (✓) if this is new address

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

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Trust E-14917*

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92113

(Lot 2, Gr 12, Sec 2, Div 11)

Month and Day Due Indicated Below

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

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



\$ *20.00*

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



\$ *25.00*

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Trust K-14917**

Dorothy Rouse

705 S. 45th Street

San Diego, CA 92115

(Lot 2, Gr 12, Sec 7, 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.

\$ 20.00

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

\$ 25.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Trust E-14917**

Dorothy House

705 S. 45th Street

San Diego, CA, 92113

(Lot 2, Gr 12, Sec 2, 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.



\$ 20.00

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



\$ 25.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance**COUPON****15****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. Pro-wood Trust E-14917Dorothy Rouse705 S. 45th StreetSan Diego, CA 92113(Lot 2, Ct 12, Sec 2, 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.\$ 20.00Amount due if paid more than _____ days
after due date above.\$ 25.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

E-149177

Mt. Hope Cemetery Prepayment Plan Record

Carrie Selvage
4233 Chamoune Ave., #228
San Diego, CA 92115

0

E-15752 Pre-need Trust

Preneed for:
Carrie Selvage

Lot 81, Gr 1, Sec 3, Div 12

| | |
|--------------------|--------------|
| Payment NO. | 2 |
| Payment Due Date | September-00 |
| Payment Amount Due | 24.00 |
| Balance Due | 529.73 |

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

CITY OF SAN DIEGO, CALIFORNIA

51231



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

From: Dorothy Roupe Address: 705 S. 45th St. SD 92113 Date: 10-9 1999
Twenty Dollars (\$ 20.00)
 In part Payment of preneed trust

Lot 2 Grave 12 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E 14917
 BALANCE DUE 454.38

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

ISSUED BY Catrina Avallone
3447

| | | |
|---------------------------|-------|--------------|
| CREDIT | 67007 | |
| 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>20</u> |
| | 9022 | <u>00</u> |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>20 00</u> |

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

OFFICIAL RECEIPT

50897

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 3-2, 1999

From: Dorothy Rouse Address: 705 S 45th SD 92113
Four Hundred and 09/100 Dollars (\$ 400.00)

In part Payment of prepared for burial - Dorothy Rouse
(lot already paid for)

Lot 2 Grave 12 Row _____ Section B 2 Division Block 11

Invoice No. _____
Acct. No. _____
W.O. E 14917
BALANCE DUE 474.38

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

02

ISSUED BY Lynda

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Carr | 77184 | |
| 80% Sales of Lots | 100 | |
| | 77184 | |
| Opening/ Closing | 100 | |
| | 77181 | |
| Burial Containers | 100 | |
| | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 77183 | |
| Pre-Need Trust | 63033 | <u>400.00</u> |
| | 9022 | |
| Sales Tax | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>400.00</u> |

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
AC-212 (Rev. 5-94) 3376

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-1-99

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

of SAMUEL L. HOUSTON
 in a LINER Funeral, date, time WED 3-3 10:00
Type of Burial Container
 Church, Chapel, Graveside CHAPEL/GRAVESIDE RAGSDALE Mortuary, SKIPPOR
 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>91</u> | Grave <u>11</u> | Row _____ | Section <u>1</u> | Division/Block <u>11</u> |
| Grave space & Care Fund <u>895.00</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 filling fee <u>45.00</u> | | | | |
| Sales taxes <u>14.73</u> | | | | |
| Total Due <u>1664.73</u> | | | | |
| Paid receipt number <u>R-50898</u> | | | | <u>1664.73</u> |
| Balance due <u>0</u> | | | | |

PAID
 MAR 03 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

**MORTUARY TO
BRING CHECK**

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

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

Signature of recorded holder of deed _____

[Signature]
 Address 5650 FEDERAL BLVD
 City SAN DIEGO, CA 92102
 Telephone 263-3141

Work Order # E 14918

Invoice # _____
 Acct. # _____

E 14918

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|--------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Samuel | 1B. MIDDLE Lee | 1C. LAST (FAMILY) Houston | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/22/1935 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/27/1999 | 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 Sylvester R. Houston, Brother 1984 S. Xenia Way Denver, CO 80231 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 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 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 02/01/1999 | | | |

| | | | | | |
|---|--|--|---|--|----------------|
| 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. | 8A. AMOUNT OF FEE PAID \$7.00 | 8B. DATE PERMIT ISSUED 03/02/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9903587 |
| | | 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

| | | |
|--|--|---|
| <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 St. San Diego, CA 92103 | 11B. DATE BURIED 3-3-99 | 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

PRE-NEED
LOT

Date 3-1-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DR. SYLVESTER HOUSTON

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 114 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID
MAR 23 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

MORTUARY to
BRING CHECK

Total Due 895.00
Paid (check number) R-50899 895.00

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]
Signature
75050 FEDERAL BLVD
Address
SAN DIEGO, CA 92102
City
263-3141
Telephone

Invoice # _____

Work Order # E 14919

Acct. # _____

PRE-NEED
LOT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-1-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DR. SYLVESTER HOUSTON

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 114 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

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 895.00

MORTUARY to
BRING CHECK

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 _____

X
Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 14919

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-1-99

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

of Dorothy L. Turnline

in a Double Death Funeral, date, time Thur 3-4 12:00
Type of Burial Container

Church, Chapel, Graveside Church / Gracide 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. SMH

Lot 90 Grave 6 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

PAID
 MAR 01 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 2044.45

Paid receipt number R-50889 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 _____

Mona Turnline, Jr
 Signature
 X 5120 CHOLLAS PKY
 Address
 X SAN DIEGO 92105
 City
 X 619-281-5045
 Telephone Zip Code

Work Order # E 14920

Invoice # _____

Acct. # _____

14920

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

74

| | | | | | |
|---|-------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Dorothy | 1B. MIDDLE L. | 1C. LAST (FAMILY) Turntine | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/27/1924 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/26/1999 | 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 Melrose Lewis, Daughter 927 Dimarino St. San Diego, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Melrose Lewis</i> | | |
| | | | 8B. DATE SIGNED 03/02/1999 | | |

| | | | | |
|--|---|--|---|---|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/02/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9903579 999 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 8E. 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 3-4-99 | 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.

No grave of Frank Schmidt

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-1-99

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

of Doris Gibson

In a ash vault Funeral, date, time 3-31-99 2:00 wed

~~Branch, Chapel, Crematory~~ Witness Only : Dennis 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 _____ Grave 13 Row 6 Section 8 Division/Block 7

Grave space & Care Fund Re-Need C-7603 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 VISA 269.26

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 Dennis M. Gibson
Signature
X 4060 Myrtle Ave.
Address
X S.D. 92105
City Zip Code
X (619) 284-9975
Telephone

Work Order # E 14921

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14921
38

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

| | | | | | | |
|---|--|-------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DORIS | | 1B. MIDDLE L. | 1C. LAST (FAMILY) GIBISON | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/04/1940 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/24/1999 | 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 DAVID M. GIBISON - SON 4060 MYRTLE AVE SAN DIEGO, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i> | | 8B. DATE SIGNED 03/07/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16375 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/08/1999 P. Valentine | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9903865 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

| | | |
|---|--|---|
| 10. AUTHORIZED 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 checked="" 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 | <input type="checkbox"/> 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 3-31-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray...</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-1492

LEWIS COLONIAL
74601

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---|---|--|--|-------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DORIS | 1B. MIDDLE L. | 1C. LAST (FAMILY) GIBISON | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/04/1940 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/24/1999 | 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 DAVID M. GIBISON - SON 4060 MYRTLE AVE SAN DIEGO, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | 8A. SIGNATURE OF APPLICANT—Person taking permit ▶ <i>Parvettte Valentin</i> | | 8B. DATE SIGNED 03/02/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 03/02/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9903610 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |

10. AUTHORIZED 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 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 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | 12B. DATE CREMATED 3/8/99 | 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 AT SEA OFF THE COAST OF SAN DIEGO COUNTY | 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-1492

LEWIS COLONIAL
74601

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-------------------------|---|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DORIS | 1B. MIDDLE L. | 1C. LAST (FAMILY) GIBISON | 2. DATE OF BIRTH MONTH DAY, YEAR 09/04/1940 | 3. DATE OF DEATH MONTH DAY, YEAR 02/24/1999 | 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 DAVID M. GIBISON - SON 4060 MYRTLE AVE SAN DIEGO, CA 92104 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | | 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 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | | 8B. DATE SIGNED 03/02/1999 |

| | | | | |
|--|---|--|---|---|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/02/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT P Valentine |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | | |
|---|--|---|
| 10. AUTHORIZED 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"/> 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 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | 12B. DATE CREMATED 3/8/99 | 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 AT SEA OFF THE COAST OF SAN DIEGO COUNTY | 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 3-2-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAMON PUENTES GARCIA
 in a liner Funeral, date, time Wed 3-3 2:00
Type of Burial Container
 Church, Chapel, Graveside Chapel / Grounds: North 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. Y.E.P.O.

| | | | | |
|---|----------------|-----------------|------------------|--------------------------|
| Lot <u>114</u> | Grave <u>7</u> | Row <u>PAID</u> | Section <u>2</u> | Division/Block <u>12</u> |
| Grave space & Care Fund | | | | <u>895.00</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>galvanized</u> | | | | <u>5.27</u> |
| Recording and filing fee <u>2 OVER 7</u> | | | | <u>45.00</u> |
| Sales taxes | | | | <u>14.73</u> |
| Total Due | | | | <u>1670.00</u> |
| Paid receipt number <u>R-50891</u> | | | | <u>1670.00</u> |
| Balance due <u>0</u> | | | | |

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 Eduardo P. G.
Signature
1665 S. 43rd ST. Apt. # 8
Address
SAN DIEGO CA. 92183
City Zip Code
527-8612
Telephone

Work Order # **E 14922**

Invoice # _____
 Acct. # _____

Paid 5.27 towards galvanized
flower vase

still owes 18.51

E-14922

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) RANON | 1B. MIDDLE GARCIA | 1C. LAST (FAMILY) PUNTES | 2. DATE OF BIRTH MONTH DAY YEAR 09/16/1911 | 3. DATE OF DEATH MONTH DAY YEAR 02/28/1999 | 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 Miguel A. Puentes - Son 9780 Chestnut Street Spring Valley CA 91977 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH North Funeral Home, 611 Highland Ave., National City CA 91930 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 007 | | |
| 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 03/03/1999 | | |

| | | | | |
|--|--|---|---|---|
| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03-03-1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> |
| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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"/> 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 St. Hope Cemetery, San Diego CA | 11B. DATE BURIED 3-3-99 | 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 3-2-99

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

of Olive Foster # 1999741

In a liner Type of Burial Container Funeral, date, time TUES 4-6 11:00

Church, Chapel, Graveside Delivery Only: Mayer - Jim 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 121 Grave 10 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 _____

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 _____

Invoice # 314458

Acct. # 000952

Work Order # **E 14923**

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-13-99



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

EDI REF NO: 0314405

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2288

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-14923

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

ACCT NO
000002

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

PAYMENT

DATE: 5-25-99

BY: CA CH IF ED

PAYMENT REF NO 04-849280

AMT PAID: 386.00

INVOICE DATE
04/13/99

PAYMENT DUE
05/13/99

PERIOD COVERED
MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-14923
DEPT: R.E.A.-MT HOPE CEMETERY 419 527 3401

-----DESCRIPTION OF CHARGES----- AMOUNT

| | |
|----------------------------|--------|
| OLIVE FOWLER SERVICES | 126.00 |
| LOT 121 GR 10 SEC 3 DIV 12 | 160.00 |
| OPENING/CLOSING | 50.00 |
| LINER | 50.00 |
| RECORDING FEE | 60.00 |

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.

RETURN WITH PAYMENT NO. 314468

14923

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) Olive | | 1B. MIDDLE - | 1C. LAST (FAMILY) Fowler | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/05/1922 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/11/1999 | 4. SEX F |
| 5A. CITY OF DEATH Santee | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darnell Price-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—Personal 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 04/02/1999 |

| | | | | | |
|---|--|--|--|--|--|
| 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 04/06/1999 James Hale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905581 |
| | 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"/> 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 <input type="checkbox"/> 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 4-6-99 | 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 3-3-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ^{Wed 3-10} of Mildred Taylor (Quier) in a liner _{Type of Burial Container}; Funeral, date, time Tues 9th 10³⁰ Church, Chapel, Graveside Graveside; Greenwood 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.

Back Back on GAR

Lot 16 Grave 2 Row _____ Section _____ Division/Block 2
 Grave space & Care Fund Pre-Need C-2407
 Additional spaces and care fund _____
 Opening/Closing & Setup 1195 Pre-Need E-12576
 Burial Container " "
 Handling Fees " "
 Flower vases - Marker setting fee " "
 Recording and filing fee " "
 Sales taxes " "
 Total Due

Interment Transfer 3-22-99

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 14924**

_____ available in alternative formats upon request.

*maybe Mon. 3-8
 Will let us know day & time
 Gate open?
 FAX # 527-3403
 264-224
 Greenwood
 264-3131*

619-264-8224

F-14924

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) MILDRED | 1B. MIDDLE FRANCIS | 1C. LAST (FAMILY) QUIER | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/29/1904 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/01/1999 | 4. SEX F |
| 5A. CITY OF DEATH HARPER | | 6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE KANSAS | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MYRTLE GARDNER - DAUGHTER 9565 40TH GEORGE STREET SPRING VALLEY, CA 91977 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Sharon L. Gardner</i> | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as Applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | 8B. DATE SIGNED 03/05/1999 | | | |

| | | | | |
|---|---|--|---|---|
| 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. <i>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</i> | 9A. AMOUNT OF FEE PAID \$ 7.00 | 9B. DATE PERMIT ISSUED 03/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9903858 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA — | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | | |
|--|--|---|
| <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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 3-10-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Budick</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 3-3-99

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

of LORRAINE WALKER

In a LINER Funeral, date, time FRI 3-5 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 125 Grave 6 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-51052 1564.73

Balance due 0

CREDITORS CLAIM
in payments
3-15-99

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 _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 14925

Acct. # _____

E-14925

PERMANENT ORDER

ORDER NO. 100-100000
 ORDER DATE 10/10/50
 ORDER TYPE 100-100000
 ORDER AMOUNT 100-100000
 ORDER STATUS 100-100000
 ORDER LOCATION 100-100000
 ORDER OFFICE 100-100000
 ORDER AGENT 100-100000
 ORDER SUPERVISOR 100-100000
 ORDER APPROVER 100-100000
 ORDER REVIEWER 100-100000
 ORDER COMMENTS 100-100000

REMARKS

100-100000

7

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14925

51052

Date: 4-16 1999

From: Public Administrator Address: 5201-A Buffin Road San Diego 92123

One thousand five hundred forty four & 73/100 Dollars (\$ 1564.73)

In full Payment of Interment of Lorraine Walker

Lot 125 Grave 16 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-14925

BALANCE DUE 0

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

| | | | |
|------------------------|----------------|---------|----|
| CREDIT | 67007 | 159 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 636 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| Handling Fee | 77182 | 145 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 8022 | 14 | 73 |
| TOTAL PAID | 80101 78390 | \$ 1564 | 73 |

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

192376

ISSUED BY J. Shekellin

E-14925

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

80

| | | | | | |
|---|------------------|---|--|--|-------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Lorraine | 1B. MIDDLE F. | 1C. LAST (FAMILY) Walker | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/23/1918 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/16/1999 | 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 John Edwards-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 03/04/1999 | | | |

| | | | | |
|--|--|--|--|--|
| 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 03/04/1999 James Hale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9903755 |
| | 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 | 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 St., San Diego, CA 92102 | 11B. DATE BURIED 3-5-99 | 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 3-3-99

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

of Elizabeth Mahoner

in a Top-Seal Vault Funeral, date, time Fri 3-5 1:00

Church, Chapel, Graveside Chapel/Graveside; Respite 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.j.

Lot 104 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 R# 50900 1769.38

Balance due 0

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 Martina Johnson
Signature
X 1303 E. 47th St. Apt 11
Address
X Upland, Ca. 91786
City Zip Code
X 909-949-9511
Telephone

Work Order # E 14926

Invoice # _____
Acct. # _____

14926

72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Elinabeth | 1B. MIDDLE - | 1C. LAST (FAMILY) Mahoner | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/26/1926 | 3. DATE OF DEATH MONTH, DAY, YEAR 02/27/1999 | 4. SEX F |
| 5A. CITY OF DEATH San Diego | | 6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marvin Johnson, Son 1303 E. 9th St. #11 Upland, CA 91786 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 8B. DATE SIGNED 03/01/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 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: <i>Robert Johnson</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. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/04/1999 <i>Robert Johnson</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9903756 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 3-5-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Shidie</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.

2 ms1

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-99

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

of Alice Denise Coakley

in a _____ Funeral, date, time Thu 3-11 1:00

Church, Chapel, Graveside graveside; Regsdale Dench 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 4095 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 80.00

Recording and filing fee 45.00

Sales taxes —

PAID
MAR 10 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 350.00

Paid receipt number R-50937 350.00

Balance due —

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 Stephen Coakley
Signature
X 4066 Newton St
Address
X San Diego 92113
City
X 619-527-2706
Telephone

Work Order # **E 14927**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E14927
3 mo.

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

| | | | | | |
|---|-----------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Alice | 1B. MIDDLE Denise | 1C. LAST (FAMILY) Coaxum | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/10/1998 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/03/1999 | 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 Stephen Coaxum, Father 4066 Newton Ave. San Diego, CA 92113 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Alice Coaxum</i> | | |
| | | | 8B. DATE SIGNED 03/10/1999 | | |

| | | | | |
|--|--|--|---|---|
| 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 03/11/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904139 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. 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 St. San Diego, CA 92102 | 11B. DATE BURIED 3-11-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray [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 3-4-99

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

of Jane B. CAMPBELL and JOSEPH F. BURKHOLDER

in a Double Death Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 70 Grave 11 Row _____ Section 7 Division/Block 5

Grave space & Care Fund 1595.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
MAR 4 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1595.00

Paid receipt number VISA 1595.00

Balance due 0

I hereby certify I am the SON/NEPHEW of the above named decedent's
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability 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 Laurence Campbell
Signature
1943 BEDFORD PLACE
Address
ESCONDIDO CA 92029
City Zip Code
760-747-3631
Telephone

Work Order # E 14928

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-5-99

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

of Geraldine Haywood

In a liner Funeral, date, time wed 3-10-99

Church, Chapel, Graveside Church/Graveside: Raysdale 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 105 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 150.00

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee PAID IN FULL

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-50938 1564.73

Balance due 756.73

*Raysdale
will bring
check*

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 _____

Cathy Haywood
Signature

Address 4824 Logan court #20

City 3360161 Zip Code

Telephone _____

Invoice # 313342

Acct. # 098135

Work Order # **E 14929**

REA-104 (7-88) *Per mortuary - Bill family* *illable in alternative formats upon request.*

*Geraldine
Haywood
in at 3:20
Bill for 150.00*

3-18-99

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E-14929

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 098135

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-6-99

PAID BY (CIRCLE ONE): CA **CK** NP

PAYMENT REFERENCE NUMBER 9317938159

AMOUNT PAID 150.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Cathy Hayward

PAYOR NAME Sandra Hayward
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5700 Bates St #8
San Diego 92114

REMARKS E-14929
< Geraldine Hayward >

CASHIER _____

INV. NO. 313342.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14929 51104



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-6, 1999

From: Landra Haywood Address: 5700 Bates St # 8 San Diego 92114

One Hundred Twenty Five Dollars (\$ 125.00)

In full Payment of Marker Setting Fee
Beradine Haywood Jermer Poe

Lot 105 Grave 11 Row Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14929

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY: J. Dickson

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| | 77184 | | |
| Opening/Cloeing | 100 | | |
| | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| | 77185 | | |
| Recording & Misc. Fees | 100 | 125 | 00 |
| | 77183 | | |
| Pre-Need Trust | 83033 | | |
| | 8022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 125 | 00 |

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14929

38

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

| | | | | | |
|--|------------------------|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Geraldine | 1B. MIDDLE - | 1C. LAST (FAMILY) Haywood | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/21/1940 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/03/1999 | 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 Cathy Haywood, Daughter 5700 Bates St. #8 San Diego, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragadale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

Subler
03/09/1999

| | | | |
|--|--|--|--|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 8A. AMOUNT OF FEE PAID <div style="font-size: 1.5em; font-weight: bold;">\$7.00</div> | 8B. DATE PERMIT ISSUED <div style="font-size: 1.5em; font-weight: bold;">03/09/1999</div> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <div style="font-size: 1.5em; font-weight: bold;">9904009</div> |
| 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

| | |
|--|--|
| <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 3-10-99 | 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 3-5-99

for Ashes
size is 24x11

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

of Gladys Ann Robinson

In a ash vault Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside 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 118 Grave _____ Row _____ Section 3 Division/Block 8

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 fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

PAID
MAR 5 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due _____ 269.26

Paid receipt number _____

Balance due _____

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

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

[Signature]
Signature
4465 26th St
Address
San Diego Ca 92116
City Zip Code
282-4418
Telephone

Signature of recorded holder of deed _____

Work Order # E 14930

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-5-99

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

In a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before ^{3:00}~~2:00~~ p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 67 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 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 RS0911 1664.72

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 14931

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50911



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 3-5, 1999

From: Peter Pierre Ranz Address: _____

One thousand Six Hundred Sixty Four and 73/100 — Dollars (\$ 1664.73)

In full Payment of pre need arrangements for self

Lot 67 Grave 11 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 14931

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

| | | | |
|------------------------|-------|----------------|-----------|
| CREDIT | 67007 | <u>179</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales Care of Lots | 77184 | <u>716</u> | <u>00</u> |
| Opening/Closing | 77181 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 83033 | <u>769</u> | <u>73</u> |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | | \$ <u>1664</u> | <u>73</u> |

ISSUED BY Lynda

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-8-99

Input Gate

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

of Agnes Wallmer

in a T.S. Vault Funeral, date, time Tues 3-9 1:00

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 309 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Paid 2-5884

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Paid E-14696

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

*Mr. Larson
121-9498*

*Interment
transfer 3-22-99*

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 See attached

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 14932**

INTERMENT ORDER AND AUTHORIZATION

E-14932

Contract No. _____

Interment No. _____

Date 3-8-1999

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the Cemetery performing the interment.

The undersigned hereby request and authorize:

Name of Cemetery M.T. HOPE CEMETERY
in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT AGNES H. DALLMER Age 93 Sex FEM.

Date of Birth 1-21-1906 Date of Death 3-5-1999 Veteran? NO

in the following described interment space: _____

Purchased PN AN

Funeral Home GREENWUDD Director D. MORAVEE Tel 264-3131

Address 4300 IMPERIAL AVE. SAN DIEGO

Place of Service GRAVESIDE Day TUE. Date 3-9 Time of Service 1 PM

Type of Cemetery Service COMMITTAL Day '' Date '' Time of Service ''

Type of Outer Burial Container _____ Supplier _____

Memorial _____ Supplier _____ Memorial Base _____ Supplier _____

REMARKS _____

INTERMENT FEE \$ _____
OVERTIME CHARGES _____
OTHER CHARGES _____
TOTAL \$ _____

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above-named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above-described Interment Rights and hereby authorize use of said Interment Rights for the interment, entombment or inurnment of the remains of the herein named deceased. Cemetery is hereby authorized to install any outer burial container purchased in connection with this interment in the Interment Right described herein.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its affiliates, and their respective agents, Shareholders, Officers, Directors and employees from any and all liability, including reasonable attorney's fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder. Further, the undersigned agree that cemetery shall have the right to correct any error in this interment, at its own expense, without any liability for such error.

Signature Jacqueline M. Larson (Authorized Representative) JACQUELINE LARSON, DR. (Print Name) Relationship to Deceased

Address 1161 OSAGE AVE, CHULA VISTA, CA. (Street City State Zip) Tel. No. 421-9498

Signature _____ (Authorized Representative) Print Name _____ Relationship to Deceased

Address _____ (Street City State Zip) Tel. No. _____

Name of Interment Right owner, if different than Authorized Representative: _____

OFFICE USE ONLY

Order Taken By _____ Location Checked and Verified By _____

Superintendent's Verification _____ Family Verification _____ Date _____

Recorded By _____

Index Card _____ Lot Book _____ Lot Card _____ Map _____ Interment Record Book _____

E-14932

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) AGNES | 1B. MIDDLE HAZEL | 1C. LAST (FAMILY) DALLNER | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/21/1906 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/05/1999 | 4. SEX F |
| 5A. CITY OF DEATH CHULA VISTA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JACQUELINE LARSON - DAUGHTER 1161 OSAGE AVENUE CHULA VISTA, CA 91911 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843 | 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 7190 of the Health and Safety Code. | | | |
| | | | | 8B. DATE SIGNED 03/08/1999 | |

| | | | | |
|---|--|--|---|---|
| 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 03/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA, 9903912 |
| | | 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

| | | |
|--|--|---|
| <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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 3-8-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Key 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.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-8-99

*will need shovel
no chairs
leave dirt*

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

of KHEDIOSA DSOUAMA Tru

In a _____ Funeral, date, time 3-9 1:00

Church, Chapel, Graveside Greenwood : Greenwood Mortuary.

All Funeral cars must arrive before ~~6:00~~ ^{3:00} p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 91 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 425.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 470.00

Paid receipt number R-50919 470.00

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 Kamal Boulayeg
Signature
X 5333 Baltimore #132
Address
X La Mesa, CA 91942
City Zip Code
X (619) 461-6716
Telephone

Work Order # **E 14933**

Invoice # _____
Acct. # _____

F-14933

1-28-33

66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Khedidja | 1B. MIDDLE - | 1C. LAST (FAMILY) Djouama | 2. DATE OF BIRTH MONTH DAY YEAR 01/28/1993 | 3. DATE OF DEATH MONTH DAY YEAR 03/07/1999 | 4. SEX F |
| 5A. CITY OF DEATH La Mesa | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Kamal Boulazreg:son 5333 Baltimore Drive, #132 La Mesa, CA 91942 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary I-805 & Imperial Avenue, San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD843 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i> | | 8B. DATE SIGNED 03/08/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 03/09/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Victoria Meza 9903985 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92139-5222 | | 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"/> E. TEMPORARY ENVAULEMENT <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 LOC. (Name and Address) |

| | | | | |
|-------------------------------|---|--|-----------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery: 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 3-9-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kay Meza</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 3-8-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KEVIN @ ISAIA CORTEZ

in a _____ Funeral, date, time Wed 3-10 2:30

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 \$ _____ will be applied and billed to undersigned.

Lot 720 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 _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number R-50920 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 _____

+ SILVIA OCAJAO
 Signature
4234 49TH ST.
 Address
SAN DIEGO
 City
(619) 6409426 92115
 Telephone Zip Code

Invoice # _____

Work Order # **E 14934**

Acct. # _____

E-14934

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) KEVIN | 1B. MIDDLE ISAI | 1C. LAST (FAMILY) CORTEZ | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/16/1998 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/06/1999 | 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 VICTOR CORTEZ - FATHER 4234 49TH ST SAN DIEGO, CA 92115 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CYPRESS VIEW/DONHAM BROTHERS MORTUARY 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victor Cortez</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 03/10/1999 | | | |

| | | | | |
|---|--|---|---|--|
| 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 03/10/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904097 <i>P. Valentine</i> |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - |

| | |
|--|---|
| 10. AUTHORIZED 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 3-10-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Victor Cortez</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

E-14934 51045



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

MOUNT HOPE CEMETERY

527-3400

Date: 4-14, 1999

From: Victor Cortez Address: _____
~~Fylo...~~

Eighty and 00/100 Dollars (\$ 80.00)

In full Payment of Settling Fee for

Lot 720 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. Er

W.O. E 14472 14934

BALANCE DUE 0

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

ISSUED BY Lynde

| | | | |
|------------------------|-------|-----------|-----------|
| 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>80</u> | <u>00</u> |
| | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78380 | | |
| TOTAL PAID | \$ | <u>80</u> | <u>00</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

MO

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-8-99

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

of Holson & Bennett

in a TS Vault Funeral, date, time Fri 10:30-12

Church, Chapel, Graveside Church/Graveside: Ragsdale Mortuary

All Funeral cars must arrive before ~~6:00~~ p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 84 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..... 250

Handling Fees 185

Flower vases - Marker setting fee

Recording and filing fee 45

Sales taxes..... 19.38

Total Due..... 1669.38

Paid receipt number 50921 1669.38

Balance due 0

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

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

Signature of recorded holder of dead

Quentin V. Adams
Signature
6237 Parkside Avenue
Address
San Diego CA 92139
City
(619) 479-3770
Telephone
Zip Code

Work Order # **E 14935**

Invoice # _____

Acct. # _____

E-14935

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | |
|--|--|-----------------------------|---|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Holson | | 1B. MIDDLE Virgil | 1C. LAST (FAMILY) Bennett | | 2. DATE OF BIRTH MONTH DAY YEAR 04/30/1924 | 3. DATE OF DEATH MONTH DAY YEAR 03/05/1999 | 4. SEX M |
| 5A. CITY OF DEATH Chula Vista | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lucretia Adams, Daughter 6237 Parkside Ave. San Diego, CA 92139 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 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 71.09 of the Health and Safety Code. | | | | 8B. DATE SIGNED 03/11/1999 | | | |

| | | | | | | |
|--|--|--|---|---|--|---------|
| 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 03/12/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | | 9904224 |
| | 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

| | | |
|--|--|---|
| <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 St. San Diego, CA 92102 | 11B. DATE BURIED 3-10-99 | 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 3-8-99

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

of ARMENTAR Clemons Eri

in a liner Funeral, date, time 3/12/99 1:00 PM

Church, Chapel, Graveside Church Ragsdale Mortuary 3.00

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. (TDC)

Lot 115 Grave 11 Row 1 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

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1667.73

Paid receipt number 50923

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

3558

Work Order # E 14936

REA-104 (7-98)

Walter S. Clemons
Signature

3655 "Z" ST.
Address

SAN DIEGO CA 92113
City Zip Code

(619) 264-8215 / 885-6834
Telephone

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

E-14936

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-----------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Armentra | 1B. MIDDLE - | 1C. LAST (FAMILY) Clemons | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/02/1925 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/04/1999 | 4. SEX F |
| 5A. CITY OF DEATH San Diego | | 6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ulysses Clemons, Son 3655 "z" St. San Diego, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 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 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 03/11/1999 | | | |

| | | | | | |
|---|--|---|---|---|----------------|
| 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 03/11/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9904185 |
| | 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 (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 3-12-99 | 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 3-8-99

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

of Craig F Carter

In a TS Funeral, date, time Thurs 3-11 1:00

Church, Chapel Graveside; CA Burial Mortuary.

All Funeral cars must arrive before ~~9:00~~ ^{3:00} p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. RRC

Lot 1317 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 260.00

Handling Fees 198.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 20.16

PAID
MAR 9 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*Purchase of
Flower
Vase
921 Initial*

Total Due 1893.16

Paid receipt number 50924 1893.16

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 Andrew R Carter
Address 7266 Kastle Ct.
Lemon Grove, CA 91945
City _____ Zip Code _____
Telephone 462-6072

Signature of recorded holder of deed _____

Work Order # E 14937

Invoice # _____

Acct. # _____

Hutcherson, Esther

14 14 10

Holt, Wilford 12

E-14937

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

42

| | | | | | |
|---|--|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CRAIG | 1B. MIDDLE FOSTER | 1C. LAST (FAMILY) CARTER | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/04/1956 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/03/1999 | 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 RALPH R. CARTER—FATHER 1240 CLAYTHORN DRIVE JOHNSTOWN, PA 15904 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 ELCAJON BLVD., SAN DIEGO, CA 92115 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | 8B. DATE SIGNED 03/09/1999 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 03/09/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER | 9D. SIGNATURE OF APPLICANT <i>[Signature]</i> |
| | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222 | | 9F. 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 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 MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92108 | 11B. DATE BURIED 3-11-99 | 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 3-9-99

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

of Bernard Wells MON.

In a liner Type of Burial Container Funeral, date, time 3-15-99 2:00

Church, Chapel, Graveside Delivery only : Marilyn Mitchell Mortuary

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

Lot 43 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 114.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 850.00

*Nancy Hobbs
P.A.
creditors
claim
3-18-99*

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 14938**

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51162



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: COUNTY of SD Address: 5201-A Ruffin Rd. SD 92123 Date: 5-18, 1999
eight hundred fifty Dollars (\$ 850.00)
 In: full Payment of interment of Bernard Weir

Lot 43 Grave 9 Row _____ Section 1 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E14938
 BALANCE DUE 2

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

Sabrina Avallone
 ISSUED BY _____

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>126 00</u> |
| Opening/Closing | 77181 | <u>375 00</u> |
| Burial Containers | 100 | <u>190 00</u> |
| Handling Fee | 77185 | <u>114 00</u> |
| Recording & Misc. Fees | 100 | <u>45 00</u> |
| Pre-Need Trust | 63033 | |
| Sales Tax | 8022 | |
| | 80101 | |
| | 78380 | |
| TOTAL PAID | \$ | <u>850 00</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 5-84) 193837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14938
89

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

| | | | | | |
|---|-----------------|--|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BERNARD | 1B. MIDDLE - | 1C. LAST (FAMILY) MELLS | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/25/1909 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/04/1999 | 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 NANCY HOBBS - PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119 | | 8. SIGNATURE OF APPLICANT—Person taking permit <i>V. I. 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 7160 of the Health and Safety Code. | | | 8B. DATE SIGNED 03/12/1999 | | |

| | | | | |
|----------------------------------|---|---|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 03/12/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT V.I. MITCHELL |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|---|---|
| 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"/> 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 | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY) | 11B. DATE BURIED 3-15-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kay Sieder</i> | |
| | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-12-99

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

in a Liner Type of Burial Container Funeral, date, time Tues 12:00 3/6

Church, Chapel, Graveside 300; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 120 will be applied and billed to undersigned. X Haen Clemmons

Lot 111 Grave 5 Row _____ Section 2 Division/Block 11

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 14.73

Recording and filing fee 14.73

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R#50945 1564.73

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. Haen Clemmons
Signature 707 Quar St.
Address San Diego Ca 92102
City 204-4751 Zip Code

Signature of recorded holder of deed _____
Telephone

Work Order # E 14939 Invoice # _____
Acct. # _____

Lula Turner

E-14939

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

38

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

Found

| | | | | | |
|---|--------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Alvin | 1B. MIDDLE Lee | 1C. LAST (FAMILY) Turner | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/05/1960 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/09/1999 | 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 Lula Turner, Mother 707 Quail St. San Diego, CA 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |
| ACKNOWLEDGEMENT 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 7109 of the Health and Safety Code. | | 8B. DATE SIGNED 03/15/1999 | | | |

| | | | | |
|---|--|--|---|---|
| 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 03/15/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904351 |
| | 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

| | | |
|--|--|--|
| <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 St. San Diego, CA 92102 | 11B. DATE BURIED 3-16-99 | 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 3-10-99

Pre-Need Trust

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

of Aurora Quijencio

in a Urn Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before ~~6:00~~ ^{3:00} p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 93 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Need D-5689 ~~0~~

Additional spaces and care fund

Opening/Closing & Setup PAID IN 375.00

Burial Container 190.00

Handling Fees FULL 145.00

Flower vases - Marker setting fee 7-22-99

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-50990 385.00

Balance due 384.73

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

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

Signature of recorded holder of deed

Aurora Quijencio
Signature
 812 Sandbar Way
Address
 Carlsbad, CA 92009
City Zip Code
 760-931-0919
Telephone

Work Order # **E 14940**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51134



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-12, 1999

From: Marcella Ober Address: 812 Sandbar Way Carlsbad, CA 92009

One Hundred and 00/100 Dollars (\$ 100.00)

In part Payment of pre need trust for Aurora Quijencio

Lot 93 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E14940

BALANCE DUE 184.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1065

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

ISSUED BY Lynda

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50990



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-2, 1999

From: Marcella Ober Address: 812 Sandbar Way Carlsbad 92008
Three Hundred Eighty Five Dollars (\$ 385.00)

In part Payment of Pre-Need Trust
Aurora Quijero

Lot 93 Grave 4 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-14940

BALANCE DUE 384.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1026

AC-212 (Rev. 5-94)

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

PAID

APR 02 1999

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

ISSUED BY: J. Shelton

| | | | |
|---------------------------|-------|-----|----|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ Closing | 100 | | |
| Burial | 77181 | | |
| Containers | 100 | | |
| Handling Fee | 77182 | | |
| Recording & Misc. Fees | 100 | | |
| Pre-Need Trust | 77185 | 385 | 00 |
| Sales Tax | 63033 | | |
| | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 385 | 00 |

QUIJENCIO, AURORA 812 Sandbar Way, Carlsbad 92009

| | | | Debit | Credit | Balance |
|-------------------|--|----------|---------|----------------|---------|
| 03-10-99 | Opened Pre-need Trust. | | | | |
| | (Lot 93, Gr 4, Sec 1, Div 11) | | 769.73 | | |
| | Trust includes Opening/Closing, liner, handling fee, recording fee and tax on liner. | | | | |
| 03-10-99 | R-50990 | | | 385.00 | 384.73 |
| 4-9-99 | R-51024 | coupon 1 | | 100.00 | 284.73 |
| 5-12-99 | R 51134 | | | 100.00 | 184.73 |
| 6-9-99 | R 51227 | cpn 3 | | 100.00 | 84.73 |
| 7-22-99 | R 51340 | cpn 4 | | 84.73 | 0 |
| | R 51369 | | | | |
| | <p>paid in full 7-22-99</p> | | | | |
| QUIJENCIO, AURORA | | | E-14940 | Pre-need Trust | |

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51024

Date: 4-9 1999

One Marcella Ober One # under Address: 817 Landbar Way Carlsbad 92009
 Dollars (\$ 100.00)

In part Payment of Pre-Need Trust

Lot 9.3 Grave 4 Row _____ Section 1 Division 11
~~Block~~

Invoice No. _____

Acct. No. _____

W.O. E-14940

BALANCE DUE 368.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1027

AC-212 (Rev. 5-94)

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

ISSUED BY J. Shelton

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 87007 | | |
| 20% Sales Tax | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| Handling Fee | 77182 | | |
| Recording & Misc. Fees | 100 | | |
| Pre-Need Trust | 77183 | <u>100</u> | <u>00</u> |
| Sales Tax | 63033 | | |
| | 9022 | | |
| | 60101 | | |
| | 76390 | | |
| TOTAL PAID | \$ | <u>100</u> | <u>00</u> |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51227



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

MOUNT HOPE CEMETERY
527-3400

From: Marcella Ober Address: 812 Sandbar Way, Carlsbad 92009 Date: 6-9 1999
One hundred Dollars (\$ 100.00)
 In part Payment of pre need trust

Lot 93 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E14940
 BALANCE DUE 84.73

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 | |
| 77165 | | |
| Recording & Misc. Fees | 100 | |
| 77183 | | |
| Pre-Need Trust | 63033 | <u>100 00</u> |
| 9022 | | |
| Sales Tax | 60101 | |
| 76390 | | |
| TOTAL PAID | | <u>100.00</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 1073

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14940 51134

Date: 5-12, 1999

From: Marcella Ober Address: 812 Sandbar Way Carlsbad, CA 92009

One Hundred and 00/100 Dollars (\$ 100.00)

In part Payment of pre need trust for Aurora Quijencio

Lot 93 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E14940

BALANCE DUE 184.73

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 | 63033 | <u>100</u> | <u>00</u> |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>100</u> | <u>00</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1065

ISSUED BY Lynda

OFFICIAL RECEIPT



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

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

E-14940

51024

From: Marcella Ober Address: 812 Sandbar Way Carlsbad 92009
One Hundred
 Dollars (\$ 100.00)
 In part Payment of Pre-Need Trust

Lot 93 Grave 4 Row _____ Section 1 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14940

BALANCE DUE 368.73

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

1027

AC-212 (Rev. 5-94)

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

ISSUED BY

J. Schubert

| | | | |
|-----------------------|-------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Cars | 77184 | | |
| 50% Sales of Lots | 100 | | |
| Opening/Closing | 77184 | | |
| Burial Containers | 100 | | |
| Handling Fee | 77182 | | |
| Recording & Misc. Fee | 100 | | |
| Pre-Need Trust | 77185 | | |
| Sales Tax | 83033 | | |
| | 9022 | 100 | 00 |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 100 | 00 |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14940 50990



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-2, 1999

From: Marcella Ober Address: 812 Sandbar Way Carlsbad 92009
Three Hundred Eighty Five Dollars (\$ 385.00)

In part Payment of Pre-Need Trust
Aurora Quijano

Lot 93 Grave 4 Row _____ Section 1 Division 11

Invoice No. _____
Acct. No. _____
W.O. E-14940
BALANCE DUE 384.73

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

ISSUED BY J. Shelton

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Cars | 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>385</u> | <u>00</u> |
| Sales Tax | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>385</u> | <u>00</u> |

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
1026

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14940
Marcella Ober (Aurora Quijencio)
812 Sandbar Way
Carlsbad, CA 92009
Lot 93, Gr 4 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.



\$ 16.00

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



\$ _____

Sent \$ 100.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14940
Marcella Ober (Aurora Quijencio)
812 Sandbar Way
Carlsbad, CA 92009
Lot 93, Gr 4 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.



\$ 16.00

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



\$ _____

\$ _____

Amount Received

\$ 100.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-14940

Marcella Ober (Aurora Quijencio)

812 Sandbar Way

Carlsbad, CA 92009

Lot 93, Gr 4 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



\$ 16.00

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



Bal.
\$ 184.73

sent \$ 100.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-10-99

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

of Victoria Johnson

In a Liner Funeral, date, time Mon 1:00 3-15

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before ~~3:00~~ ^{3:00} p.m. of regular work day or an extra charge of \$ 150⁰⁰

will be applied and billed to undersigned. *[Signature]*

Lot _____ Grave 1778 Row _____ Section _____ Division/Block 10

| | | |
|-----------------------------------|---|----------------|
| Grave space & Care Fund | PAID MAR 12 1999 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. | <u>995.00</u> |
| Additional spaces and care fund | | <u>375.00</u> |
| Opening/Closing & Setup | | <u>190.00</u> |
| Burial Container | | <u>145.00</u> |
| Handling Fees | | <u>45.00</u> |
| Flower vases - Marker setting fee | | <u>14.73</u> |
| Recording and filing fee | | <u>1764.73</u> |
| Sales taxes | | <u>500.00</u> |

*Coming In on Friday for Balance
VISA Paid In Full 1264.73*

Total Due 1764.73
Paid receipt number R# 50933
Balance due 1264.73

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]
 Signature 244/30th #29
 Address San Diego
 City 92104 Zip Code
280-7319
 Telephone

Work Order # **E 14941**

Invoice # _____
Acct. # _____

E-14941

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) Victoria | 1B. MIDDLE - | 1C. LAST (FAMILY) Johnson | 2. DATE OF BIRTH MONTH DAY YEAR 01/08/1928 | 3. DATE OF DEATH MONTH DAY YEAR 03/06/1999 | 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 Malkeia Cheketchsha, Daughter 2444 30th St. #29 San Diego, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |

03/12/1999

| | | | | | |
|---|--|---|---|---|---|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 03/12/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 |
| 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. | | | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - |

9904269

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 3-15-99 | 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 3-10-99

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

of Betty Jean Washington

in a Liner Funeral, date, time Tues 1:00 3-16

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. Leslie Jackson

Lot 94 Grave 4 Row _____ Section 1 Division/Block 11

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

*See
E-14946*

Paid receipt number R 50934

Balance due 0

PAID
MAR 10 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.

Leslie Jackson
Signature
1484 Gravity Way
Address
San Diego CA 92114
City Zip Code
619 527 6437
Telephone

Signature of recorded holder of deed _____

Work Order # E 14942

Invoice # _____
Acct. # _____

Pre-Need
Lot & Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-11-99

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

In a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; Memorial 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 120 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

Paid receipt number R-50940 1564.73

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 _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 14943**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-12-99

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

of Fred W. Dixon Jr.
In a T.S. Vault Funeral, date, time Wed 3-17 11:00

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. F.W.D.

Lot 131 Grave 11 Row _____ Section 2 Division/Block 11

| | |
|---|---------|
| 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 selling fee | 45.00 |
| Recording and filing fee | 19.38 |
| Sales taxes | 1669.38 |

PAID
MAR 15 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO

Rec# Total Due 1669.38
Paid receipt number 50950 1669.38

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 _____

Fred W. Dixon Jr.
Signature
2315 PEPPERMINT LANE
Address
LEMON GROVE, CA 91945
City Zip Code
(619) 463-1103
Telephone

Work Order # **E 14944**

Invoice # _____
Acct. # _____

E-14947

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|------------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Fred | | 1B. MIDDLE Douglas | 1C. LAST (FAMILY) Dixon, Jr | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/07/1947 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/10/1999 | 4. SEX M |
| 5A. CITY OF DEATH San Bernardino | | | 6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Bernardino | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lawrence Dixon, Brother 2315 Peppermint Ln Lemon Grove, CA 91945 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd, San Diego, CA 92102-2615 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit; BB. DATE SIGNED J. DeLaCruz 03/16/1999 | | |

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.

| | | | | |
|---|--|--|---|---|
| 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 J. DeLaCruz 03/16/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>J. DeLaCruz</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA San Bernardino Co Health Dept, 351 Mt. View Ave San Bernardino, CA 92415-0010 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Dept. of Health Services 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 | 11B. DATE BURIED 3-17-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Bay Freddie</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

E-14944

51170

MOUNT HOPE CEMETERY
 527-3400

Date: MAY 21, 1999

From: LARRY DIXON

Address: 2315 PEPPERMINT LN

LEMON GROVE, CA 91945

Dollars (\$ 125.⁰⁰)

In _____ Payment of _____

FOR MARKER INSTALLATION FOR FRED D. DIXON JR

Lot 131 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-14944

BALANCE DUE 0

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

#1376

NOT VALID FOR PURPOSES STATE BUSINESS STAMPED
 PAID IN THIS SPACE

PAID

MAY 21 1999

MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

ISSUED BY [Signature]

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | _____ |
| 20% Sales Tax | 77184 | _____ |
| 80% Sales of Lots | 100 | _____ |
| Opening/Closing | 77184 | _____ |
| Burial Containers | 100 | _____ |
| | 77181 | _____ |
| | 100 | _____ |
| | 77182 | _____ |
| Handling Fee | 100 | _____ |
| Recording & Misc. Fees | 77185 | _____ |
| Pre-Need Trust | 63033 | _____ |
| Sales Tax | 8022 | _____ |
| | 60101 | _____ |
| | 76390 | _____ |
| TOTAL PAID | \$ | <u>125 00</u> |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-12-99

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

In a _____ Funeral, date, time 3-12 am 1:00

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 32 B 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 MT. HOPE CEMETERY —

Recording and filling fee CITY OF SAN DIEGO 45.00

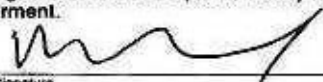
Sales taxes —

Total Due 270.00
Paid receipt number VISA 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 _____
5535 Tortuga Ct
Address _____
San Diego CA 92124
City _____ Zip Code _____
(619) 292-8362
Telephone _____

Work Order # **E 14945**

Invoice # _____

Acct. # _____

E-14945

4301322159267406
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527
619 527-3400

03/12/99 ,

18:33:41

1

MAIL/PHONE

ACCOUNT NUMBER
4053550010075468

EXP.
0101

TRAN CODE
22

AUTH.
007472

REF #
001001

AMOUNT

\$ 270.00

DESC E-14945 Interest
of James Zepheri

x Phone Order

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 3-12-99

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

of Betty Jean Washington

in a Double Deft. Funeral, date, time Tue 1:00 3-16

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 94 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Double Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing 45.00

Sales taxes 29.00

Total Due 2144.45

Paid receipt number R-50930 1764.73

R-50943 Balance due 379.72

..... 579.72

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

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

Robert Wash
Signature _____
1484 GRAVITY WAY
Address _____
SAN DIEGO CA 92114
City _____ Zip Code _____
619 527 6437
Telephone _____

Signature of recorded holder of deed _____

Invoice # _____

Work Order # E 14946 Acct. # _____

E-14946

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|---------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Betty | | 1B. MIDDLE Jean | 1C. LAST (FAMILY) Washington | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/15/1931 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/09/1999 | 4. SEX F |
| 5A. CITY OF DEATH Las Vegas | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Nevada | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert W. Washington, Husband 2827 Deep Creek Lane Las Vegas, NV 89115 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert W. Washington</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 03/15/1999 | | |

| | | | | | | |
|---|--|--|---|--|--|---------|
| 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 03/15/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Michael Williams</i> | | 9904349 |
| | 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

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | FOR CORONER'S USE ONLY |
| <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 | |
| | | <input type="checkbox"/> 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 3-16-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Anderson</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 3-12-99

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

of Sandra Rivera

In a Crem Type of Burial Container Funeral, date, time Tues 3-16 10:30

Church, Chapel, Graveside Graveside Peatheringill 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 265 Grave 10 Row _____ Section 2 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 _____

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes _____

Total Due 1564.73

Paid receipt number VISA 1564.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X [Signature]
Signature
X 2588 Ruelle Monk Carlo
Address
X La Jolla CA
City Zip Code
X 456-7586
Telephone

Work Order # **E 14947**

Invoice # _____
Acct. # _____

E-14947

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

22

| | | | | | |
|---|--------------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Sandra | 1B. MIDDLE Margarita | 1C. LAST (FAMILY) Rivera | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/12/1976 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/11/1999 | 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 Martina Rivera - Sister 6706 Kelly St. San Diego, CA 92111 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 03/15/1999 |

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 03/15/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904365 C. Lathrem |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | |

10. 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 Cem. 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 3-16-99 | 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

284-1465

City of San Diego

Date 3-15-99

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

of Joseph Herbert

In a _____ Funeral, date, time Friday 3-19 12:30

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 \$ 150.00

will be applied and billed to undersigned. _____

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

in Veterans section

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____ 50.00

Flower vases - Marker set _____

Recording and filing fee _____

Sales taxes _____

Total Due _____ 50.00

Paid receipt number R-50966 50.00

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 14948**

Invoice # _____

Acct. # _____

mortuary to bring check

PAID
 MAR 24 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Mt. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEE A. WHITE

in a LINER Type of Burial Container Funeral, date, time THUR 3-18 11:00

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 14 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Need D-9288 0

Additional spaces and care fund

Opening/Closing & Setup D-9296 0

Burial Container " 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee E-1119 0

Sales taxes

Total Due 0

Paid receipt number _____

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

Work Order # E 14949

Invoice # _____

Acct. # _____

E-14949

INTERNATIONAL VAGRA

3-11-99

14

You need to work

V-9296

E-1119

op # 40
op # 40
op # 40

E-11040

Information is available for release upon request

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14949
92

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

| | | | | | | |
|--|--|----------------------------|--|---|--|--------------------|
| NAME OF DECEDENT—FIRST (GIVEN) Lee | | 1B. MIDDLE Allen | 1C. LAST (FAMILY) White | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/17/1906 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/13/1999 | 4. SEX M |
| 5A. CITY OF DEATH Chula Vista | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert White, Son 4975 Loris St. San Diego, CA 92105 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 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 108726 of the Health and Safety Code, and was authorized pursuant to Section 7160 of the Health and Safety Code. | | | 8B. DATE SIGNED 03/15/1999 | | | |

| | | | | |
|---|---|--|---|---|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/17/1999 <i>[Signature]</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904513 |
| | 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 ITEM(S)

| | |
|--|--|
| <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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 3-18-99 | 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 3-16-99

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

of John P. Fuller Jr.
 In a T. S. Vault Funeral, date, time Thurs 3-18 1:00

Church, Chapel, Graveside Church/Graveside: Regedale 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 58 Grave 2 Row 2 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 —

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number VISA 1769.38

Balance due 0

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 John P. Fuller, Sr.
 Signature
X 6134 Alderley St
 Address
X San Diego CA 92114
 City Zip Code
X 619 263-2537
 Telephone

Work Order # E 14950

Invoice # _____
 Acct. # _____

E-14950

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) John | 1B. MIDDLE Paul | 1C. LAST (FAMILY) Fuller, Jr. | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/06/1961 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/14/1999 | 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 John P. Fuller, Sr., Father 6134 Alderley St. San Diego, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | BA. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |
| | | | 8B. DATE SIGNED 03/15/1999 | | |

| | | | | | |
|--|---|--|---|---|---|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/17/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904519 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

| | | | | | |
|--|--|---|--|------------------------|--|
| 10. 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 | 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 3-18-99 | 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 3-16-99

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

of Marion McElroy

in a liner Funeral, date, time Fri 3-19 1:00

Church, Chapel, Graveside Graveside : Chapel of times 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 123 Grave 9 Row _____ Section 2 Division/Block 17

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 R-50955 1664.73

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 _____

Mable Du Harman
Signature
60625 Castleton DR
Address
San Diego CA 92117
City Zip Code
619 571-0780
Telephone

Work Order # E 14951

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14951
80

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

| | | | | | |
|--|------------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARION | 1B. MIDDLE FRANCIS | 1C. LAST (FAMILY) MCELROY, JR. | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/30/1918 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/14/1999 | 4. SEX M |
| 5A. CITY OF DEATH FREMONT | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE ALAMEDA | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGARET MCELROY—WIFE 40720 WOLCOTT DR. FREMONT, CA 94538 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CHAPEL OF THE CRIMES HAYWARD, CA 94544 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1240 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sydney Mcelroy</i> | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 03/17/1999 | | | |

| | | | | |
|----------------------------------|--|--|---|---|
| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID 03/17/1999 | 9B. DATE PERMIT ISSUED 03/17/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 97631 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 1000 BROADWAY #5000 OAKLAND, CA 94607 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSECRAN ST. SAN DIEGO, CA 92110 | | |

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 | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 3-17-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Hooder</i> |
| | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | 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 3-16-99

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

of Shelvia Ann Hayes

In a T.S. Vault Type of Burial Container Funeral, date, time 3-19 Fri 11:00

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150⁰⁰

will be applied and billed to undersigned. _____

Lot 550 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995

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 1869.38

Paid receipt number VISA 1869.38

Balance due 0

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

5552 MICAMA CRT

Address Sun Valley, CA. 93063

City 825-526-5806 Zip Code _____

Telephone _____

Work Order # **E 14952**

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14952
34

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

| | | | | | |
|--|--------------------------|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Shelveria | 1B. MIDDLE Ann | 1C. LAST (FAMILY) Hayes | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/30/1944 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/15/1999 | 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 William L. Hayes, Husband 1870 Oakshire Ct. San Diego, CA 92102 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 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>William L. Hayes</i> | | |
| | | | 8B. DATE SIGNED 03/18/1999 | | |

| | | | | | |
|----------------------------------|---|--|---|--|---------|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 03/18/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>William L. Hayes</i> | 9904646 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 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 3-19-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William L. Hayes</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

51061



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-20- 19 99

From: Eloise Daniels Address: 1870 Oak Shuck Ct. SD 92102

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

In full Payment of marker setting fee for Shalveria Hayes

Lot 550 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 14952

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

2

ISSUED BY Lynda

| | | | |
|------------------------|-------|------------|-----------|
| 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</u> | <u>00</u> |
| | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 76390 | | |
| TOTAL PAID | \$ | <u>125</u> | <u>00</u> |

262-1663

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51084



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-29, 1999

From: Erica Hayes Address: _____

Twenty three and 78/100 Dollars (\$ 23.78)

In Full Payment of flower container for Shelveria Hayes

Lot 550 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E14952

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.

2

ISSUED BY Lynda

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| 77184 | | | |
| Opening/Closing | 100 | | |
| 77181 | | | |
| Burial Containers | 100 | <u>10</u> | <u>00</u> |
| 77182 | | | |
| Handling Fee | 100 | <u>13</u> | <u>00</u> |
| 77185 | | | |
| Recording & Misc. Fees | 100 | | |
| 77183 | | | |
| Pre-Need Trust | 83033 | | |
| 9022 | | | |
| Sales Tax | 80101 | | <u>78</u> |
| 78390 | | | |
| TOTAL PAID | \$ | <u>23</u> | <u>78</u> |

Transfer of
Ownership

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-17-99

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

of To Dwight Kern Bartlett

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 2640 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container from E. Vida Kern

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

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

Dwight K. Bartlett
Signature
13151 Mulberry Tree Ln
Address
Poway Ca 92064
City
619 486-3852
Telephone Zip Code

Work Order # **E 14953**

Invoice # _____

Acct. # _____

E-14953

RECORDING REQUESTED BY

Dwight K. Bartlett

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME Dwight K. Bartlett
STREET ADDRESS 13151 Mulberry Tree Ln.
CITY, STATE & ZIP CODE Poway Ca. 92064
TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ 0

computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax _____ Firm Name _____

E. VIDA KERN

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do hereby remise, release and forever quitclaim to X DWIGHT KERN BARTLETT

the following described real property in the City of SAN DIEGO, County of SAN DIEGO, State of CAL.

LOTS 2639 & 2640 DIVISION 10
MOUNT HOPE CEMETARY

Assessor's parcel No. _____

Executed on NOV 23 1998 at SAN DIEGO CAL
X E. Vida Kern (CITY AND STATE)

STATE OF California

COUNTY OF San Diego

On 11-24-98 before me, Allison G. H. Crews

personally appeared E. Vida Kern 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.

Allison G. H. Crews
(SIGNATURE OF NOTARY) (SEAL)



RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE

CAPACITY CLAIMED BY SIGNER(S)

INDIVIDUAL(S)
 CORPORATE OFFICER(S) _____ (TITLES)
 PARTNER(S) LIMITED GENERAL
 ATTORNEY IN FACT
 TRUSTEE(S)
 GUARDIAN/CONSERVATOR
 OTHER: _____

MAIL TAX STATEMENTS TO: _____

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-17-99

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

of Michael Bralle PA # 1999861

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 _____

Recording and filing fee _____

Sales taxes _____

Total Due 386.00

Roma Public Admin.

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 14954**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-18-99

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

In a Chapel Funeral, date, time TUES. 3-23 11:00

Church, Chapel, Graveside Chapel Graveside CA 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 ~~745~~ 745745 Grave _____ Row _____ Section 1 Division 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 125.00

Burial Container

Handling Fees MAR 23 1999

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 270.00

Paid receipt number R-50965 270.00

Balance due 0

mortuary to bring check

PAID
MAR 23 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 _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 14955

Acct. # _____

E-14955

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|---|--|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) TIARA | 1B. MIDDLE - | 1C. LAST (FAMILY) SPANN | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/12/1996 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/12/1999 | 4. SEX F |
| 5A. CITY OF DEATH LAS VEGAS | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE NV | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILLIAM D. SPANN—FATHER 4365 UTAH STREET SAN DIEGO, CA 92104 | | |
| 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>Tim Wacker</i> | |
| 8B. DATE SIGNED 03/21/1999 | | NONKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 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 3/22/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA - | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 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 3-23-99 | 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 3-19-99

*ashes into
grave of
ada estey
ask vault not used
seen too big*

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

of John Estey
In a ~~ask vault~~ Pre-Need B-5403 Funeral, date, time Fri 3-26 2:30

Church, Chapel, Graveside Crawside : 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.

✓ Lot 13 Grave 2 Row _____ Section MAS Division/Block T

Grave space & Care Fund Pre-Need B-5403 0

Additional spaces and care fund PAID _____

Opening/Closing & Setup 105.00

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

Total Due 150.00

Paid receipt number R-50970 150.00

Balance due 0

*Trudy Hickerson
267-3400*

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 John Estey
Signature
X Carol Grant
Address
X Carson City 89701
City Zip Code
775-882-7099
Telephone

Work Order # E 14956 Invoice # _____
Acct. # _____

REA-104 (7-96) This information is available in alternative formats upon request.

E-14956

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) JOHN | | 1B. MIDDLE EDWARD | 1C. LAST (FAMILY) ESTEY | 2. DATE OF BIRTH MONTH DAY YEAR 05/11/1915 | 3. DATE OF DEATH MONTH DAY YEAR 12/12/1996 | 4. SEX M |
| 5A. CITY OF DEATH RACINE | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE WISCONSIN | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Estey - Son 2801 Grant St. Carson City, NV 89701 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH McFarlane Mortuary, 587 Emerald Bay Bl., So. Lake Tahoe, CA | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1180 | 8A. SIGNATURE OF APPLICANT—Print last name; 8B. DATE SIGNED <i>Michael J. McFarlane</i> 03/16/1999 | | |

| | | | | |
|---|--|---|--|--|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10876 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 03/16/1999, H McFarlane | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Fax Auth. # 2277 |
| 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 | | |
| 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 P.O. Box 85222, San Diego, CA 92117 | | | |

| | | | |
|--|--|--|--|
| 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 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 Mt. Hope Cemetery San Diego, Ca | 11B. DATE BURIED 3-26-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Sridhar</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 3-22-99

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

in a _____ Funeral, date, time Mon 3-22 1:30

Church, Chapel, Graveside _____: Greenwood 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 95 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 425.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 470.00

Paid receipt number R-50962 470.00

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 _____
Signature

X 11239 Del Diablo St.
Address

X S.D. Ca 92129
City Zip Code

X 672-0460
Telephone

Work Order # E 14957

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-14957 50999

Date: 4-5, 1999

From: Hani Ilaian Address: 11239 Del Diablo St. SD 92129

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

In Full Payment of marker setting fee for Bassima Ilaian

Lot 95 Grave _____ Row _____ Section Muslim Division Block _____

Invoice No. _____

Acct/No. _____

W.O. E 14957

BALANCE DUE 4

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

2210

ISSUED BY Lynda

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 60% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| 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> |

E-14957

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|--|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) RASSINA | 1B. MIDDLE - | 1C. LAST (FAMILY) ILAIAN | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/10/1965 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/21/1999 | 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 HANI ILAIAN - BROTHER 11239 DEL DIABLO STREET SAN DIEGO, CA 92129 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD843 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i> | | |
| | | | 8B. DATE SIGNED 03/22/1999 | | |

| | | | | |
|----------------------------------|--|---|---|---|
| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/22/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</i> 9904770 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 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 MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 3-22-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Gay Andrie</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 3-22-99

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

of Marta Pumpelly

in a liner Type of Burial Container Funeral, date, time Mon 3-22 1:00

Church, Chapel, Grave site delivery only; Meyer 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 52 Grave 3 Row 4 Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 150.00

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-50961 1664.73

Balance due 0

PAID
MAR 22 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

mortuary to bring check

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 14958**

Invoice # _____

Acct. # _____

E-14958

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Marta | 1B. MIDDLE M. | 1C. LAST (FAMILY) Pumpelly | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/18/1909 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/16/1999 | 4. SEX F |
| 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 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 taking permit <i>John Mayer</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 03/19/1999 | | | |

| | | | | |
|---|---|--|--|---|
| 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/19/1999 John Mayer | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904697 |
| | 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 | 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 St. San Diego, CA 92102 | 11B. DATE BURIED 3-22-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Fisher</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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-22-99

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

of Helen Garrett 4-9 Friday 2:00

in a Grave Funeral, date, time Mon, 3-29 2:00

Type of Burial Container Chapel Graveside 3:00 Rapdale 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 74 Grave 2 Row 2 Section E-2218 Division/Block 11

Grave space & Care Fund PAID Pre-Paid E-2218 0

Additional spaces and interment fund JUN 7 1 1999

Opening/Closing & Setup 375.00

Burial Container MT. HOPE CEMETERY 190.00

Handling Fees CITY OF SAN DIEGO, CALIF. 145.00

Flower vases - Marker setting fee marker setting fee 125.00

Recording and filing fee 2 galvanized flower vases 45.00

Sales taxes 147.56

Total Due 894.73

James Dorman 469-2147 creditor's claim 4-22-98 Paid receipt number A-51257 942.29

Balance due 942.29

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. X

Signature of recorded holder of dead X Signature X
X Address X
X City X Zip Code
X Telephone

Work Order # E 14959 Invoice # _____
Acct. # _____

E-14959
89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Helen | 1B. MIDDLE Beatrice | 1C. LAST (FAMILY) Garrett | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/27/1909 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/18/1999 | 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 Terry G. W. Garrett, Son 4007 Yale Ave. La Mesa, CA 91941 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 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 2100 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/23/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904849 |
| | 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

| | | |
|--|--|---|
| <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 St. San Diego, CA 92102 | 11B. DATE BURIED 4-9-99 | 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 <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 3-22-99

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

of Mark B. Root
 in a Double Death Funeral, date, time Tue 3-26 11:00

Church, Chapel, Graveside Chapel / Graveside; Pacific Beach 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 46 Grave 5 Row _____ Section 100F ~~Block~~ / Block 19

Grave space & Care Fund Pre-Paid 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 375.00

Burial Container _____ 380.00

Handling Fees _____ 320.00

Flower vases - Marker set up fee _____ 0

Recording and filling fee _____ 45.00

Sales taxes _____ 29.45

Total Due 1149.45

Paid receipt number R-50963 1149.45

Balance due 0

PAID
MAR 22 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 Ethel Mae Root
 Signature
X 1853 Oliver Ave
 Address
X San Diego, Ca. 92109
 City Zip Code
X 273-1405
 Telephone

Work Order # **E 14960**

Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14960
85

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

| | | | | | |
|---|-------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARK | 1B. MIDDLE B. | 1C. LAST (FAMILY) ROOT | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/07/1913 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/20/1999 | 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 ETHEL MAE ROOT - WIFE 1853 OLIVER AVE SAN DIEGO, CA 92109 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY 4710 CASS ST, SAN DIEGO, CA 92109 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-815 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i> | | 8B. DATE SIGNED 03/22/1999 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 \$7.00 | 9B. DATE PERMIT ISSUED 03/24/1999 P. Valentine | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9904899 |
| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

10. AUTHORIZED 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 MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED 3-26-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ray Sinden</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

51213



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

MOUNT HOPE CEMETERY

527-3400

From Ethel Root Address 1853 Olivier Ave. SD 92109 Date: 6-4 1999
Twenty three & 78/100 Dollars (\$) 23.78
 In full Payment of galvanized flower vase
Mark Root
 Lot 46 Grave 5 Row _____ Section 100F Division Block 19

Invoice No. _____
 Acct. No. _____
 W.O. _____
 BALANCE DUE 1098

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

| | | |
|------------------------|-------|----|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | 10 |
| | 77182 | 80 |
| Handling Fee | 100 | |
| Recording & Misc. Fees | 77185 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 80101 | 78 |
| | 78380 | |

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

ISSUED BY

Patricia Avallone

TOTAL PAID

\$ 23 78

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-22-99

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

of Rae Whitacre

In a LINER Funeral, date, time Thu 4-1 10:00

Church, Chapel, Graveside 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 <u>111</u> Grave <u>5</u> | Row PAID Section <u>1</u> | Division/Block <u>11</u> |
| Grave space & Care Fund | JUN 15 1999 | <u>0</u> |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. | <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>P.A.</u> | <u>45.00</u> |
| Sales taxes | <u>Marco De Gato</u> | <u>14.73</u> |
| | <u>creditor claim</u> | |
| | <u>will be estate</u> | |
| | <u>see back of card</u> | |
| | <u>for info - will</u> | |
| | <u>call back with</u> | |
| | <u>more info</u> | |
| | Total Due | <u>769.73</u> |
| | Paid receipt number <u>R-51242</u> | <u>769.73</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 _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 14961**

PA 1999915

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14961
82

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

| | | | | | |
|--|-----------------------------|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) RAE | 1B. MIDDLE MAXINE | 1C. LAST (FAMILY) WHITACRE | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/20/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/20/1999 | 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 Marco Delatoba—Public Administrator 5201—A Ruffin Road San Diego CA 92123 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | | |

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

BA. SIGNATURE OF APPLICANT—Person taking permit: *Judith E. King* BB. DATE SIGNED: **03/30/1999**

| | | | | |
|--|---|---|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 03/30/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222 | | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

10. 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 Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102 | 11B. DATE BURIED 4-1-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kay Judice</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-22-99

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

In a Ash Vault Funeral, date, time 4-8-99 @ 1:00
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 101 Grave 2 Row _____ Section 6 Division/Block 1

Grave space & Care Fund Prenext 0

Additional spaces and care fund _____

Opening/Closing & Setup 1995 part 0

Burial Container Paid 0

Handling Fees Paid 0

Flower vases - Marker setting fee _____

Recording and filing fee Paid 0

Sales taxes Paid 0

Daughter Patricia Ibbister
E 12289 760-789-4078 Total Due 0
R 46342 Paid receipt number _____

interfund transfer 4-27-99 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 14962**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14962
95

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

| | | | | | |
|---|--------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Ethel | 1B. MIDDLE May | 1C. LAST (FAMILY) Lord | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/14/1899 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/31/1995 | 4. SEX F |
| 5A. CITY OF DEATH Carmichael | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Sacramento | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Patricia Hollister - Daughter 196 Del Rio Paseo Sonoma, Ca 95476 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Neptune Society 2206 K St., Sacramento, Ca 95816 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1335 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 11/14/95 | | |

| | | | | |
|--|--|---|--|---|
| 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 M. NEVIN 06/02/1995 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX AUTHO #: 8752 |
| 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 3701 Branch Center Road Sacramento, Ca 95827 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3313 Chanate Road Santa Rosa, Ca 95404 | | |

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 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 4-8-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Argus Crematory 3030 Fruitridge Sacramento, Ca 95820 | 12B. DATE CREMATED JUN 03 1995 | 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 Res/Patricia Hollister 196 Del Rio Paseo Sonoma, Ca 95476 | 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 3-22-99

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

of ~~Delma~~ Ackerman

In a Ash vault Funeral, date, time mon 11:00 April 5,

Church, Chapel, Graveside GRAVESIDE ; 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. _____

Lot 113 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre need E-10324 Ø

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105

Burial Container _____ 55

Handling Fees _____ 60

Flower vases - Marker setting fee _____ -

Recording and filing fee _____ 45

Sales taxes _____ 4.26

PAID
MAR 29 1999

PD of MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF Due 269.26
R-50343 Paid receipt number 269.26
see E 14561 Balance due Ø

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone 424-8461

Invoice # _____

Acct. # _____

Work Order # **E 14963**

E-14963

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) THELMA | 1B. MIDDLE MARIE | 1C. LAST (FAMILY) ACKERMAN | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/11/1934 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/30/1998 | 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 Lowell L. Ackerman - Husband 765 Third Street Imperial Beach CA 91932 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Pinkham-Mitchell Mortuary 808 13th St. Imperial Beach CA 91932 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1178 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith E King</i> | | 8B. DATE SIGNED 09/01/1998 |
| 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. | | | | | |

| | | | | |
|--|--|--|---|---|
| 9. 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 09/01/1998 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9812775 <i>J.E. King</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|---|---|
| 10. 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"/> 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 Mt. Hope Cemetery 3751 Market St. San Diego CA 92102 | 11B. DATE BURIED 4-5-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory - 1625 Gisler Ave. Costa Mesa CA 92626-5554 | 12B. DATE CREMATED 09/02/98 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> |
| | 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**

City of San Diego

Date 3-23-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearlen Demmon in a T.S. Vault Funeral, date, time Thu 3-26 1:00 Church, Chapel, Graveside Church/Graveside: Regsdale 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 P.D.

| | | | | | |
|-----------------------------------|---|-----|---------|----------------|----------------|
| ✓ Lot <u>537</u> | Grave | Row | Section | Division/Block | <u>10</u> |
| Grave space & Care Fund | PAID MAR 23 1999 MT. HOPE CEMETERY CITY OF SAN DIEGO CALIF | | | | <u>995.00</u> |
| Additional spaces and care fund | | | | | <u>—</u> |
| Opening/Closing & Setup | | | | | <u>375.00</u> |
| Burial Container | | | | | <u>250.00</u> |
| Handling Fees | | | | | <u>185.00</u> |
| Flower vases - Marker setting fee | | | | | <u>—</u> |
| Recording and filing fee | | | | | <u>45.00</u> |
| Sales taxes | | | | | <u>19.38</u> |
| | Total Due | | | | <u>1869.38</u> |
| | Paid receipt number <u>M/C</u> | | | | <u>1869.38</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 Phillis Demmon
Signature
X 5313 Amineto Mundy
Address
X San Diego, CA 92105
City Zip Code
X 263-9581
Telephone

Work Order # **E 14964**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51171



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 5-24, 1999

From: Shelley Dennon Address: 5313 Caminito Miry de Diego 92105
One Hundred Twenty Five Dollars (\$ 125.00)

In full Payment of Marker Setting fee for
Shelley Dennon & James Lee

Lot 537 Grave 1 Row 1 Section 1 Division 10

Invoice No. _____

Acct. No. _____

W.O. E - 14964

BALANCE DUE 0

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

MAY 24 1999

| | | |
|------------------------|-------|--------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 60% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| | 77182 | |
| | 100 | |
| Handling Fee | 77185 | 125 00 |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | 125 00 |

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

ISSUED BY J. Michelle

E-14964

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) Pearlen | 1B. MIDDLE Burnett | 1C. LAST (FAMILY) Denmon | 2. DATE OF BIRTH MONTH DAY YEAR 01/01/1924 | 3. DATE OF DEATH MONTH DAY YEAR 03/21/1999 | 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 J. C. Denmon, Husband 4901 Oceanview Blvd. San Diego, CA 92113 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 03/24/1999 |

| | | | | |
|--|---|--|---|---|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 03/25/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9905015 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 3-26-99 | 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 3-23-99

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

of Charles Gibson PA # 1999840

In a Crem Funeral, date, time Wed. 3-24 1:00

Church, Chapel, Graveside Delivery Only: Leathringill 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 54 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund 165.00

Opening/Closing & Setup 50.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

REBECCA 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 _____

Work Order # **E 14965**

Invoice # 313703

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA

OFFICIAL LICENSE NO. 15402110

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

DOI REF NO: 0313703

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O. BOX 2280

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-14965

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

ACCT NO
000752

TREASURERS USE ONLY

PAYMENT DATE: 5-25-99

BY: CA IF ED

PAYMENT REF NO 04-84928⁰

AMT PAID: 386.00

INVOICE DATE
04/01/99

PAYMENT DUE
05/01/99

PERIOD COVERED
MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

SUE SHACKELTON

REF NO: E-14965

DEPT: R.F.A.-MT HOPE CEMETERY

619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

| DESCRIPTION OF CHARGES | AMOUNT |
|---------------------------------|--------|
| CHARLES GIBSON SERVICE 11410840 | |
| LOT 54 GR 4 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.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14965

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

39

Found

| | | | | | |
|---|-----------------|--|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Charles | 1B. MIDDLE - | 1C. LAST (FAMILY) Gibson | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/06/1959 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/04/1999 | 4. SEX M |
| 5A. CITY OF DEATH Vista | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca Barr - Public Admin. 5201-A Ruffin Rd. San Diego, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083 | | 8. DATE SIGNED 03/23/1999 |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10306 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 9. SIGNATURE OF APPLICANT—Person taking permit <i>Carroll Matheson</i> |

| | | | | |
|----------------------------------|--|---|---|--|
| 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$ 7.00 | 9B. DATE PERMIT ISSUED 03/23/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Lathrem |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem. 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 3-24-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Greg Smedley</i> |
| | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | 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 3-22-99

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

of ANNIE JOE EDWARDS 3-27-95

In a Liner Funeral, date, time Days Date 1:00

Church, Chapel, Graveside : SAT Mortuary.

All Funeral cars must arrive before 2:20 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. be here by 3:15

| | |
|--|--------------------------|
| Lot <u>134</u> Grave <u>11</u> Row <u></u> Section <u>B</u> Division/Block <u>12</u> | |
| 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 | <u>LOW VASE included</u> |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>14.73</u> |

PAID
MAR 25 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 600.00

Paid receipt number VISA SAT 600.00

Balance due 214.73

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]
Signature of recorded holder of deed

GERALD H. EDWARDS
Signature
6311 Skyline Dr
Address
SAN DIEGO CA 92114
City Zip Code
619-263-9032
Telephone

Work Order # **E 14966**

Invoice # _____
Acct. # _____

E-14966

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) Annie | 1B. MIDDLE Jo | 1C. LAST (FAMILY) Edwards | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/03/1895 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/21/1999 | 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 Gerald Edwards, Son 6311 Skyline Dr. San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 03/25/1999 | | | |

| | | | | |
|--|--|--|---|---|
| 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 03/25/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|--|
| 10. 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 (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 3-27-99 | 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 3-19-99

Transfer to back

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

of Bregida + T.G. Lydia Dorosan

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 1 Grave 11 & 12 Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

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 See attached

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 14967**

Acct. # _____

Mr. Dorosan was 94. He said
son never knew about note.

E-14967

MT. HOPE CEMETERY

DATE: March 19, 1999

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

Brigide & T.G. Lydia Dorosan in Lot 1

Grave 11 & 12 Row _____ Sec. _____ Div. 10

in accordance with and subject to the rules and regulations governing said interment in Mt. Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mt. Hope Cemetery harmless from any and all liability on account of said authorization and interment.

+ DOROSAN B.G.

Print name of relative or legal representative

Signature of relative or legal representative

+3074. E. St

Address of relative or legal representative

Phone number of relative or legal representative

Relationship to deceased being authorized to be buried in this gravespace.

+ Dorosan B.G.

Authority to sign this authorization.

Witness

Witness

Date: _____

*a GRAND SON
I WANT MY LOVE BECAUSE
YOU IN YOUR WIFE BROKE UP!*

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-24-99

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

of BARBARA JOHNSON

In a T.S. VAULT Funeral, date, time Fri 3-26 10:00

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 90 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED E-8111 0

Additional spaces and care fund _____

Opening/Closing & Setup CANCELED 375.00

Burial Container _____ 250.00

Handling Fees WENT 185.00

Flower vases - Marker setting fee _____ —

Recording and filing fee ELSEWHERE 45.00

Sales taxes _____ 19.38

Total Due 874.38

**MORTUARY to
BRING CHECK**

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

Work Order # E 14968

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-26-99

*DIP
ANNIE Gr.
VAULT.*

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

of Mayme AHO
 In a T.S. VAULT Funeral, date, time THUR 4-1 10:00
Type of Burial Container
 Church, Chapel, Graveside CHAPEL / GRAVESIDE BEARDSLEY MITCHELL Mortuary.

All Funeral cars must arrive before 3: 0 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 1155 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund PRE-NEED D-1477 0

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 874.38

Paid receipt number 50988 874.38

Balance due 0

*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 dead _____

X _____
 Signature
X _____
 Address
X _____
 City
X _____
 Telephone

See attached

Work Order # E 14969

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

50988

From: Beardley Mitchell Address: 1818 Sunset Cliffs Blvd Date: 4-1-99

eight hundred twenty four & 38/100 Dollars (\$ 874.38)
 In full Payment of interment of Mayme and

Lot 1155 Grave _____ Row _____ Section 1 Division 8

Invoice No. _____
 Acct. No. _____
 W.O. E14909
 BALANCE DUE 0

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

Catino Arallona
 ISSUED BY _____

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Tax | 77184 | |
| 60% Sales of Lots | 100 | |
| Opening/Closing | 100 | <u>375 00</u> |
| Burial Containers | 100 | <u>250 00</u> |
| Handling Fee | 100 | <u>185 00</u> |
| Recording & Misc. Fees | 77183 | <u>45 00</u> |
| Pre-Need Trust | 63033 | |
| Sales Tax | 9022 | <u>19 38</u> |
| TOTAL PAID | 60101 | <u>874 38</u> |
| | 78390 | |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
3375033693

E-14969
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) MAYNE | 1B. MIDDLE ESTHER | 1C. LAST (FAMILY) AHO | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/13/1910 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/25/1999 | 4. SEX F |
| 5A. CITY OF DEATH ISHPERING | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE MI | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DANN WEBB - DAUGHTER 5425 W. 120TH STREET DEL AIRE, CA 90304 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD., SAN DIEGO, CA 92107 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-816 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>T. Mitchell</i> | | 8B. DATE SIGNED 03/26/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID 7.00 | 9B. DATE PERMIT ISSUED 03/26/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905101 T.C. MITCHELL |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222 | | |
| 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"/> 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 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 MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-1-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kay Mueller</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-14969

DIP
ON THE
VAULT

MT HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 3-25-99

You are hereby authorized and instructed, subject to the terms and conditions of this order, to place an interment
of Marye AHO
in T.S. VAULT TRIA 4-1 10.00
Casket MARK GRAYSON BERNLEY MITCHELL
All funeral and interment services to be performed on the day of the interment.

| | | |
|----------------------------------|-----------------|--------|
| Graveside & Casket Fund | PRE-NEED 0-1977 | 3 |
| Graveside Preparation & Care | | |
| Casket Rental & Care | | 375.00 |
| Burial Certificate | | 250.00 |
| Handling Fee | | 185.00 |
| Flower Vase - Marker setting fee | | |
| Flourishing and song fee | | 45.00 |
| Sales taxes | | 19.38 |
| | Total Due | 874.38 |

I hereby certify that the daughter of the above named deceased
and she is duly qualified to make the interment and I agree to hold Mt Hope Cemetery harmless from
any liability or account of costs, expenses and interest.

I hereby authorize the interment to be made in the Rock Springs EP #107
located at Escalante, CA 92026
Phone 760-333-0275

Order No. E 14969

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-26-99

*Pre-Need
not a trust*

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

of Obadiah & Lizzie Mitchell

in a T-S Vault 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 31 Grave 6 + 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 2 at 995 1,990.00

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 375 750.00

Burial Container 2 at 250 500.00

Handling Fees 2 at 185 370.00

Flower vases - Marker setting fee _____

Recording and filing fee PAID at 45 90.00

Sales taxes 2 at 19.38 38.76

JUN 12 2000

Total Due 3738.76

R-50975 685.50

R-51096 Balance due 3053.26

**MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA**

Paid receipt number

I hereby certify I am the _____ of the above named deceased and this is your authority to make disposition of remains as _____ 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 _____

Lizzie M. Mitchell
Signature
512 Santa Rosalia Dr.
Address
San Diego, CA, 92114
City
262-5646 Zip Code
Telephone

Work Order # **E 14970**

Invoice # _____

Acct. # _____

Balance Due is 2353.26

MITCHELL, OBADEAH & LIZZIE

312 Santa Rosalia Dr. San Diego 92114

| | | | DEBIT | CREDIT | BALANCE |
|----------|---|----------------|---------|--------|---------|
| 03-26-99 | Opened Pre-need Lot & Trust | | | | |
| | Lot 31, Gr 6 & 7, Sec 2, Div 12 (995.00) | | 1990.00 | | |
| | Trust includes 2 Opening/Closings, 2 T.S. Vaults, 2 Handling Fees, 2 Recording Fees & 2 tax on T.S.Vault. | | 1748.76 | | 3738.76 |
| 03-26-99 | R-50975 | | | 685.50 | 3053.26 |
| 04-30-99 | R-51090 | | | 700.00 | 2353.26 |
| 7-7-99 | 51323 cph 3+4 | | | 196.00 | 2153.26 |
| 8-11-99 | R 51436 (1+2) | 212.50 to 2090 | | 196.00 | 1957.26 |
| 8-11-99 | R. 51436 cph 5+6 | 16.50 to 2090 | | 196.00 | 1761.26 |
| 9-10-99 | R 51516 | | | 196.00 | 1565.26 |
| 10-18-99 | R- 51619 | 9 & 10 | | 196.00 | 1369.26 |
| 11-22-99 | R- 51707 | 11 & 12 | | 196.00 | 1173.26 |
| 1-06-00 | 51845 | 13 & 14 | | 196.00 | 977.26 |
| 2-7-00 | 52105 | 15 & 16 | | 196.00 | 781.26 |
| 3-7-00 | R- 52195 | 17 & 18 | | 196.00 | 585.26 |
| 4-17-00 | R- 52339 | 19 & 20 | | 196.00 | 389.26 |
| 5-16-00 | R- 52438 | 21 & 22 | | 196.00 | 193.26 |
| 6-8-00 | R- 52539 | 23 & 24 | | 197.26 | 0 |
| | MITCHELL, OBADEAH & LIZZIE Pre-need Lot & Trust E-14970 | | | | |

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots, & Trust**

Obadeah & Lizzie Mitchell

312 Santa Rosalia Dr.

San Diego, CA 92114

E-14970

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ 98.00

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



\$ _____

\$ _____

Amount Received

\$ 98.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**

Obadeah & Lizzie Mitchell

312 Santa Rosalia Dr.

San Diego, CA 92114

E-14970

(Lot 31 Gr 6 & 7, Sec 2 Div 12

Month and Day Due Indicated Below

| AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ 98.00

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



\$ _____

\$ _____

Amount Received

\$ 98.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lots & Trust

Obadeah & Lizzie Mitchell

312 Santa Rosalia Dr.

San Diego, CA 92114

E-14970

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ 98.00

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 Lots & Trust

Obadeah & Lizzie Mitchell

312 Santa Rosalia Dr.

E-14970

San Diego, CA 92114

(Lot 31 Gr 6 & 7, Sec 2 Div 12

Month and Day Due Indicated Below

| OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ **98.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**

Obadeah & Lizzie Mitchell

312 Santa Rosalia Dr.

San Diego, CA 92114

E-14970

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ 98.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

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

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lots & Trust

Obadeak & Lizzie Mitchell

312 Santa Rosalia Dr.

E-14970

San Diego, CA 92114

(Lot 31 Gr 6 & 7, Sec 2 Div 12

Month and Day Due Indicated Below

| DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ **98.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**

Obadeah & Lizzie Mitchell

312 Santa Rosalia Dr.

San Diego, CA 92114

E-14970

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ 98.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**

Obadeah & Lizzie Mitchell

312 Santa Rosalia Dr.

-E-14970

San Diego, CA 92114

(Lot 31 Gr 6 & 7, Sec 2 Div 12

Month and Day Due Indicated Below

| FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ **98.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**
Obadeah & Lizzie Mitchell
312 Santa Rosalia Dr.
San Diego, CA 92114 **E-14970**
(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

PAID

Amount due when paid on or before due date above.

\$ **98.00**

FEB 07 2000

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

\$ _____

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 16**

DO NOT MAIL TO TIRE BOOK

ACCOUNT NO. ~~Pre-need Lots & Street~~

Obadeah & Lizzie Mitchell

312 Santa Rosalia Dr.

E-14970

San Diego, CA 92114

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ 98.00

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

PAID

\$ _____

\$ _____

FEB 07 2000

Amount Received

\$ _____

NAME

MT. HOPE CEMETARY

ADDRESS

CITY OF SAN DIEGO, CA

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 Lots & Trust
Obadeah & Lizzie Mitchell
312 Santa Rosalia Dr.
San Diego, CA 92114 E-14970
(Lot 31 Gr 6 & 7, Sec 2 Div 12)**

Month and Day Due Indicated Below

| MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

Amount due when paid on, or before, due date above.  \$ 96.00

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

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

18


DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**
Obadesh & Lizzie Mitchell
312 Santa Rosalia Dr.
San Diego, CA 92114 **E-14970**
(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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

 \$ **98.00** _____

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

 \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**

Obadeh & Lizzie Mitchell

312 Santa Rosalia Dr.

San Diego, CA 92114

E-14970

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|-----|-----|-----|-----|-----|-----------|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ **98.00**

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 original with each remittance **COUPON**

20


DO NOT MAIL THIS BOOK

ACCOUNT No. **Pre-need Lots & Trust**
Obodeah & Lizzie Mitchell
312 Santa Rosalia Dr.
San Diego, CA 92114 **E-14970**
(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL |
|-----|-----|-----|-----|-----|-----------|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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

 \$ **98.00**

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

 \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

check (✓) if this is new

Send or bring one coupon with each remittance

COUPON 21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lots & Trust**

Obadesh & Lizzie Nitchell

312 Santa Rosalia Dr.

San Diego, CA 92114

E-14970

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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

\$ 98.00

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

\$ _____

\$ _____

Amount Received

\$ 98.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**

Obadesh & Lizzie Mitchell

312 Santa Rosalia Dr.

E-14970

San Diego, CA 92114

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ 98.00

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



\$ _____

\$ _____

Amount Received

\$ 98.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

address

Send or bring one coupon with each remittance**COUPON****23****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **Pre-need Lots & Trust****Obadeah & Lizzie Mitchell****312 Santa Rosalia Dr.****San Diego, CA 92114****E-14970****(Lot 31 Gr 6 & 7, Sec 2 Div 12)****Month and Day Due Indicated Below**

| NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT |
|-----|-----|-----|-----|-----|-----------|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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

 \$ **98.00**
Amount due if paid more than _____ days
after due date above.

 \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

 check (✓) if this is new address

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

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lots & Trust**
Obadesh & Lizzie Mitchell

312 Santa Rosalia Dr.

E-14970

San Diego, CA 92114

(Lot 31 Gr 6 & 7, Sec 2 Div 12)

Month and Day Due Indicated Below

| DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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

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

\$ ~~98.00~~

\$ 99.26

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14970

52195

From: Suzie Mitchell Address: 312 Santa Rosalia Dr San Diego 92114 Date: 3-7 90
One Hundred Ninety Six Dollars (\$ 196.00)
 In part Payment of Pre-Need Lot & Trust

Lot 31 Grave 6 a 7 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-14970
 BALANCE DUE 589.26

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

ISSUED BY J. Mitchell

| | | | |
|----------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | <u>196</u> | <u>00</u> |
| Trust | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>196</u> | <u>00</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
4804

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14970

52339

From: Lizzie Mitchell Date: 4-17
One Hundred Twenty Six Address: 312 Santa Rosalia Dr. San Diego 92114
 In part Payment of Pre-Need Lot - Fuel Dollars (\$ 196.00)

Lot 31 Grave 6 x 7 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14970

BALANCE DUE 393.26

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1367

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

ISSUED BY L Mitchell

| | | | |
|----------------|-------|-----|----|
| 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 | 196 | 00 |
| Trust | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 196 | 00 |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14970

52438

From: Suzie Mitchell Date: 5-16 990
 Address: 312 Santa Rosalia Dr. San Diego 92114
One Hundred Ninety Six Dollars (\$ 196.00)
 In part Payment of Pre-Need Lot & Trust

Lot 31 Grave 6 2 7 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14970

BALANCE DUE 197.26

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

AC-212 (Rev. 5-94)

1392

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

ISSUED BY J. Mitchell

| | | | |
|------------------------|-------|-----|----|
| 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 | 196 | 00 |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 196 | 00 |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

52539



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

MOUNT HOPE CEMETERY
527-3400

Date: 6-6 00

From: Suzie Mitchell Address: 312 Santa Rosalia Rd San Diego 92114

One hundred ninety seven & 26/100 Dollars (\$ 197.26)

In full Payment of Pre-Need Lot & Trust

Lot 31 Grave 627 Row 4 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14970

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

4855

AC-212 (Rev. 5-94)

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

PAID

JUN 06 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY

S. Shiller

| | | |
|------------------------|-------|---------------|
| 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 | |
| | 63033 | <u>197 26</u> |
| | 9022 | |
| | 60101 | |
| | 78390 | |
| | | <u>197 26</u> |

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

51845

Date: 1-6 2000

From: Obadeh & Lizzie Mitchell Address: 312 Santa Rosalia Dr. SD 92114

Dollars (\$ _____)

In part Payment of preneed lots & trusts for Obadeh & Lizzie Mitchell

Lot 31 Grave 647 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14970

BALANCE DUE 991.26

Need Lot At Need On Acct
d Trust Cash Check

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 | |
| Opening/Closing | 77184 | |
| Burial Containers | 100 | |
| Handling Fee | 77181 | |
| Recording & Misc. Fees | 100 | |
| Pre-Need Trust | 77182 | |
| Sales Tax | 100 | |
| | 77185 | |
| | 100 | |
| | 77183 | |
| | 83033 | <u>196 00</u> |
| | 9022 | |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>196 00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4-11-11-11 51705
 E-14970

From: Lizzi Mitchell Address: 312 Santa Rosalinda Dr. San Diego 92114
One hundred ninety six & 00/100 Dollars (\$ 196.00)
 In part Payment of Pre-Need Lot & Trust

Date: 11-22-99, 19__

Lot 31 Grave 6 & 7 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-14970
 BALANCE DUE 1177.26

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

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 57007 | | |
| 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>196</u> | <u>00</u> |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | <u>196</u> | <u>00</u> |
| TOTAL PAID | \$ | | |

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

ISSUED BY J. Schellton

1237

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49114970 51619



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

MOUNT HOPE CEMETERY
527-3400

E-14970

Date: 10-18, 1999

From: Lizzy Mitchell Address: 312 Santa Rosalia Dr. San Diego 92114

One hundred ninety six Dollars (\$ 196.00)

In part Payment of Pre-Need Lot - Trust

Lot 310 Grave 627 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-14970

BALANCE DUE 1373.26

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

4725

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

ISSUED BY J. Mitchell

| | | |
|------------------------|-------|--------|
| CREDIT | 67007 | |
| 20% Sales Com | 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 | 196.00 |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | 196.00 |

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51090

E-14970

Date: 4-30, 1999

From: Seizsi Mitchell Address: 317 Santa Rosalia Rd San Diego 92114

Seven Hundred Dollars (\$ 700.00)

In part Payment of Pre-need lot & trust

Lot: 34 Grave: 16 a 7 Row: _____ Section: 2 Division Block: 12

Invoice No. _____

Acct. No. _____

W.O. E-14970

BALANCE DUE 23 53.26

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

AC-212 (Rev. 5-84)

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

ISSUED BY S. Mitchell

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>700</u> | <u>00</u> |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77185 | | |
| | 100 | | |
| Pre-Need Trust | 77183 | | |
| | 63033 | | |
| Sales Tax | 8022 | | |
| | 80101 | | |
| | 76390 | | |
| TOTAL PAID | \$ | <u>700</u> | <u>00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51516

Date: 9-10, 1999

From: Obadiah & Lizzie Mitchell Address: 312 Santa Rosalia Rd

One Hundred Ninety Six and 00/100 Dollars (\$ 196.00)

In part Payment of pre need trust for lots and costs - Obadiah & Lizzie Mitchell

Lot 31 Grave 6 & 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E14970

BALANCE DUE 1569.26

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
 SEP 10 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

ISSUED BY Lynda

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>160</u> | <u>50</u> |
| 80% Sales of Lots | 100 | | |
| Opening/ Closing | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | <u>179</u> | <u>50</u> |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>196</u> | <u>00</u> |

1160

ashes into grave
of Irene Bulow

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-29-99

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

of Nobel Bulow

In a ash vault Funeral, date, time Thurs 4-1 2:00

Church, Chapel, Graveside graveside : Family / Repture 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 22 Grave 45 Row _____ Section MAS Division/Block L

Grave space & Care Fund Pre-need _____

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETERY 45.00

Sales taxes CITY of SAN DIEGO, CA 4.26

Total Due 269.26

Paid receipt number 1250983

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 Brene Bulow
Address 6320 PURDIE AVE
LA MEESA CA 91941
Telephone 619 697-3408

Invoice # _____

Work Order # E 14971

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50983



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

MOUNT HOPE CEMETERY
527-3400

Date: 3-31, 19 99

From: Nobel Bulow Address: 9320 Fletcher Dr

Two Hundred Sixty Nine and 24/100 Dollars (\$ 269.26)

In Full Payment of burial of Nobel Bulow

Lot 22 Grave 45 Row _____ Section MAS Division Block L

Invoice No. _____

Acct. No. _____

W.O. E 14971

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 Lynda

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | <u>105</u> | <u>00</u> |
| Burial Containers | 100 | <u>55</u> | <u>00</u> |
| Handling Fee | 77182 | <u>60</u> | <u>00</u> |
| Recording & Misc. Fees | 100 | <u>45</u> | <u>00</u> |
| Pre-Need Trust | 83033 | | |
| Sales Tax | 9022 | <u>4</u> | <u>26</u> |
| TOTAL PAID | 60101 | <u>269</u> | <u>26</u> |
| | 78390 | | |

2087

E-14971

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|------------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) NOBEL | 1B. MIDDLE BERNARD | 1C. LAST (FAMILY) BULOW | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/28/1911 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/27/1999 | 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 BRUCE BULOW—SON 9320 FLETCHER DR. LA MESA, CA 91941 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS, EL CAJON, CA 92021 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>L. Crumpler</i> | | 8B. DATE SIGNED 03/30/1999 |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 | THIS PERMIT 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 7.00 | 9B. DATE PERMIT ISSUED 03/30/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L. CRUMPLER |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|---|---|
| 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"/> 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 | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-1-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA, INC. 14065 HWY 8 BUS, EL CAJON, CA 92021 | 12B. DATE CREMATED 3/30/99 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> |
| | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | 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 |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | | 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 3-30-99

*Pre-Need
Lot*

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

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 125 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

714 871-0511

Total Due 895.00

Paid receipt number VISA 447.00

Balance due 448.00

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 Maria Olga Miller
Signature
2018 E. Nutwood
Address
Fullerton, CA 92831
City _____ Zip Code
(714) 871-0511
Telephone

Work Order # **E 14972**

Invoice # _____

Acct. # _____

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14972

Maria Miller

2018 E. Nutwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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



\$ 19.00

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



\$ _____

\$ _____

Amount Received

\$ 19.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14972

Maria Miller

2018 E. Nutwood.

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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



\$ 19.00

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



\$ _____

\$ _____

Amount Received

\$ 19.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Pre-need~~ Lot E-14972

Maria Miller

2018 E. Nutwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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



\$ 19.00

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



\$ _____

\$ _____

Amount Received \$ 19.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14972**

Maria Miller

2018 E. Nutwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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



\$ 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-14972**

Maria Miller

2018 E. Nutwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 1.2

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**

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14972**

Maria Miller

2018 E. Nutwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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



\$ 19.00

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



\$ _____

\$ _____

Amount Received

\$ 19.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14972**

Maria Miller

2018 E. Nutwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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

\$ 19.00

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

\$ _____

\$ _____

Amount Received

\$ 19.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot E-14972**

Maria Miller

2018 E. Nutwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP |
|-----|-----|-----|-----|-----------|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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



\$ **19.00**

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



\$ _____

\$ _____

Amount Received

\$ **19.00**

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 E-14972**

Maria Miller

2018 E. Nukwood

Fallerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

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

PAID

Amount due when paid on, or before
due date above

FEB 08 2000

\$ **19.00**

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

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

ACCOUNT No. Pre-need Lot E-14972

Maria Miller
 2018 E. Nutwood
 Fullerton, CA 92821
 Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

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

PAID

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

FEB 08 2000

\$ 19.00

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

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

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-used Lot 8-14972

Maria Miller

2018 E. Nutwood

Fallerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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

\$ 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**

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-used Lot E-14972**

Maria Miller

2016 E. Hurwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

Month and Day Due Indicated Below

| FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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



\$ **19.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-used Lot B-14972

Maria Miller

2018 E. Nutwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

E-14972

Month and Day Due Indicated Below

| MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 19 | | | | | | | |

Amount due when paid on or before
due date above.

\$ 19.00

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-paid Lot E-14972

Baria Miller

2018 E. Hatwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec. 2 Div 12

E-14972

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

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pro-book Lot. E-14972*

Maria Miller

2015 E. Nutwood

Fullerton, CA 92621

Lot 125 Gr 9 Sec 2 Div 12

E-14972

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

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot E-14972

Maria Miller

2018 E. Hatwood

Fullerton, CA 92821

Lot 125 Gr 9 Sec 2 Div 12

E-14972

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

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot. E-14972

Mario Miller

2014 E. Redwood

Fullerton, CA 92621

Lot 125 Gr 9 Sec 2 Div 12

E-14972

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

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Lot 8-14972*

*Maria Miller
2018 E. Nutwood
Fullerton, CA 92831
Lot 125 Gr 9 Sec 2 Div 12*

E-14972

Month and Day Due Indicated Below

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

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



\$ *29.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each purchase **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot 8-14972

Maria Miller
2018 E. Watwood
Fullerton, CA 92821
Lot 125 Gr 9 Sec 2 Div 12
E-14972

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

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Lot A-14972*

Maria Miller

2018 E. Redwood

Pullerton, CA 92821

Lot 125 Gr 9 Sec 7 Div 12

E-14972

Month and Day Due Indicated Below

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

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



\$ *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

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pro-Book Lab N-14972*

*Marie Miller
2018 E. Ashwood
Fullerton, CA 92821
Lot 125 Gr 9 Sec 2 Div 12*

E-14972

Month and Day Due Indicated Below

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

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



\$ *18.00*

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Provisional Int 2-1977

Marie Miller

2018 S. Redwood

Fallerton, CA 92017

Lot 125 Gr 4 Sec 7 Day 12

E-14972

Month and Day Due Indicated Below

| DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | 10 | | | | | | | |

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

\$ 11.00

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

\$

\$

Amount Received \$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14972

52595

From: Marion Miller Address: 2018 E. Nutwood Fullerton 92831 Date: 6-23 .00
One hundred eighty two Dollars (\$ 182.00)
 In full Payment of Pre-Need Lot.

Lot 125 Grave 9 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14972

BALANCE DUE 0

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

| | | | |
|------------------------|-------|-----|--------|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 3 | 00 |
| Opening/Closing | 77181 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 83033 | | |
| Sales Tax | 60101 | | |
| TOTAL PAID | 78390 | \$ | 182 00 |

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

1236

ISSUED BY

J. Michelle

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14972

52411

From: Marie Miller Address: 2018 E. Nutwood Sullerton 92831 Date: 5-9-98
Thirty eight Dollars (\$ 38.00)
 In part Payment of Pre-Need Lot

Lot 125 Grave 9 Row 2 Section 2 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-14972
 BALANCE DUE 184.00

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

ISSUED BY J. Schellin

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>38</u> | <u>00</u> |
| Opening/Closing | 77184 | | |
| Burial Containers | 100 | | |
| Handling Fee | 77181 | | |
| Recording & Misc. Fees | 100 | | |
| Pre-Need Trust | 77182 | | |
| Sales Tax | 100 | | |
| | 77185 | | |
| | 100 | | |
| | 77183 | | |
| | 69033 | | |
| | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>38</u> | <u>00</u> |

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

1192

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14972

52064

Date: 1-25, 1900

From: Maria Miller Address: 2018 - E. - Nutwood Hillerton 9283

In part Payment of Pre-Need Lot Dollars (\$ 38.00)

Lot 125 Grave 9 Row _____ Section 2 Division 12

Invoice No. _____
Acct. No. _____
W.O. E-14972
BALANCE DUE 260.00

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

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>38 00</u> |
| Opening/Closing | 77184 | |
| Burial Containers | 100 | |
| Handling Fee | 77181 | |
| Recording & Misc. Fees | 100 | |
| Pre-Need Trust | 77182 | |
| Sales Tax | 63033 | |
| | 9022 | |
| TOTAL PAID | 60101 | <u>38 00</u> |
| | 78390 | |

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
1076

ISSUED BY S. Stachellin

OFFICIAL RECEIPT

51731



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 11-30-99, 19

From: Marie Miller Address: 2018 E Nutwood Fullerton CA 92831

Nine thousand 00/100 Dollars (\$ 19.00)

In part Payment of pre-need trust

Lot 125 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E14972

BALANCE DUE 298.00

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

NOV 30 1999

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Lynda

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>19</u> | <u>00</u> |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| Pre-Need Trust | 77183 | | |
| Sales Tax | 63033 | | |
| | 9022 | | |
| | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>19</u> | <u>00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E-149772
441772

51623

Date: 10-19, 1999

From: Maria Miller Address: 2018 E. Nutwood Fullerton 92831

Thirty eight Dollars (\$ 38.00)

In part Payment of Pre-Need Lot

Lot 125 Grave 9 Row _____ Section 2 Division 12 Block _____

Invoice No. _____
Acct. No. _____
W.O. E-14972
BALANCE DUE 317.00

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

ISSUED BY S. Shickella

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

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
997

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

51393

Date: 7-30-99, 1999

From: Maria Miller Address: 2018 E Nutwood Fullerton CA 92631

Nineteen and 00/100 Dollars (\$ 19.00)

In part Payment of pre-need lot for Maria Miller

Lot 125 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E14972

BALANCE DUE 374.00

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
 JUL 30 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

ISSUED BY Lynda

884

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>19</u> | <u>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>19</u> | <u>00</u> |

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

772
 E 4972
 51135

Date: 5-12, 1999

From: Maria Miller Address: 2018 E Nutwood Lullerton, CA 92

Thirty Six and 00/100 Dollars (\$ 36.00)

In part Payment of preneed lot for Maria Miller

Lot 125 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E14972

BALANCE DUE ~~EMR~~ 412.00

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 Lynda

808

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>36.00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 77183 | |
| Pre-Need Trust | 83033 | |
| | 9022 | |
| Sales Tax | 80101 | |
| | 78380 | |
| TOTAL PAID | \$ | <u>36.00</u> |

MILLER, MARIA 2018 E. Nutwood, Fullerton, 92831

| | | DEBIT | CREDIT | BALANCE |
|----------|---|-------|--------|---------|
| 03-30-99 | Opened Pre-need Lot Lot 125, Gr 9, Sec 2, Div 12 | | 895.00 | 895.00 |
| 03-30-99 | Visa | | 447.00 | 448.00 |
| 5-12-99 | Receipts 1 & 2 | 179 | 36.00 | 412.00 |
| 10-30-99 | R 51294 CPN 3 | 210 | 19.00 | 393.00 |
| 7-30-99 | 51393 CPN 4 | | 19.00 | 374.00 |
| 8-11-99 | R 51434 CPN 5 | | 19.00 | 355.00 |
| 10-19-99 | R-51623 6 x 7 | | 38.00 | 317.00 |
| 11-30-99 | R 51731 8 | | 19.00 | 298.00 |
| 1-25-00 | R-52064 9 x 10 | | 38.00 | 260.00 |
| 2-8-00 | 52114 11 x 12 | | 38.00 | 222.00 |
| 5-9-00 | R-52411 13 x 14 | | 38.00 | 184.00 |
| 6-23-00 | R-52595 15 to 24 | | 182.00 | 0 |

MILLER, MARIA Pre-need Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-29-99

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

of Erwin J. Jackson

In a T.S. Vault Funeral, date, time Thurs 4-1 11:00
Type of Burial Container

Church, Chapel, Graveside Church/Graveside : La Buel Mortuary partia
3.00

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

| | | | | | |
|---|----------------|-----|------------------|--------------------------|----------------|
| Lot <u>123</u> | Grave <u>5</u> | Row | Section <u>2</u> | Division/Block <u>12</u> | |
| Grave space & Care Fund | | | | (under tree) | <u>895.00</u> |
| Additional spaces and care fund | | | | | |
| Opening/Closing & Setup | | | | | <u>375.00</u> |
| Burial Container | | | | | <u>250.00</u> |
| Handling Fees | | | | | <u>185.00</u> |
| Flower vases - Marker setting fee | | | | <u>TRION</u> | <u>46.93</u> |
| Recording and filing fee | | | | | <u>45.00</u> |
| Sales taxes | | | | | <u>19.38</u> |
| Total Due | | | | | <u>1916.31</u> |

Paid receipt number R#50979

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 BRENDA A. WATERS
Signature
X 3031 DARDANIA DRIVE
Address
X SAN DIEGO CA 92139
City Zip Code
X (619) 479-5878
Telephone

Signature of recorded holder of deed

Work Order # E 14973

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



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

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

012423 **50979**

Date: March 29, 1999

From: W.J. JACKSON Address: 173 Park Brook way S.D. CA 92114

One thousand Nine hundred sixteen ³¹/₁₀₀ Dollars (\$ 1916.31)

In _____ Payment of Erwin L Jackson

Lot ² 123 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14973

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 6-84) # 5361

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

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>199</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | <u>296</u> | <u>00</u> |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>276</u> | <u>00</u> |
| | 77182 | | |
| Handling Fee | 100 | <u>205</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | <u>45</u> | <u>00</u> |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | <u>29</u> | <u>31</u> |
| | 76390 | | |
| TOTAL PAID | \$ | <u>1916</u> | <u>31</u> |

ISSUED BY TREJO

E-14973

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|----------------------------|--|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ERWIN | 1B. MIDDLE LAMAR | 1C. LAST (FAMILY) JACKSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/01/1946 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/26/1999 | 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 BRENDA ANN JACKSON-WATERS—SISTER 3031 DARDAINA DRIVE SAN DIEGO, CA 92139 | | |
| 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>Tom Walker</i> | |

37
03/31/1999

| | | | |
|---|--|--|---|
| 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. | | 8B. DATE, SIGNED 03/31/1999 | |
| 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 03/31/1999 |
| | | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER 9905353 | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | |

10. 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 4-1-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Tom Walker</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Tom Walker</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 3-29-99

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

of Jackson A Seaberry
In a T.S. Vault Funeral, date, time 4-1- Thurs 11:00

Type of Burial Container
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.

✓ 425
Lot 111 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund 995

Additional spaces and care fund _____

Opening/Closing & Setup 375

Burial Container 250

Handling Fees 185

Flower vases - Marker setting fee _____

Recording and filing fee 45

Sales taxes 19

Total Due 1869.38

Paid receipt number R#50980

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

Wife
Signature of recorded holder of deed

Jay Seaberry
Signature
644 S. 47th St
Address
San Diego, CA 92113
City Zip Code
264 6557
Telephone

Invoice # _____

Acct. # _____

Work Order # E 14974

E-14974

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Jackson | | 1B. MIDDLE Anthony | 1C. LAST (FAMILY) Seaberry | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/13/1913 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/29/1999 | 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 Ivy Seaberry, Wife 684 S. 47th St. San Diego, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 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 03/30/1999 | | |

| | | | | | |
|---|--|--|---|---|---|
| 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 03/31/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905352 |
| | 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

| | | |
|--|--|---|
| <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 St. San Diego, CA 92102 | 11B. DATE BURIED 4-1-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14974 51016



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-8 1999

From: Long Leasing Address: 644 S. 47th St San Diego 92113

One Hundred eighty one ⁹³/₁₀₀ Dollars (\$ 181.93)

In full Payment of marker setting fee for Jackson Leasing VA
and Union flower vase

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14974

BALANCE DUE 0

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

| | | | |
|----------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77164 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77191 | | |
| Burial | 100 | <u>25</u> | <u>00</u> |
| Containers | 77192 | <u>20</u> | <u>00</u> |
| Handling Fee | 77195 | | |
| Recording & | 100 | <u>135</u> | <u>00</u> |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 9022 | | |
| Sales Tax | 80101 | <u>1</u> | <u>93</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>181</u> | <u>93</u> |

012825

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY J. Shelton

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-29-99

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

of Ivy Seabrook

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 \$ 150

will be applied and billed to undersigned. _____

Lot 426 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 995

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PRE Need Lot
PAID
MAR 29 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due _____ 995

Paid receipt number R# 50980

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 _____

Ivy Seabrook
Signature
644 S. 47th St
Address
San Diego, CA 92113
City Zip Code
264 655-7
Telephone

Work Order # E 14975

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50980



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

MOUNT HOPE CEMETERY
527-3400

Date: 3-29, 1979

From: Ivy Seaberry Address: 644 47th St. SD 92113

Two thousand Eight Hundred Sixty Four and 38/100 - Dollars (\$ 2864.38)

In Full Payment of burial costs of Jackson Seaberry in lot

425-10 and please need lot for Ivy Seaberry lot # 426-10

Lot 425 & 426 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 14974 & 14975

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 6-64)

2187

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

ISSUED BY Lynda

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>398</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 60% Sales of Lots | 77184 | <u>1592</u> | <u>00</u> |
| Opening/Closing | 77181 | <u>375</u> | <u>00</u> |
| Burial Containers | 77182 | <u>250</u> | <u>00</u> |
| Handling Fee | 77185 | <u>185</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | <u>45</u> | <u>00</u> |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 9022 | <u>19</u> | <u>38</u> |
| | 60101 | | |
| | 76390 | | |
| TOTAL PAID | \$ | <u>2864</u> | <u>38</u> |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-30-99

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

of BOBBIE JOE BAXTER

In a T.S. VAULT Funeral, date, time FRI 4-2 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 \$ 150.00 will be applied and billed to undersigned. X

✓ Lot 34 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund PRE-NEED E-6006 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number R-50989 874.38

Balance due 0

PAID
APR 02 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

**MORTUARY TO
BRING CHECK
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 *see attached* Zip Code
X _____
Telephone

Work Order # E 14976

Invoice # _____

Acct. # _____

E-14976

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-30-99

You are hereby authorized to interment subject to these rules and regulations, to the remains of BOBBIE JOE BAXTER

in a T.S. VAULT Final date time FR. 4-2 10:00

Crem. or other process MAPLE GRAVESIDE RAGSDALE

All Funeral Costs starting before 360 days of death, when any of the above charges 150.00

will be applied and effective X

Age 34 Sex M Race W Height 5 Weight 170

Grave depth & Care Fund PRE-NEED E-6006

Additional spaces and care fund ---

Opening, Closing & Sealing 375.00

Burial Container 250.00

Hanging Fees 185.00

Flower vases - Marker setting fee ---

Removal and tag fee 45.00

Other charges 19.38

Total Due 874.38

Paid receipt number _____

X Frances Joe

I hereby certify that the Funeral Home of the above named decedent and that in your authority to make disposition of remains, as above indicated. I certify and represent that I have the right to make such disposition and I agree to hold the Hope Cemetery harmless from any liability on account of said disposition and interment.

I hereby authorize the interment as set forth under date X Debbie Williams

Address X 5050 Federal Blvd.

City X San Diego, CA 92107

Telephone X 763-3141

Work Order # E 14976 Invoice # _____

Form 104 (7-88) This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14976

50989



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-2, 1999

From: Rogersdale Address: 5050 Federal Blvd San Diego 92102
Eight Hundred Seventy Four & 38/100 Dollars (\$ 874.38)
in full Payment of Interest of Bobby Jo Baxter

Lot 34 Grave R Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14976

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

3679

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

ISSUED BY S. Sheldon

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | | |
| Opening/Closing | 100 | 375 | 00 |
| Burial Containers | 100 | 250 | 00 |
| Handling Fee | 77182 | 185 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 83033 | | |
| Sales Tax | 8022 | 19 | 38 |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 874 | 38 |

E-14976

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

43

| | | | | | |
|--|--------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Bobby | 1B. MIDDLE Joe | 1C. LAST (FAMILY) Baxter | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/26/1954 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/28/1998 | 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 Rebecca R. Baxter, Wife 1473 Ebbs St. San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 6B. DATE SIGNED 03/30/1999 |
| 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 7180 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 04/01/1999 <i>[Signature]</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905442 |
| | | 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"/> 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 4-2-99 | 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 |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-31-99

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

of Jennie Vance
 in a ash vault Funeral, date, time Wed 3-31 3:00
Type of Burial Container
 Church, Chapel, Graveside Witness : 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 39 Grave 12 Row _____ Section 17 Division/Block 7
 Grave space & Care Fund Pre-need C-6504 _____

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

PAID
MAR 31 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Sales taxes 4.26
 Total Due 269.26
 Paid receipt number R-50984 269.26

*Mortuary to bring
 check, ashes, permit*

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 14977**

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50984



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

MOUNT HOPE CEMETERY
527-3400

Date: 3-31, 1999

From: Ragsdale Mortuary Address: 5050 Federal Blvd. SD 92102

Two Hundred Sixty Nine and 24/100 Dollars (\$ 269.26)

In full Payment of burial of Jennie Vance

Lot 39 Grave 12 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE E 14977

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-04)

3648

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

3

ISSUED BY Lynda

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | | |
| Opening/Closing | 100 | <u>105</u> | <u>00</u> |
| Burial Containers | 100 | <u>55</u> | <u>00</u> |
| Handling Fee | 77185 | <u>60</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | <u>45</u> | <u>00</u> |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 80101 | <u>4</u> | <u>26</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>269</u> | <u>26</u> |

E-14977
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) Jennia | | 1B. MIDDLE Mae | 1C. LAST (FAMILY) Vance | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/24/1928 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/20/1999 | 4. SEX F |
| 5A. CITY OF DEATH Perris | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Riverside | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Shirley Vance - Daughter 3959 Idaho St, San Diego, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Tillman Riverside Mortuary, 2874 10th Street Riverside, CA 92507 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD757 | | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10975 of the Health and Safety Code, and was authorized pursuant to Section 7160 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 03/27/99 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>(Signature)</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Riverside Co Health Dept, P.O. Box 7600, Riverside, CA 92513-7600 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego Co Health Dept, P.O. Box 85222 San Diego, CA 92138-5222 | | |

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 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 Mt. Hope Cemetery, 3751 Market St San Diego, CA 92102 | 11B. DATE BURIED 3-31-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>(Signature)</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Cremation, 571-J Crane Street Lake Elsinore, CA 92530 | 12B. DATE CREMATED 3-29-99 | 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 3-31-99

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

of Donaretha Bankhead

in a liner Funeral, date, time Friday 4-2-99* 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 *

✓ Lot 73 Grave 3 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

PAID
APR 02 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1664.73

Paid receipt number R-50992 1664.73

Balance due 0

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 _____
Address _____
City _____ Zip Code _____
Telephone _____

Signature of recorded holder of deed _____

Work Order # **E 14978**

Invoice # _____
Acct. # _____

E-14978

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

DATE 3-31-99

You are hereby authorized and permitted, subject to your receipt and registration receipt to contract

to Donate the Bankhead
Winger Friday 4-2-99
Ragsdale
All funeral services will be held at 3:30 150.00
and be performed by James Williams

Lot 73 Row 3 Section 2 Sub-Block 12

Cost of interment 895.00

Additional services and casket _____

Opening/Closing & Casket 375.00

Burial Container 190.00

Hearding Fees 145.00

Flower service - Minister setting fee _____

Recording and filing fee 45.00

Sales tax 14.73

Total Due 1664.73

Plan number _____

Balance due _____

I hereby certify that James Williams of the above named cemetery
and his or her authorized representative of record as above specified, certify and represent
that I have the right to make this arrangement and I agree to hold Mt. Hope Cemetery harmless from
any liability, all actions or suits, damages and expenses.

I hereby authorize the interment of the
body herein stated

James Williams
5240 Federal Blvd
San Diego, CA 92102
619 263-3147
Excess

Approved _____

Invoice # _____

Acct. # _____

Work Order # E 14978

FOR THE CITY

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E 14978

50992



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

MOUNT HOPE CEMETERY

527-3400

From: Argdale Address: 5050 Federal Blvd San Diego 92102 Date: 4-2, 1999
One Thousand Six Hundred Sixty Two ⁷³/₁₀₀ Dollars (\$ 1664.73)
 In full Payment of Interment of Donartha Benkeid

Lot 73 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14978

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-64)

3683

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

ISSUED BY

S. Mitchell

| | | | |
|---------------------------|----------------|------|----|
| CREDIT | 87007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | | 716 | 00 |
| of Lots | 77184 | | |
| Opening/ Closing | 100 | 375 | 00 |
| Burial | 100 | 190 | 00 |
| Containers | 77182 | | |
| Handling Fee | 100 | 145 | 00 |
| Recording & Misc. Fees | 77183 | 45 | 00 |
| Pre-Need Trust | 83033 9022 | | |
| Sales Tax | 80101 78390 | 14 | 73 |
| TOTAL PAID | | 1664 | 73 |

E-14978

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) Donaretha | 1B. MIDDLE - | 1C. LAST (FAMILY) Bankhead | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/31/1917 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/27/1999 | 4. SEX F |
| 5A. CITY OF DEATH La Mesa | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca L. Wilson, Daughter- 1886 Madera St. Lemon Grove, CA 91945 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 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 04/01/1999 | | | |

| | | | | | |
|---|---|---|---|---|---------|
| 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/01/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9905420 |
| | 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

| | | |
|--|--|---|
| <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 St. San Diego, CA 92102 | 11B. DATE BURIED 4-2-99 | 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 |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-1-99

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

of Johnny Smith

In a liner Funeral, date, time Wed 4-7 1:00

Church Chapel Graveside Regsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned.

✓ Lot 115 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895

Additional spaces and care fund ~~375~~

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

PAID
APR 01 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO

Paid in full Total Due 1664.73

Paid receipt number E50985

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 _____

Blanche M Jones
Signature

30645 E Sunset Dr So
Address

Redlands, CA 92375
City Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 14979**

14979

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) Johnney | | 1B. MIDDLE - | 1C. LAST (FAMILY) Smith | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/09/1918 | 3. DATE OF DEATH MONTH, DAY, YEAR 03/30/1999 | 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 Blanche Jones, Daughter, 30645 E. Sunset Dr. Redlands, CA 92373 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort: 5050 Federal Blvd.; San Diego, CA 92102 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 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 103776 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | | | | | 8B. DATE SIGNED 04/07/1999 |

| | | | | | | |
|---|--|--|---|---|---|---------|
| 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 04/07/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9905693 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-85222 | | 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 4-7-99 | 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 <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 2 IS RETAINED BY 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

50998

Date: 4-5, 1999

From: Blanche Jones Address: PO Box 7674 Redlands, CA 92375-0674

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

In Full Payment of burial marker setting for Johny Smith

Lot 115 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E 14979
 BALANCE DUE 0

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

ISSUED BY Lynda

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 50% Sales of Lots | 77184 | | |
| Opening/Closing | 100 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77183 | <u>125</u> | <u>00</u> |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>125</u> | <u>00</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 765

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50985



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-1, 19 99

From: Blanche Jones Address: 30645 E Sunset Dr. Redlands CA 92375

• One Thousand Six Hundred Sixty Four and 7/100 Dollars (\$ 1664.73)

In Full Payment of burial of J

Lot 115 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E14979
BALANCE DUE 0

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

ISSUED BY Linda

| | | | |
|------------------------|-------|----------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>179</u> | <u>00</u> |
| 50% Sales of Lots | 77184 | <u>716</u> | <u>00</u> |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>190</u> | <u>00</u> |
| Handling Fee | 77185 | <u>145</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | <u>45</u> | <u>00</u> |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 80101 | <u>14</u> | <u>73</u> |
| | 78390 | | |
| TOTAL PAID | | \$ <u>1664</u> | <u>73</u> |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-5-99

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

in a LINER Funeral, date, time Fri 4-9 1:30

Church, Chapel, Graveside CHAPEL / GRAVESIDE CA BURIAL Mortuary. ^{MARION}

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

✓ Lot 121 Grave 8 Row _____ Section 3 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> |
| Total Due | <u>1564.73</u> |
| Paid receipt number <u>R-51026</u> | <u>1564.73</u> |
| Balance due | <u>0</u> |

**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 Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

See attached

Work Order # E 14980

Invoice # _____
 Acct. # _____

E-1498D

Handwritten notes and calculations, including the number 121 and 8.

121 8 Section 3 12

Handwritten notes and calculations, including the number 295.00.

295.00

275.00
190.00
145.00

E 14

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51142



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 5-12, 1999

From: Kenneth McElroy Address: 6712 Tiffin Ave SD 92114

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

In full Payment of marker setting fee for Marion Carroll

Lot 121 Grave 8 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14980

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.

MAY 17 1999

ISSUED BY Lynda

2524

| | | |
|------------------------|-------|--------|
| CREDIT | 87007 | |
| 20% Sales Com | 77184 | |
| 80% Sales of Lots | 100 | |
| 77184 | | |
| Opening/Closing | 100 | |
| 77181 | | |
| Burial Containers | 100 | |
| 77182 | | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | 125 00 |
| 77183 | | |
| Pre-Need Trust | 63033 | |
| 8022 | | |
| Sales Tax | 80101 | |
| 78390 | | |
| TOTAL PAID | \$ | 125 00 |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51026



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-9, 19 99

From: CA Cremation Address: 5880 El Cajon Blvd. SD 92115

One thousand Five Hundred Sixty Four and 73/100 — Dollars (\$ 1,564.73)

In full Payment of burial of Marion Carroll

Lot 121 Grave 8 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14980

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.

5062

ISSUED BY Lynda

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>159</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>636</u> | <u>00</u> |
| Opening/Closing | 77181 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>190</u> | <u>00</u> |
| Handling Fee | 77182 | | |
| Recording & Misc. Fees | 100 | <u>145</u> | <u>00</u> |
| Pre-Need Trust | 77183 | <u>45</u> | <u>00</u> |
| Sales Tax | 63033 | | |
| | 9022 | | |
| | 60101 | <u>14</u> | <u>73</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1564</u> | <u>73</u> |

E-14980

000

0

60.00 + Jerni

145.00 + Hamilton

45.00 Rec

14.73 Tax

005.....
264.73

E-14980

6-14-46 52

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|------------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARION | 1B. MIDDLE CHARLES | 1C. LAST (FAMILY) CARROLL | 2. DATE OF BIRTH MONTH DAY YEAR 06/14/1986 | 3. DATE OF DEATH MONTH DAY YEAR 04/02/1999 | 4. SEX M |
| 5A. CITY OF DEATH LA MESA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ALBERTA CARROLL—WIFE 7525 PACIFIC AVE., #1 LEMON GROVE, CA 91945 | | |
| 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>K. Walker</i> | | 8B. DATE SIGNED 04/07/1999 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 04/07/1999 K. WALKER | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905684 |
| | 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

| | | |
|--|--|--|
| <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 ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-9-99 | 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 4-6-99

mon. 4-12

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Hudson ~~PAI~~

In a liner Funeral, date, time Thurs 4-8-99 ~~10:00~~
Type of Burial Container (m.v.c.)

Church, Chapel, Graveside delivery; 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 38 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 170.00

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 credit col 1300.00

Balance due 264.73

PAID
APR 6 1999
bal due
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

30 day note

*PAID IN FULL
5-19-99*

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.

Carl Hudson
Signature of recorded holder of deed

Signature Carl Hudson

Address 405 N McQuary

City Ash Grove, MO 65604 Zip Code

Telephone 417-751-3403

Invoice # 314799

Acct. # 098546

Work Order # **E 14981**

4-12-99

Goodbody mortuary failed to notify us 48 hours in advance regarding delivery date. Just showed up at 12:40 pm today for delivery.

MT. HOPE CEMETERY

W.O.# E 14981

NOTE

\$ 264.73 San Diego, California April 6 1979

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 Two Hundred Sixty Four and $\frac{23}{100}$ DOLLARS with interest from Carlos Hodson 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 Carlos Hodson SIGNATURE Carlos Hodson

ADDRESS 405 N Mc Querry Ash Grove, MO 65604

~~CALIFORNIA DRIVER LICENSE NUMBER~~ SSN # 571-45-8837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14981

87

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

| | | | | | |
|---|-----------------------------|--|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CARL | 1B. MIDDLE EDWARD | 1C. LAST (FAMILY) HODSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/08/1911 | 3. DATE OF DEATH MONTH, DAY, YEAR FOUND 04/01/1999 | 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 CARLOS EDWARD HODSON - SON 405 NORTH McQUEARY ASH GROVE, MO 65604 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD790 | | |

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.

▶ *Victoria Meza* 06/07/1999

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 04/12/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</i> 9905928 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-12-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kay Judice</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
 AUDITOR & COMPTROLLER
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE
 PAID INVOICE REPORT BY DEPARTMENT
 AS OF 05/19/99

E-14981

DATE: 05/19/99
 TIME: 203125
 PAGE: 6

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

| INV NO | INV DATE | ACCT NO | CUSTOMER NAME FUND DEPT ORG | ACCT | J/O | PAYM DATE OPER | PD BY BN/EQ | PAYM REF NO FACILI | AMOUNT PAID AMOUNT APPLIED | AMOUNT BILLED | UNPAID BALANCE |
|--------|----------|---------|--------------------------------|-------|--------|-------------------|----------------|-----------------------|-------------------------------|---------------|----------------|
| .14799 | 04/22/99 | 098546 | CARLOS HODSON | | | 05/14/99 | CK | 1162 | 264.73 | 264.73 | 0.00 |
| | | | 100 072 | 77182 | 000072 | | | | 60.00 | | |
| | | | 100 072 | 77183 | 000072 | | | | 45.00 | | |
| | | | 100 072 | 77185 | 000072 | | | | 145.00 | | |
| | | | 60101 | 78390 | | | | | 14.73 | | |

E-14981

NUMBER OF INVOICES PAID 1
 TOTAL AMOUNT PAID 264.73

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-6-99

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

of Lorise Gilbert

in a TS Vault Funeral, date, time Thurs 4-8-99 ^{1:00}

Church, Chapel, Graveside Graveside : Resdate 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. J.A.G.

Lot 103 Grave 3 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 R 51001 1769.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Julia A. Gilbert
Signature
Address 1881 E Westinghouse St
San Diego, CA 92111
City 277-5623 Zip Code
Telephone

Work Order # E 14982

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51099



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

MOUNT HOPE CEMETERY
 527-3400

From: Julia Gilbert Address: 1881 E. Weptinghway SD 92111 Date: 5-3 1999
one hundred twenty five Dollars (\$ 125.00)
 In full Payment of marker setting fee for
Horpe Gilbert
 Lot 103 Grave 3 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E/4982

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

~~1020~~ 1020

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

MAY 3 1999

ISSUED BY Catrina Avallone

| | | | |
|------------------------|-------|---------------|-----------|
| 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 | <u>125</u> | <u>00</u> |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | | \$ <u>125</u> | <u>00</u> |

OFFICIAL RECEIPT

51001



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-5-99, 1999

From: Julia Gilbert Address: 1881 E Westinghouse St. S D 92111

In Full Payment of burial of horse Gilbert Dollars (\$ 1,769.38)

Lot 103 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14982

BALANCE DUE ~~11482~~

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.

3021

ISSUED BY Lynda

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 179 | 00 |
| 60% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 100 | 375 | 00 |
| Burial Containers | 77181 | 250 | 00 |
| | 100 | 185 | 00 |
| Handling Fee | 77185 | 45 | 00 |
| Recording & Misc. Fees | 100 | | |
| | 77183 | | |
| Pre-Need Trust | 9022 | | |
| Sales Tax | 80101 | 19 | 38 |
| | 76390 | | |
| TOTAL PAID | \$ | 1769 | 38 |

E-14982
77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|--|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Lorss | 1B. MIDDLE - | 1C. LAST (FAMILY) Gilbert | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/10/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/04/1999 | 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 Julia A. Gilbert, Wife 1881 E. Westinghouse St. San Diego, CA 92117 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Julia A. Gilbert</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 7109 of the Health and Safety Code. | | | 8B. DATE SIGNED 04/07/1999 | | |

| | | | | |
|----------------------------------|--|---|---|---|
| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/07/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905718 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-8522 | 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 4-8-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Copy 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 4-6-99

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

of Frank Leinsteiner, Jr.
in a Ash Vault Funeral, date, time Sat. 4-17-99 1:00
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 \$ 150.00

will be applied and billed to undersigned.

✓ Lot 960 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Prepaid _____

Additional spaces and care fund _____

Opening/Closing & Setup 1995 _____

Burial Container Ash Vault _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Interfund transfer 4-30-99
Set out
20 chairs

Total Due 210.00

Paid receipt number R-51003 210.00

Balance due 0

PAID
APR 6 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO
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.

Diane L. Haleman
Signature

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 14983**

51003

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 4-6, 1999From: Diana Holman Address: 423 Church Ave #219
Two Hundred Ten and 00/100 Dollars (\$ 210.00)

 In Full Payment of ~~Two Hundred Ten and 00/100~~ Saturday Service
for Frank Leinstiner, Jr.

 Lot 960 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E 14983BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

2460

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

ISSUED BY

Lynda

| | | |
|------------------------|-------|---------------|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 77183 | <u>210 00</u> |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>210 00</u> |

E-14983 607
EC 486

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---------------------------|--|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) FRANK | 1B. MIDDLE JOHN | 1C. LAST (FAMILY) LEINSTEINER JR. | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/26/1931 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/03/1999 | 4. SEX M |
| 5A. CITY OF DEATH CHULA VISTA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DIANE L. HOLIMAN:DTR 329 D ST. CHULA VISTA, CA 91910 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE CREMATION SOCIETY 310 THIRD AVE., STE. B-3 CHULA VISTA, CA 91910 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1605 | | 8A. SIGNATURE OF APPLICANT—Person taking permit M. Guzman |
| 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 04/07/1999 | | |

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 04/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. GUZMAN |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 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"/> 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 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-20-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMAR CREMATORY 2299 S. MANCHESTER AVE ANAHEIM, CA 92802 | 12B. DATE CREMATED 4/9/99 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature] |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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 4-12-99

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

of ROSIE WRIGHT

In a T.S. Vault

Funeral, date, time Thur. April 8 1:00

Church, Chapel, Graveside Church Graveside CABYNAL Mortuary. SAN

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 2 Grave 11 Row _____ Section 17 Division/Block 7

Grave space & Care Fund pre need D1251 1972 (See legal info card for receipt info) 2

Additional spaces and care fund _____

Opening/Closing & Setup pre need 11

Burial Container pre need 11

Handling Fees pre need 11

Flower vases - Marker setting fee _____

Recording and filing fee pre need 11

Sales taxes pre need 11

Total Due 2

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 14984

Acct. # _____

14984

92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|--------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROSIE | | 1B. MIDDLE MAE | 1C. LAST (FAMILY) WRIGHT | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/25/1906 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/02/1999 | 4. SEX F |
| 5A. CITY OF DEATH SAN DIEGO | | | 6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WALLIE WRIGHT—HUSBAND 3784 BOSTON AVE. SAN DIEGO, CA 92113 | | |
| 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 | 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 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 6B. DATE SIGNED 04/06/1999 | | |

| | | | | | | |
|---|---|--|--|---|---|---|
| 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | | 8A. AMOUNT OF FEE PAID \$7.00 | 8B. DATE PERMIT ISSUED 04/06/1999 | 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905611 |
| | 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

| | | |
|--|--|--|
| <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 ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-8-99 | 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 <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 4-6-99

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

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 \$ 150.00 will be applied and billed to undersigned.

Lot 92 Grave 6 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 170.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1,789.73

Paid receipt number 51011 1,789.73

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.

X
Signature _____

1345 Serena Circle #2
Address _____

Chula Vista, CA 91910
City _____ Zip Code _____

421-1341
Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 14985**

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14985

51011



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-6, 19 99

From: Ranell Hill Address: 1345 Serena Circle #2 C.V. 91910

One Thousand Seven Hundred Eighty Nine and 7/100 Dollars (\$ 1,789.73)

In full Payment of burial of James C. Blunt
Pre-need Trust

Lot _____ Grave _____ Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E14985

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

MO

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

ISSUED BY Lynda

| | | | |
|------------------------|----------------|-----|---------|
| CREDIT | 87007 | 179 | 00 |
| 20% Sales Com | 77184 | | |
| 80% Sales of Lots | 77184 | 716 | 00 |
| Opening/Closing | 77181 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 83033 | 894 | 73 |
| Sales Tax | 80101 78360 | | |
| TOTAL PAID | | \$ | 1789 73 |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-6-99

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

of CLARENCE DAVIS

In a LINE Funeral, date, time THUR APRIL 8 10:00

Church, Chapel, Graveside Chapel/graveside 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 X S.M.

✓ Lot 71 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund pr need E10945

Additional spaces and care fund

Opening/Closing & Setup pr need E13872

Burial Container pr need E13872

Handling Fees pr need E13872

Flower vases - Marker setting fee

Recording and filing fee pr need E13872

Sales taxes pr need E13872

Total Due

Interfund Transfer 4-27-99

Paid receipt number _____

Balance due _____

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 Edna Mungtosil
Signature
7634 K St.
Address

San Diego ca 92102
City Zip Code

619 239-3855
Telephone

Work Order # E 14986

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51040



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-13 1999
Address: 2634 K Street SD 92102-3037

From: Edna Muatasid
Twenty three & 78/100 Dollars (\$ 23.78)

In: full Payment of galvanized flower vase for
Clarence Davis

Lot 71 Grave 8 Row 1 Section 3 Division 12
Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14980

BALANCE DUE 2

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 | <u>10</u> |
| | 77182 | <u>00</u> |
| Handling Fee | 100 | <u>13</u> |
| | 77185 | <u>00</u> |
| Recording & Misc. Fees | 100 | |
| | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>23 78</u> |

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
990413-921141
AC-212 (Rev. 6-94)

Patricia Avallone
ISSUED BY _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14986

82

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

| | | | | | |
|---|-----------------|---|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Clarence | 1B. MIDDLE — | 1C. LAST (FAMILY) Davis | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/07/1917 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/04/1999 | 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 Edna Muqtasid, Sister 2634 "K" St. San Diego, CA 92105 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> | | 8B. DATE SIGNED 04/06/1999 |

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.

| | | | | |
|--|---|---|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/07/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 88222 San Diego, CA 92186-85222 | 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 4-8-99 | 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 GEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-7-99

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

of Sha Bre'a Tayshawna O'Neal 1:30

in a _____ Funeral, date, time Friday, 4-9-99 7:00

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. _____

✓ Lot 580 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 45.00

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 270.00

Paid receipt number Credit Card

Balance due 0

208 " L
14 " H
12 1/2 " W

PAID
Paid in Full
APR 07 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 _____

Dorothy J. Williams
Signature
1432 E 7th St.
Address
National City, Ca 91950
City Zip Code
619 477-6418 / 527-4708
Telephone

Work Order # **E 14987**

Invoice # _____
Acct. # _____

E-14987

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

10 days

| | | | | | | |
|--|--|--|--|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Shabrea | | 1B. MIDDLE Tayshawna | 1C. LAST (FAMILY) O'Neal | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/27/1999 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/05/1999 | 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 Dorothy L. Williams, Grandmother 1432 E. 7th St. National City, CA 91950-2624 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i> | | |
| 8B. DATE SIGNED 04/08/1999 | | | ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 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 04/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905785 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. 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 4-7-99 | 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 -0 | 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.

LOTS only

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre need

Date 4-7-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dice Ann Turner #224804

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 134 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 995.00 x 3 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

Total Due 2985.00

Paid receipt number 31014 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

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order # **E 14988**

*Pd IN full
Dec 2004
sent to
collecting
11-19-04*

| | | DEBIT | CREDIT | BALANCE |
|----------|---|---------|----------------|---------|
| 04-07-99 | Opened Pre-need Lot | | | |
| | Lot 11, Gr 1, 3 & 4, Sec 1, Div 12 (995.00) | 2985.00 | | 2985.00 |
| 04-07-99 | Receipt 51014 | | 1492.50 | 1492.50 |
| 6-1-99 | R- 51238 Coupon 1 x 2 | | 124.38 | 1368.12 |
| 7-28-99 | Coupon # 3 | | 62.19 | 1305.93 |
| 9-10-99 | R- 51513 # 4 | | 62.19 | 1243.74 |
| 10-27-99 | R- 51646 # 5 | | 62.19 | 1181.55 |
| 12-22-99 | R- 51814 6 | | 62.19 | 1119.36 |
| 1-28-00 | R- 52077 7 | | 62.19 | 1057.17 |
| 4-11-00 | R 52316 | | 62.19 | 994.98 |
| 8-1-00 | R- 52720 9 x 10 | | 124.38 | 870.60 |
| 2-9-01 | R- 53339 11 + 12 | | 125.00 | 745.60 |
| | | | <u>2239.40</u> | |
| 2-28-03 | Mailed delinquent notice | | | |
| 3-13-03 | R 56030 | | 70 - | 675.60 |
| 4-4-03 | R 56105 #14 | | 65 - | 610.60 |
| 4-03 | R- 56583 #16 | | 124.38 | 486.22 |
| 2-20-04 | R- 17 + 18 | | 124.38 | 361.84 |
| 5-26-04 | 57589 19 + 20 | | 124.38 | |
| 10-21-04 | Mailed final delinquent notice | | | |
| | | | | over |

Dec. 2004 pr collections pd in full for Lots 1,3 & 4 only

Balance 0

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51646



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: Oct. 27, 1999

From: Larry Wayne Turner Address: 353-43 1/2 St. San Diego, CA 92115

In partial Payment of pre-need 1-1st Dollars (\$ 62.19)

Lot 11 Grave 1, 3, 4 Row _____ Section 1 Division Block 16

Invoice No. _____
Acct. No. _____
W.O. E-4988
BALANCE DUE \$1,121.55

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

ISSUED BY [Signature]

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>62.19</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>62.19</u> |
| | 9022 | |
| | 80101 | |
| | 78390 | |

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

AC-212 (Rev. 5-94) 62 45

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

14988

51513

Date: 9-10, 1999

From: Dina Turner Address: 352 - 43rd Street San Diego 92102

19/100 Dollars (\$ 62.19)

In part Payment of Pre-Need Lot

Lot 11 Grave 1, 3, 4 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-11983

BALANCE DUE 1243.74

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

AC-212 (Rev. 5-94)

2211

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

PAID

SEP 10 1999

MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

ISSUED BY [Signature]

| | | | |
|------------------------|-------|----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 62 | 19 |
| Opening/ Closing | 77184 | | |
| Burial Containers | 100 | | |
| Handling Fee | 77182 | | |
| Recording & Misc. Fees | 100 | | |
| Pre-Need Trust | 77183 | | |
| Sales Tax | 63033 | | |
| | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 62 | 19 |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

14988

51307



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 7-28, 1999

From: Terry Turner Address: 353 43rd St. San Diego 92102
Sixty two ¹⁹/₁₀₀ Dollars (\$ 62.19)
 In part Payment of Pre-Need Lot

Lot 11 Grave 1, 3 & 4 Row _____ Section 1 Division 12 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-14988
 BALANCE DUE 1305.93

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

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>62</u> | <u>19</u> |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>62</u> | <u>19</u> |

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

ISSUED BY J. Skelton

2192

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

E-14988

51238

Date: 6-11, 1989

From: Terry & Dore Turner Address: 353 43rd St San Diego 92102

Dore Turner Twenty four Dollars (\$ 124.38)

In part Payment of the next lot

Lot 11 Grave 1, 3, 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14988

BALANCE DUE 1368.12

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

AC-212 (Rev. 5-84)

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

ISSUED BY J. Strella

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Tax | 77184 | | |
| 80% Sales of Lots | 100 | <u>121</u> | <u>38</u> |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 76390 | | |
| TOTAL PAID | \$ | <u>121</u> | <u>38</u> |

2165

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

14988

51014



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-7, 19 99

From: Dire Ann Turner Address: 353 43rd St. SD 92102

One thousand Four Hundred Ninety Two and 50/100 — Dollars (\$ 1492.50),

In part Payment of burial lots

Lot 11 Grave 1 3 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14 988

BALANCE DUE ~~14988~~

\$ 1492.50

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

2122

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 | 1492 | 50 |
| Opening/Closing | 77181 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 8022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 1492 | 50 |

E-14988

★ CITY OF SAN DIEGO-COLLECTIONS DIV. - Part 10

File Edit Commands Screen Help

CITY OF SAN DIEGO

ACCOUNT 2936902

CLIENT# 0072/B MOUNT HOPE CEMETARY

NAME (T) THOMAS, DINE ANN

NAME2

ADDRESS 46771 CORTECOUTIERRE2

ADDRESS2

CITY TEMECULA

ST CA ZIP 92592

TELEPHONE 619-242-0072 INT 0

NOTE LMS 98 PDB: *

DESCRIPTION: 100 SSN:

PMT(n,*,?) DR/L

CLIENT REF E14988

FWD CLIENT

ASSIGNED 11-20-04 5SPC FL01

LAST CHQ 10-21-04 DEL TCS

LAST PMT 12-17-04 SPD FL00

1ST DELQ 10-21-04 SPC FL0A

CL LC/LP 10-21-04 SPC FL05

INTR EFF 12-17-04 CREDIT RPT

| CITY OF SAN DIEGO | | ACCOUNT INQUIRY | |
|-------------------|--------|-----------------|------------|
| | | —OWING— | —RECEIVED— |
| AGY/AMT | 297.46 | 297.46 | |
| INT | 0.00 | 0.00 | 0.00 |
| CANCELLED | 0.00 | | |
| ATTORNEY | 0.00 | 0.00 | |
| COURT | 0.00 | 0.00 | |
| MISC (D) | 29.75 | 29.75 | |
| TOTAL | 261.21 | 261.21 | |
| NET | | | 0.00 |
| STATUS | PIF | COMM | |
| PPLAN | \$ | | |

Enter Option (?):

F1-HELP F2-FILE F3-BACKUP F4-BOT F5-DELETE

9:28 AM 23:19

E-14988 Paid in full on Dec. 2004 per collections
 Balance is 0



E-14988

THE CITY OF SAN DIEGO

October 21, 2004

Ms. Dire Ann Turner
353 43rd Street
San Diego, CA 92102

Reference: Customer Contract

Dear Ms. Turner,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was May 26, 2004 leaving a balance of \$237.46. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-14988, date issued April 7, 1999 cemetery location Division 12, Section 1, Lot 11, Grave 1, 3 & 4.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400. This will be your last notification. If payments are not kept up on a monthly basis your account will be referred to collections.

Sincerely,


Cemetery Manager

ph

cc: file



Mt. Hope Cemetery

Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403



E-14988

THE CITY OF SAN DIEGO

February 28, 2003

Ms. Dire Ann Turner
353 43rd Street
San Diego, CA 92102

Reference: Customer Contract

Dear Ms. Turner,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was February 09, 2001 leaving a balance of \$745.60. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-14988, date issued April 07, 1999, cemetery location Division 12, Section 1, Lot 11, Grave 1, 3, & 4.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

Mt. Hope Cemetery

Community Parks & Recreation • 3751 Market Street • San Diego, CA 92103-4527
Tel (619) 527-3400 • Fax (619) 527-3403



E-14988

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 7 day of April, 1999, between Dore Ann Turner, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 11, Grave 1434, Row ---, Section 1, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$2985.00 (3⁰⁰/₁₀₀), payable as follows: \$1492.50 cash herewith, the receipt of which is hereby acknowledged; \$62.19 on the 25th day of May, 1999; and the balance in installments of \$62.19 or more, payable at the office of Mt. Hope Cemetery, on the 25th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

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

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

REC'D
MAY 11 1999

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

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

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

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

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

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

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

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

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

WITNESS our hands this day and year above written.

Deed to be issued to:

Dire Ann Turner
Name

353-43rd St.
Address

San Diego, CA 92102

PURCHASER

Dire Ann Turner
Print Name

Dire Turner
Signature

353 - 43rd St.
Street Address (Mail)

S.D. CA 92102
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Lynda Robinson

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-99

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

of Juan Francisco Garcia

In a Urn Funeral, date, time 4-13-99 10:30

Church, Chapel, Graveside Church/Graveside: Redding 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 N.A.

✓ Lot 54 Grave 9 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 filling fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-51019 1664.73

Balance due 0

PAID
APR 08 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO CALIF.

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 Nancy J Garcia
Signature
X 2379 Amythe Ave #9
Address
X San Ysidro Ca 92173
City
(619) 662-9710 Telephone
Zip Code

Invoice # _____

Work Order # **E 14989**

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14989 51019



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-8, 1999

From: Darcy Garcia Address: 2379 Smythe Apt A San Ysidro 92173
One thousand six hundred sixty four ⁷³/₁₀₀ Dollars (\$ 1664.73)
in full Payment of Interment of Juan J. Garcia

Lot 54 Grave 9 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-14989

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

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

ISSUED BY S. Shelton

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Com | 77184 | | |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 100 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| | 77182 | | |
| Handling Fee | 100 | 145 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| | 77183 | | |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 80101 | 14 | 73 |
| | 78390 | | |
| TOTAL PAID | \$ | 1664 | 73 |

14989

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

26

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

| | | | | | |
|---|---|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Juan | 1B. MIDDLE Francisco | 1C. LAST (FAMILY) Garcia | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/22/1972 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/03/1999 | 4. SEX M |
| 5A. CITY OF DEATH Sioux Falls | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE South Dakota | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT America Perez - Brother 124SS. Duluth Ave. #3 Sioux Falls, SD 57104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>America Perez</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 04/08/1999 | |

| | | | | | |
|--|--|---|---|--|--|
| 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 04/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905797 <i>C. Lathrem</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 PO BOX 85222 San Diego, CA 92186-5222 | |

| | |
|--|---|
| 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 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 Mt. Hope Cem. 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 4-13-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Persson</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 4-8-99

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

of Donald Dane Mealing

in a T.S. Vault Funeral date/time Mon April 12 1:00

Church, Chapel Graveside Ragsdale Mortuary 3:00 SLUPPER 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 Gm

Lot 91 Grave 9 Row 3 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 185.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1669.38

Paid receipt number MIC 166938

Balance due X

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 Pearl E Mealing
Signature 2385-69 SR
Address San Marcos 91945
City CA Zip Code
X 463-1216
Telephone

Work Order # **E 14990**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14990
46

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

| | | | | | |
|--|---------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Donald | 1B. MIDDLE Dane | 1C. LAST (FAMILY) Mealing | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/12/1952 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/05/1999 | 4. SEX M |
| 5A. CITY OF DEATH La Mesa | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Pearl E. Mealing, Mother 2385 69th St. Lemon Grove, CA 91945 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5000 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | |
| | | ▶ <i>Pearl E. Mealing</i> | | 04/08/1999 | |

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 04/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9905819 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 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 4-12-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kay Judice</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 4-12-99

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

in a LINER Type of Burial Container Funeral, date, time WED 4-14 1:00

Church, Chapel, Graveside CHURCH/GRAVESIDE; RAGSDALE Mortuary DEBATE

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 73 Grave 4 Row _____ Section 2 Division/Block 11

| | |
|---|---------------|
| 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> |

PAYMENT ?

with bring check X

Total Due 1564.73

Paid receipt number R-51036 1564.73

Balance due —

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

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

Signature of recorded holder of dead _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

see attached

Work Order # **E 14991**

Invoice # _____
 Acct. # _____

E-1499A

| | |
|---------|--------|
| ... | 245.00 |
| ... | 375.00 |
| ... | 190.00 |
| ... | 45.00 |
| PAYMENT | |

E 1499

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14991

51036



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

MOUNT HOPE CEMETERY
527-3400

From: Lydia Elliot - King Address: 2929 1/2 K Street San Diego 92102 Date: 4-13, 1999
One thousand five hundred sixty four & 73/100 Dollars (\$ 1564.73)
 In full Payment of interment of Juanita Russell

Lot 73 Grave 4 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-14991
 BALANCE DUE 0

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

ISSUED BY J. Schellton

| | | | |
|------------------------|-------|------|----|
| CREDIT | 87007 | 159 | 00 |
| 20% Sales Care | 77184 | | |
| 50% Sales of Lots | 100 | 636 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| | 77182 | | |
| Handling Fee | 100 | 145 | 00 |
| Recording & Misc. Fees | 77185 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 80101 | 14 | 73 |
| | 78390 | | |
| TOTAL PAID | \$ | 1564 | 73 |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 7059

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51147



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

MOUNT HOPE CEMETERY

527-3400

From: John Washington Address: 3444 Buckingham Rd. LA 90016 Date: 5-13 19 99
one hundred twenty five Dollars (\$) 125.00
 In full Payment of marker setting fee for
Juanita Runkel
 Lot 73 Grave 4 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E 14991
 BALANCE DUE 0

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 | | |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | <u>125</u> | <u>00</u> |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 8022 | | |
| | 60101 | | |
| | 78380 | | |
| TOTAL PAID | | \$ <u>125</u> | <u>00</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 5-94) 7363

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14991
80

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

| | | | | | | |
|--|--------------------------------|--|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Juanita | 1B. MIDDLE Elizabeth | 1C. LAST (FAMILY) Runnels | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/08/1918 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/09/1999 | 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 Lydia Elliott-King, Daughter 1766 Republic St. San Diego, CA 92114 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | | 8B. DATE SIGNED 04/12/1999 |

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.

| | | | | | |
|--|---|--|---|---|---------|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/13/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9906061 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

| | |
|--|---|
| 10. 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 4-14-99 | 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 4-12-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BESSIE IRENE SMITH

in a LINER Funeral, date, time TUES. Apr. 20 11:00
Type of Burial Container
 Church, Chapel, Graveside church + graveside BRAGSDALE Mortuary, DEPT

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. JAC

Lot 220 Grave 2 Row _____ Section 14 Division/Block 7

Grave space & Care Fund Pre-need B-447 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

Total Due 769.73

Paid receipt number 51035 709.73

Balance due 0

I hereby certify I am the X Power of ATT of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 James Goodbody
 Signature
3744 Avenida Ave #6
 Address
SAN Diego, CA 92104
 City Zip Code
(619) 298-6915
 Telephone

Invoice # _____

Acct. # _____

Work Order # E 14992

51035

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

From: Jewell Goodridge Address: 3744 Arroyo Ave #6 SD 92104
 Date: 4-12-99
 Seven hundred sixty nine & 13/100 Dollars (\$ 769.13)
 In full Payment of interment of Belle West Smith
 Lot 220 Grave 2 Row Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E 14992

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

2501

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

ISSUED BY

Cecilia Avallone

| | 87007 | |
|------------------------|-------|--------|
| CREDIT | 77184 | |
| 20% Sales Care | 100 | |
| 50% Sales of Lots | 77184 | |
| Opening/Closing | 100 | 375 |
| Burial Containers | 77181 | 190 |
| Handling Fee | 100 | 145 |
| Recording & Misc. Fees | 77185 | 45 |
| Pre-Need Trust | 63033 | |
| Sales Tax | 9022 | 14 |
| | 80101 | 73 |
| | 78390 | |
| TOTAL PAID | \$ | 769.13 |

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14992
87.

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

| | | | | | |
|---|----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Bessie | 1B. MIDDLE Irene | 1C. LAST (FAMILY) Smith | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1912 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/11/1999 | 4. SEX F |
| 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 Jewell Goodridge, Cousin 3744 Arnauld Ave. Unit 6 San Diego, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 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 04/13/1999 | |

| | | | | | |
|----------------------------------|---|---|---|---|---------|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 04/15/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9906164 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> - | | | |

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 (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 7-20-99 | 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 4-12-99

L 28
W 14 H 9 1/2

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

In a _____ Funeral, date, time Wed. 4-14 2:00
Type of Burial Container _____
Church, Chapel, Graveside Graveside : Reynolds 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 1138 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

mortuary to bring check

Paid receipt number R-51646 270.00

Balance due 0

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

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

Signature of recorded holder of deed _____

X [Signature]
Signature
X 9209 Kenwood Dr #20
Address
X Spring Valley CA 91977
City Zip Code
X 462-3451
Telephone

Work Order # **E 14993**

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51046

Date: 4-14, 1999

From: Ragsdale Mortuary Address: 5050 Federal Blvd. SD 92102

Two Hundred Seventy and 00/100 Dollars (\$ 270.00)

In full Payment of burial of Derrius Little

Lot 1138 Grave 1 Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E 141993

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3731

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

ISSUED BY Lynder

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | <u>200</u> | <u>00</u> |
| 80% Sales of Lots | 77184 | <u>80</u> | <u>00</u> |
| Opening/Closing | 100 | <u>125</u> | <u>00</u> |
| Burial Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | <u>45</u> | <u>00</u> |
| 77183 | | | |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>270</u> | <u>00</u> |

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-14993

1 day

| | | | | | |
|--|----------------------------|---|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Darrius | 1B. MIDDLE Malik | 1C. LAST (FAMILY) Antwon Little | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/04/1999 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/04/1999 | 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 Reko Little, Father 9209 Kenwood Dr. Apt. 22 Spring Valley, CA 91977 |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Raggdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i> |
| ACKNOWLEDGMENT OF APPLICANT | | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 04/12/1999 |

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 04/14/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Debbie Williams</i> |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 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 4-14-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-12-99

116
chains

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

of John Etridge

in a Uner Funeral, date, time Sat 4-17 11:00

Church, Chapel, Graveside Church Graveside: Rosedale Mortuary

All Funeral cars must arrive before 3:15 PM p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. SE

Lot 74 Grave 12⁵¹⁶ Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund trion flower vase N/C

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 45.00

Flower vases - Marker setting fee Sat. overtime 600.00

Recording and filing fee 45.00

Sales taxes OVER 14.73

Total Due 2264.73

Paid receipt number 51037 2264.73

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 Sidney Etridge
Signature
X 6328 Jouglard St
Address
X SD 92114
City Zip Code
X 619-470-6767
Telephone

Work Order # E 14994

Invoice # _____
Acct. # _____

896-3550

4-20-99 R-51071 447.50

Billed for 2nd grave
1/2 price

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14994
53

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

| | | | | | | |
|---|----------------------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Joann | 1B. MIDDLE Marie | 1C. LAST (FAMILY) Ethridge | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/24/1945 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/09/1999 | 4. SEX F | |
| 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 Sydney M. Ethridge, Son 6328 Jouglard St. San Diego, CA 92114 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i> | | | 8B. DATE SIGNED 04/16/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/16/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9906261 |
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | 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 | | | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | | 8E. 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"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 4-17-99 4-20-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51037



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-13, 1999

From: Deepwater Veterans Trust Address: 101 W. Broadway, Suite 1050 SD 92101
Two thousand Two Hundred Sixty Four and 73/100 Dollars (\$ 2,264.73)
In full Payment of burial of Jo Ann Ethridge

Lot 74 Grave 12 Row 3 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14994

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

773

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

3

ISSUED BY Lynda

| | | | |
|------------------------|-------|-----|---------|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 390 | 00 |
| Handling Fee | 77182 | 145 | 00 |
| Recording & Misc. Fees | 100 | 645 | 00 |
| Pre-Need Trust | 77183 | | |
| Sales Tax | 63033 | | |
| | 9022 | | |
| | 80101 | 14 | 73 |
| | 78390 | | |
| TOTAL PAID | | \$ | 2264 73 |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-14994 51071



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-20, 1999

From: James A. Ethridge Address: 6253 Camino Corte San Diego 92120
Low Buried Body Seven ⁵⁰/₁₀₀ Dollars (\$ 447.50)

In full Payment of Interment of John Ethridge

Lot 89 Grave 5-16 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.G. E-14994
BALANCE DUE 0

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

APR 20 1999

ISSUED BY S. Sullivan

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 447 | 50 |
| Opening/Closing | 77184 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77185 | | |
| Pre-Need Trust | 100 | | |
| | 77183 | | |
| Sales Tax | 63033 | | |
| | 9022 | | |
| TOTAL PAID | 60101 | 447 | 50 |
| | 78380 | | |

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
1766

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-12-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAN ANN CLAY

in a liner Funeral, date, time Thur. April 15 2:00

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 \$ 150.00

will be applied and billed to undersigned. WOL

Lot 125 Grave 9 Row 3 Section 3 Division/Block 12

Grave space & Care Fund w/tree 895.00

Additional spaces and care fund late service fee 150.00

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees APR 12 1999 145.00

Flower vases - Marker setting fee MT. HOPE CEMETERY 45.00

Recording and filing fee CITY OF SAN DIEGO CALIF 14.73

Sales taxes 16104.73

Total Due 1664.73

Paid receipt number 51032 1664.73

Balance due 150.00

I hereby certify I am the X Step 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 Victor P. 229076

Address X 306 DOL ST.

City X SAN DIEGO CA 92114 Zip Code

Telephone X (619) 262-4170

Invoice # 314836

Work Order # E 14995 Acct. # 098550

REA-104 (7-98) This information is available in alternative formats upon request.

4-23-99

Service arrived at 3:38 pm.
late service fee will be
applied to family for
payment.

X Catina M. Surgeon - Avallone
CA II

X David Melanson

X Wayne Adams 3:45 PM

Crew finished at 5:00 P.m. #

& locked gate at 5:10

Ray Smith

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14995

51032

Date: 4-12, 19 99

From: SD Memorial Address: 2441 University Ave

Dollars (\$ 1664.73)

In Full Payment of burial of Mary Ann Clay

Lot 125 Grave 9 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 14995

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.

3792 ISSUED BY Lyn du

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 716 | 00 |
| | 77184 | | |
| Opening/Closing | 100 | 375 | 00 |
| | 77181 | | |
| Burial Containers | 100 | 190 | 00 |
| | 77182 | | |
| Handling Fee | 100 | 145 | 00 |
| | 77185 | | |
| Recording & Misc. Fees | 100 | 45 | 00 |
| | 77183 | | |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 80101 | 14 | 73 |
| | 78390 | | |
| TOTAL PAID | \$ | 1664 | 73 |

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14995
23

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

Found

| | | | | | |
|---|--------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Mary | 1B. MIDDLE Ann | 1C. LAST (FAMILY) Clay | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/02/1975 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/08/1999 | 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 Victor D. Lewis - Stepfather 306 Dolo St. San Diego, CA. 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 04/12/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 | THIS PERMIT 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 DISPOSITION OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/12/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Legaspi ▶ 9905933 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. AUTHORIZED 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA. 92102 | 11B. DATE BURIED 4-15-99 | 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 4-12-99

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

of Bertha Lee Gill

In a liner Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 84 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..... 90.00

Handling Fees 45.00

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

Recording and filing fee..... 14.73

Sales taxes..... 1504.73

Total Due..... 1504.73

Paid receipt number R 51033 1504.73

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.

Signature of recorded holder of deed _____

[Signature]
Signature
224 53rd st
Address
San Diego 92114
City Zip Code
2634687
Telephone

Work Order # **E 14996**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51033



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

MOUNT HOPE CEMETERY

527-3400

Date: 4-12, 1999

From: Arthur H. Richardson Jr. Address: _____

One thousand five hundred sixty four and 73/100 Dollars (\$ 1504.73)

In full Payment of interment of Berna del Gull

Lot 84 Grave 2 Row _____ Section 3 Division 2

Invoice No. _____

Acct. No. _____

W.O. E14996

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

052123

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

ISSUED BY _____

Calina Vallina

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 159 | 12 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | 636 | 00 |
| Opening/Closing | 100 | 375 | 00 |
| Burial Containers | 100 | 90 | 00 |
| Handling Fee | 77185 | 45 | 00 |
| Recording & Misc. Fees | 77183 | 45 | 00 |
| Pre-Need Trust | 53033 | | |
| Sales Tax | 9022 | 14 | 73 |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 1504 | 73 |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-13-99

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

of Thomas Smith

in a Double Depth Funeral, date, time Fri 4-16 1:00

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 [Signature]

✓ Lot 1588 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid _____ 0

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

PAID
APR 4 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due _____ 1149.45

Paid receipt number R-51043 1149.45

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.

X Donald Smith
Signature
357 E Bradley
Address

Signature of recorded holder of deed _____

El Cajon City
619-449-4027 Telephone
Zip Code _____

Work Order # E 14997 Invoice # _____
Acct. # _____

E 14997
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) THOMAS | 1B. MIDDLE EVERETT | 1C. LAST (FAMILY) SMITH | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/08/1954 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/12/1999 | 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 DONALD SMITH: BROTHER 351 E. BRADLEY AVENUE, SP. 118 EL CAJON, CA 92020 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD843 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i> | | 8B. DATE SIGNED 04/13/1999 |

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

| | | | | |
|---|--|---|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/15/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: | | |

10. 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 MOUNT HOPE CEMETERY; 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-16-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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.

51043

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-14, 1999From: Clarence Smith Address: 12505 Royal Rd Sp 15 El Cajon
One Thousand One Hundred Forty Nine ⁴⁵ 100 Dollars (\$ 1149.45)
In full Payment of Returned of Thomas Smith
 Lot 1588 Grave 1 Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14997BALANCE DUE 0Pre-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. Schellin

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>380</u> | <u>00</u> |
| Handling Fee | 77182 | <u>320</u> | <u>00</u> |
| Recording & Misc. Fees | 100 | <u>45</u> | <u>00</u> |
| Pre-Need Trust | 83033 | | |
| Sales Tax | 8022 | <u>29</u> | <u>45</u> |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1149</u> | <u>45</u> |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-13-99

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

of Florencio S. Gogo 9:00

In a liner Funeral, date, time TUES. APRIL 20

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. AG

Lot 114 Grave 11 Row _____ Section 3 Division/Bleak 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 90.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1504.73

Total Due 1564.73

Paid receipt number RS1057 1564.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Alvarez
Signature _____
Address 7 Encinitas Ave
San Diego CA 92114
City _____ Zip Code _____
(619) 962-2458
Telephone _____

Work Order # E 14998 Invoice # _____
Acct. # _____

REA-104 (7-96) This information is available in alternative formats upon request.

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-14998

51057

Date: 4-16, 1999

From: Akenese Gogo Address: 627 Encinitas Ave SD 92114

One Thousand Five Hundred Sixty Four and 73/100 Dollars (\$ 1564.73)

In. Full Payment of burial of Florencio S. Gogo

Lot 114 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-14998

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

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

ISSUED BY Lynda

540

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 159 | 00 |
| 80% Sales of Lots | 77184 | 636 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| Handling Fee | 77185 | 185 | 00 |
| Recording & Misc. Fees | 77183 | 45 | 00 |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 60101 | 14 | 73 |
| | 78390 | | |
| TOTAL PAID | \$ | 1564 | 73 |

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-14998
44

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

| | | | | | |
|--|-----------------------------|--|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) FLORENCIO | 1B. MIDDLE SANTOS | 1C. LAST (FAMILY) GOGO | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/04/1954 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/11/1999 | 4. SEX MALE |
| 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 AKENESE GOGO-WIFE 627 ENCINITAS AVENUE 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>[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 04/19/1999 | | |

| | | | | |
|---|--|--|---|---|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/19/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER |
| ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|---|--|
| 10. 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 STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-20-99 | 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 CREMATORY <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 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.

OBSTETRICS/GYNECOLOGY ASSOCIATES

MEDICAL GROUP, A MEDICAL CORPORATION

NATHAN J. HARRISON, M.D.
PAUL R. GOLDSTEIN, M.D.
COLLEEN P. McNALLY, M.D.

3-12-99

TO WHOM IT MAY CONCERN:

THE FETUS OF CHRYL RASMUSSEN
IS AT ESTIMATED GESTATIONAL AGE
≤ 20 WEEKS

Chubasco

9844 GENESEE AVE., SUITE 301
9599 MIRA MESA BOULEVARD
7530 FROST STREET, SUITE 401

LA JOLLA, CALIFORNIA 92037
SAN DIEGO, CALIFORNIA 92131
SAN DIEGO, CALIFORNIA 92123

452-8500
588-5100
360-4809

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-14-99

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

of Willie Carmichael MON. 5-3 1:00

in a Urn Funeral, date, time ~~Wed 4-20 11:00~~

Church, Chapel, Graveside Graveside ; La Bural Mortuary Kim

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 268 Grave 88 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
~~185.00~~

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-51074 1564.73

Balance due —

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 _____

✓ Sharon D. Carmichael
Signature
✓ 4333 Dawson Ave #25
Address
✓ San Diego, CA 92115
City Zip Code
✓ 583-3202
Telephone

Work Order # E 14999

Invoice # _____

Acct. # _____

286 - 2674

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

14999

51074



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-26 1999

From: Haron Carmichael Address: 1333 Dawson Ave #25 San Diego 92115

One thousand five hundred sixty four ⁷⁵/₁₀₀ Dollars (\$ 1561.75)

In full Payment of Interest of Willie Carmichael

Lot 268 Grave 8 Row 8 Section 2 Division 12

Invoice No. _____
Acct. No. _____
W.O. E-14999
BALANCE DUE 0

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

ISSUED BY J. Shultz

| | | | |
|------------------------|-------|------|----|
| CREDIT | 87007 | 159 | 00 |
| 20% Sales Com | 77184 | | |
| 80% Sales of Lots | 100 | 636 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| Handling Fee | 77182 | 145 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 9022 | 14 | 75 |
| | 80101 | | |
| | 76390 | | |
| TOTAL PAID | \$ | 1564 | 75 |

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

E-14999

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) Willis | 1B. MIDDLE - | 1C. LAST (FAMILY) CARMICHAEL, III | 2. DATE OF BIRTH MONTH DAY YEAR 02/28/1969 | 3. DATE OF DEATH MONTH DAY YEAR 04/01/1999 | 4. SEX M |
| 5A. CITY OF DEATH Sacramento | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Sacramento | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sharon CARMICHAEL (Sister) 4333 Dawson Avenue San Diego, CA 92115 | | |
| 7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH THOMPSON FUNERAL HOME, INC., 3601 Fifth Avenue, Sacramento, CA 95817 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-860 | 8A. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED <i>[Signature]</i> 04/29/1999 | | |

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 04/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX AUTH # 2197 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— Sacramento County Health Dept., 3701 Branch Center Road, Sacramento, CA 95827 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— San Diego County Health Dept., 3651 Rosecrans Street, 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 Mount Hope Cemetery, 3751 Market Street, San Diego, CA | 11B. DATE BURIED 5-3-99 | 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 4-14-99

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

in a liner Funeral, date, time Friday, 4-16-99 11:00

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 \$ 150.00 will be applied and billed to undersigned.

Lot 109 Grave 6 Row 3 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 185.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 17.73

Total Due 1564.73

Paid receipt number R-51047 1264.00

R-51054 Balance due 300.73

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 _____

Signature Marilyn Greene

Address 4452 Boston Ave

City San Diego Ca 92113

Zip Code

Telephone (619) 266-9714

Work Order # E 15000

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51047

018383

Date: 4-15, 1999

From: Cleveland Jones Jr. Address: 3258 1/2 Greely San Diego 92113

One thousand two hundred sixty four Dollars (\$ 1264.00)

In part Payment of Interest of Leah Simmons

Lot 109 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15000

BALANCE DUE 300.73

Pre-Need Lot At Need On Acc't

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shackleton

| | | | |
|------------------------|-------|------|----|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | 159 | 00 |
| 60% Sales of Lots | 100 | 636 | 00 |
| 77184 | | | |
| Opening/ Closing | 100 | 75 | 00 |
| 77181 | | | |
| Burial Containers | 100 | 190 | 00 |
| 77182 | | | |
| Handling Fee | 100 | 145 | 00 |
| 77185 | | | |
| Recording & Misc. Fees | 100 | 45 | 00 |
| 77183 | | | |
| Pre-Need Trust | #3033 | | |
| 9022 | | | |
| Sales Tax | 60101 | 14 | 00 |
| 78390 | | | |
| TOTAL PAID | \$ | 1264 | 00 |

51054

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-16, 1999From: SD Memorial Chapel Address: 2441 University Ave SD 92104Three Hundred and 73/100Dollars (\$ 300.73)In Full Payment of burial of Leola Simmons (balance of payment)Lot 109 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E15000BALANCE DUE 0NOT 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 | <u>300</u> | <u>00</u> |
| | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | <u>73</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>300</u> | <u>73</u> |

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

AC-212 (Rev. 5-94)

3817

ISSUED BY Lynda

E 15000

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) Leola | 1B. MIDDLE B | 1C. LAST (FAMILY) Simmons | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/12/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/12/1999 | 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 Dolly Jones - Niace 3258 Greely Ave. ^{2nd} San Diego, CA. 92113 | | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | 8A. SIGNATURE OF APPLICANT—Person issuing permit <i>[Signature]</i> | | | 8B. DATE, SIGNED 04/14/1999 |
| 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 04/15/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Legaspi | |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

| | |
|--|---|
| 10. AUTHORIZED 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 4-16-99 | 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.

10 CHAIRS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-14-99

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

of YVETTE ROZIER ROZIER

In a liner Funeral, date, time FKI Apr 16 1:00

Church, Chapel, Graveside Church / Graveside; Mayer 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 128 Grave 11 Row _____ Section 3 Division/Bleek 12

Grave space & Care Fund 45.00 20% 795.00

Additional spaces and care fund PAID IN FULL 375.00

Opening/Closing & Setup 5-24-99 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.73

Recording and filing fee 1504.73

Sales taxes 750.00

Total Due 814.73

to pay 50% down
& sign 30 day note

Paid receipt number R-51048 750.00

Balance due 814.73

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. X

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

X Mildred Rozier
Signature 5675 Andrews Pl #9
Address San Diego CA 92115
City 286 6694 Zip Code

Signature of recorded holder of deed

Invoice # 314837

Work Order # E 15001

Acct. # 098551

4-23-99

MT. HOPE CEMETERY

W.O.# E-15001

NOTE

\$ 814.73 San Diego, California April 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 eight hundred ~~thirteen~~ ⁷³ ~~and~~ ¹⁰⁰ DOLLARS with interest from May 17, 1999 Sanier 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 Mildred ROZIER SIGNATURE X

ADDRESS X 5675 Andros Pl #9 San Diego CA 92115

CALIFORNIA DRIVER LICENSE NUMBER IP X A1877658 SSN # X 197-14-8924

E 15001

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/25/99

DATE: 05/25/99
TIME: 215353
PAGE: 4

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

| INV NO | INV DATE | ACCT NO | CUSTOMER NAME | FUND | DEPT | ORG | ACCT | J/O | PAYM DATE | PD BY | PAYM REF NO | AMOUNT PAID | AMOUNT BILLED | UNPAID BALANCE |
|--------|----------|---------|----------------|-------|------|-----|-------|-----|-----------|-------|-------------|----------------|---------------|----------------|
| | | | | | | | | | OPER | BN/EQ | FACILI | AMOUNT APPLIED | | |
| 314837 | 04/23/99 | 098551 | MILDRED ROZIER | | | | | | 05/24/99 | | | 814.73 | 814.73 | 0.00 |
| | | | | 100 | 072 | | 77181 | | 000072 | | | 375.00 | | PAID IN FULL |
| | | | | 100 | 072 | | 77182 | | 000072 | | | 190.00 | | |
| | | | | 100 | 072 | | 77183 | | 000072 | | | 45.00 | | |
| | | | | 100 | 072 | | 77185 | | 000072 | | | 145.00 | | |
| | | | | 60101 | | | 78390 | | | | | 14.73 | | |
| | | | | 67007 | | | 77184 | | | | | 45.00 | | |

F-15001

51048

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 4-15 1999
 From: Mildred Rojas Address: 5675 Andros Pl Apt 9 San Diego 92116
Seven Hundred Fifty Dollars (\$ 750.00)
 In part Payment of Interment of Yvette Rojas

Lot 128 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15001BALANCE DUE 815.73Pre-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 | 114 | 00 |
| 80% Sales | 100 | 636 | 00 |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 750 | 00 |

ISSUED BY S. Shelton

E15001

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

460

| | | | | | |
|--|-----------------------|--|--|--|-------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Yvette | 1B. MIDDLE Corleen | 1C. LAST (FAMILY) Rozier | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/29/1952 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/10/1999 | 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 Mildred Rozier-Mother 5675 Andros Pl., #9, San Diego, CA 92115 | | |
| 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—Permitting 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 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 04/14/1999 | |

| | | | | |
|---|--|--|--|--|
| 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 04/15/1999 James Hale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906165 |
| | | 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 | 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 St., San Diego, CA 92102 | 11B. DATE BURIED 4-16-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson |
| | 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.

Jerusa Lewis

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-15-99

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

In a ash vault Type of Burial Container Funeral, date, time mon 4-19 1:30

Church, Chapel, Graveside Witness; Repture 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 25 Grave 3 Row _____ Section 100F Division/Block Q

| | |
|---|-------|
| Grave space & Care Fund | _____ |
| Additional spaces and care fund | _____ |
| Opening/Closing & Setup | _____ |
| Burial Container | _____ |
| Handling Fees | _____ |
| Flower vases - Marker setting fee | _____ |
| Recording and filing fee | _____ |
| Sales taxes | _____ |

PAID
APR 9 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

105.00
55.00
60.00
45.00
4.26

Total Due 269.26

Paid receipt number 51059 200920

Balance due 0

Repture to bring ash + permit

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.

Jerusa Lewis
Signature Jerusa Lewis
Address 4322 NARRAGANSETT
SD 92107
City San Diego Zip Code
Telephone 619-222-2739

Signature of recorded holder of deed _____

Work Order # **E 15002**

Invoice # _____
Acct. # _____

E15002

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) CHARLOTTE | 1B. MIDDLE - | 1C. LAST (FAMILY) GALVAS | 2. DATE OF BIRTH MONTH DAY YEAR 03/10/1924 | 3. DATE OF DEATH MONTH DAY YEAR 04/09/1999 | 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 TERESA LEWIS-DAUGHTER 4322 NARRAGANSETT AVE. SAN DIEGO, CA 92107 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS, EL CAJON, CA 92021 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>L. Crumpler</i> | | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 04/14/1999 | |

| | | | | |
|--|--|---|--|---|
| 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 04/14/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L. CRUMPLER |
| | | 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

| | | |
|--|--|---|
| <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 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 MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-19-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA, INC. 14065 HWY 8 BUS, EL CAJON, CA 92021 | 12B. DATE CREMATED 4/14/99 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>L. Crumpler</i> |
| | 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.

51059

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

From: Teresa Lewis Address: 4322 Navagante Ave SD 92107 Date: 4-19, 1999
In full Payment of interment of Charlotte Falvas Dollars (\$) 269.26

Lot 25 Grave 31 Row _____ Section 100F Division Block Q

Invoice No. _____
Acct. No. _____
W.O. E/5002
BALANCE DUE Q

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 | <u>106</u> <u>00</u> |
| Burial Containers | 100 | <u>55</u> <u>00</u> |
| Handling Fee | 77182 | <u>100</u> <u>00</u> |
| Recording & Misc. Fees | 77185 | <u>45</u> <u>00</u> |
| Pre-Need Trust | 63033 | |
| Sales Tax | 9022 | <u>4</u> <u>26</u> |
| TOTAL PAID | 78390 | <u>269</u> <u>26</u> |

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

1004

ISSUED BY Catrina Avallone

HUSBAND is
JOAN INDA

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-16-99

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

of Socorro Inda

in a Double Death Funeral, date, time Mon. 4-19 9:00

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 110 Grave 8 Row _____ Section 2 Division/Block 13

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-51053 2044.45

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 JORGE L. Inda
Signature
X 773 Saugerties AVE.
Address
X SAN DIEGO 92154
City Zip Code
(619) 424-6805
Telephone

Work Order # E 15003

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 15003
53

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

| | | | | | |
|--|----------------------------|---|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SOCORRO | 1B. MIDDLE MARIA | 1C. LAST (FAMILY) INDA | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/11/1945 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/13/1999 | 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 Juan F. Inda - Husband 773 Saugerties Avenue San Diego CA 92154 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | | 8A. SIGNATURE OF APPLICANT— <i>Permit being issued</i> <i>Judith King</i> |
| 8B. DATE SIGNED 04/16/1999 | | | ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 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 04/16/1999 <i>H.F. King</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906287 |
| 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 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 | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102 | 11B. DATE BURIED 4-19-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i> | |
| | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

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

51053

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

 MOUNT HOPE CEMETERY
 527-3400
Date: 4-16, 1999From: George Lutz Address: 773 Sanger Tris Ave San Diego 92154
Two thousand forty four and 45/100 Dollars (\$ 2044.45)
In full Payment of Interest of George Lutz
 Lot 110 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15003BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY S. Schultz

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 57007 | | |
| 20% Sales Tax | 77184 | <u>179</u> | <u>00</u> |
| 80% Sales of Lots | 100 | <u>716</u> | <u>00</u> |
| Opening/Closing | 77181 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>380</u> | <u>00</u> |
| | 77182 | <u>320</u> | <u>00</u> |
| Handling Fee | 100 | <u>45</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 9022 | <u>29</u> | <u>45</u> |
| | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>2044</u> | <u>45</u> |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51178



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-26, 19 99

From: Juan Inda Address: 773 Sangeritos Ave SD 92154

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

In Full Payment of marker setting fee for Socorro Inda

Lot 110 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15003

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 Lynda

| | | | |
|---------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Com | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | <u>125</u> | <u>00</u> |
| Pre-Need | 63033 | | |
| Trust | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>125</u> | <u>00</u> |

2401

Stillborn
casket
2 ft.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-19-99

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

of James W. Young
in a _____ Funeral, date, time Wed. 4-21 10:30

Church, Chapel, Graveside Graveside : Regdale 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 3388 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-51056 270.00

Balance due 0

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 James P. Young
Signature
X 1911 Edgemont St
Address
X San Diego CA 92102
City Zip Code
X (619) 235-888A
Telephone

Invoice # _____

Work Order # E 15004

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15004
1 day

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

| | | | | | |
|--|-----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Hames | 1B. MIDDLE Wesley | 1C. LAST (FAMILY) Young | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/15/1999 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/15/1999 | 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 Pamela L. Downey, Mother 1911 Edgemont St. San Diego, CA 92102 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| NONRECOGNITION OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7200 of the Health and Safety Code. | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | |
| | | | | 8B. DATE SIGNED 04/21/1999 | |

| | | | | |
|--|---|--|---|---|
| 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 \$7.00 | 9E. DATE PERMIT ISSUED 04/21/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906487 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 4-21-99 | 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 <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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51056

Date: 4-20, 1999

From: James P. Young Address: 1911 Edgemont St. San Diego 92102

Two Hundred Seventy Dollars (\$ 270.00)

In full Payment of _____

Lot 3388 Grave _____ Row _____ Section 1 Division 9 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-15004
 BALANCE DUE 0

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

ISSUED BY [Signature]

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67007 | 20 | 00 |
| 20% Sales Comm | 77184 | | |
| 80% Sales of Lots | 100 | 80 | 00 |
| Opening/Closing | 77181 | 125 | 00 |
| Burial Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | 45 | 00 |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 270 | 00 |

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

OFFICIAL RECEIPT

51168



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-21, 1999

From: James P Young Address: 1911 Edgemont St. SD 52102
Eighty and 00/100 Dollars (\$ 80.00)

In full Payment of setting fee for James Wesley Young

Lot 3388 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E 15004

BALANCE DUE 0

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

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

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

821

ISSUED BY Lynda

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-19-99

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

of Josephine Madison

In a T.S.D. Vault Funeral, date, time Thurs 4-22 11:00

Church, Chapel, Graveside Church/Graveside: Cal Burial Mortuary.

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

will be applied and billed to undersigned. XJC

Lot 104 Grave 10 Row _____ Section 2 Division/Block 13

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 45.00

Recording and filing fee 19.38

Sales taxes _____

Total Due 1769.38

Paid receipt number R-51055 1769.38

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 Buendia J. Chappo
Signature
X 431 Oldcreek St.
Address
X San Diego, CA 92114
City Zip Code
X 619 264-0010
Telephone

Work Order # E 15005

Invoice # _____

Acct. # _____

E15005

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

63

| | | | | | |
|---|--|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPHINE | 1B. MIDDLE - | 1C. LAST (FAMILY) MADISON | 2. DATE OF BIRTH MONTH DAY YEAR 12/25/1935 | 3. DATE OF DEATH MONTH DAY YEAR 04/16/1999 | 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 GWENDOLYN MADISON-CHAPPELL—DAUGHTER 431 OMEARA ST., 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>[Signature]</i> | | 8B. DATE SIGNED 04/21/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 04/21/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906536 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"/> 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 MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-22-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51055



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

MOUNT HOPE CEMETERY
 527-3400

Date: 4-19, 1989

From: Gwendolyn Chappell Address: 431 O'neave St - San Diego 92114

One thousand seven hundred thirty nine & 30/100 Dollars (\$ 1769.38)

In full Payment of Interest of Gwendolyn Chappell

Lot 104 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15005

BALANCE DUE 0

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

ISSUED BY [Signature]

| | | | |
|------------------------|-------|-----|---------|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Cars | 77184 | | |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 180 | 375 | 00 |
| Burial Containers | 100 | 250 | 00 |
| Handling Fee | 77182 | 185 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 77183 | | |
| Sales Tax | 63033 | | |
| | 9022 | 19 | 38 |
| TOTAL PAID | 60101 | \$ | 1769 38 |
| | 78390 | | |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2530

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51626



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY
 527-3400

Date: Oct 20, 1997

From: Gwen Chappell Address: 431 O'Connell St. San Diego CA 92114

Two hundred twenty five & 00/100 Dollars (\$ 125.00)

In Full Payment of Settlement fee for
Josephine Madison

Lot 124 Grave 110 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15005

BALANCE DUE _____

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

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

ISSUED BY Roselle

| | | |
|------------------------|-------|---------------|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>125.00</u> |

2828

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-19-99

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

of Melverine Harrison
in a well cloth Funeral, date, time Thurs 4-22 11:00
Type of Burial Container

Church, Chapel, Graveside Church/Graveside: La Burrell 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 20 Grave 7 Row _____ Section 21 Division 12 Block 12

Grave space & Care Fund 895.00

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 14.73

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R 51070 832.37

Balance due R 51073 832.36

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 Melverine Harrison
Signature

2532 K. St.
Address

San Diego, CA 92102
City Zip Code

619-235-6194
Telephone

Work Order # E 15006

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

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

| | | | | | | |
|---|--|--|--------------------------------------|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MELVERINE | | 1B. MIDDLE - | 1C. LAST (FAMILY) HARRISON | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/16/1916 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/15/1999 | 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 ARDIS HARRISON—HUSBAND 2532 K STREET 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>Kim 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 04/21/1999 | | |

| | | | | |
|--|--|---|---|---|
| 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 04/22/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906556 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 | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

10. 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 92186-5222 | 11B. DATE BURIED 4-22-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Key Walker</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

51070



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

MOUNT HOPE CEMETERY
527-3400

From: CA Burial Address: 5880 El Cajon Blvd SD 92115 Date: 4-22 1999

eight hundred thirty two + 37/100 Dollars (\$ 832.37)

In part Payment of incumbent of
Walterine Harmon

Lot 20 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E 15000
BALANCE DUE 832.30

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 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>832.37</u> |

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

ISSUED BY Ortina Avallone

5094

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51073



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

MOUNT HOPE CEMETERY
527-3400

From: Andis Harrison Address: 2532 K Street San Diego 92102
Eight hundred thirty two ³⁶/₁₀₀ Dollars (\$ 832.36)
 In full Payment of Interest of ~~the~~ Melverine Harrison
 Lot 20 Grave 7 Row _____ Section 1 Division 12
 Block 62 | 63

Invoice No. _____
 Acct. No. _____
 W.O. E-15006
 BALANCE DUE 0

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

ISSUED BY J. Scheltz

| | | | |
|------------------------|----------------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | | |
| Opening/ Closing | 100 | 375 | 00 |
| Burial Containers | 77182 | 190 | 00 |
| | 100 | 145 | 00 |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | 45 | 00 |
| Pre-need Trust | 63033 9022 | | |
| Sales Tax | 80101 78390 | 14 | 73 |
| TOTAL PAID | \$ | 832 | 36 |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
2293

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-20-99

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

of Merle C. Johnson

In a Coin Type of Burial Container Funeral date, time Fri 4-23 10:00

Church, Chapel, Graveside Delivery Only: Humphrey - Mortuary.

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

will be applied and billed to undersigned.

Lot 1551 Grave _____ Row _____ Section 3 Division/Bleek 8

Grave space & Care Fund Pre-need C-0935 _____

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container 190.00

Handling Fees APR 20 1999 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Shirleen Jonilla Total Due 769.73

Paid receipt number VISA 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 of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 15007

Invoice # _____

Acct. # _____

E15007

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

9/6

| | | | | | |
|--|-------------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MERLE | 1B. MIDDLE VIRGINIA | 1C. LAST (FAMILY) JOHNSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/06/1902 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/19/1999 | 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 Shirleen Y. Zorrilla - POA 830 Midway Street La Jolla CA 92037 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i> | | 8B. DATE SIGNED 06/26/1999 |

| | | | |
|---|--|---|--|
| 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. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/21/1999 J.E. King | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906489 |
| 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 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

| | | |
|--|--|---|
| <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 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 4-22-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-20-99

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

In a double Funeral, date, time Monday, 4-26 1:00
Type of Burial Container
 Church, Chapel, Graveside Gravels; CA Burials Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 15000 will be applied and billed to undersigned.

✓ Lot 136 Grave 12 Row _____ Section 2 Division/Block 12

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 51069 2044.45

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]
 Signature

1239 27th
 Address

S. D. 92102
 City Zip Code

619-237-0304
 Telephone

Work Order # **E 15008**

Invoice # _____

Acct. # _____

E15008

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) TRANCITO | 1B. MIDDLE B. | 1C. LAST (FAMILY) OSORIO | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/15/1912 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/17/1999 | 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 RUBEN OSORIO—SON 3944 BOB STREET 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>[Signature]</i> |
| 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. | | | 8B. DATE SIGNED 04/21/1999 | | |

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 04/21/1999 H. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906492 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92886-5222 | 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 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51069



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

MOUNT HOPE CEMETERY

527-3400

Date: 4-23, 19 99

From: Ruben Osorio Address: 3944 Bob St. SD 92110

Two Thousand Forty Four and ⁴⁵/₁₀₀ Dollars (\$ 2044.45)

In full Payment of burial of Trancito Osorio

Lot 136 Grave 12 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E15008

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 Lynda

| | | |
|------------------------|-------|----------------|
| CREDIT | 67007 | <u>179.00</u> |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 77184 | <u>716.00</u> |
| Opening/Closing | 100 | <u>375.00</u> |
| Burial Containers | 100 | <u>380.00</u> |
| | 77182 | |
| Handling Fee | 100 | <u>320.00</u> |
| Recording & Misc. Fees | 100 | <u>45.00</u> |
| | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 60101 | <u>29.45</u> |
| | 78090 | |
| TOTAL PAID | \$ | <u>2044.45</u> |

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-21-99

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

In a Bell Surr Funeral, date, time Thurs. 4-22 11:00

Church, Chapel, Graveside : Cremation 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 131 Grave 6 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

Visa 500.00

Paid receipt number R-51065 Balance due 1064.73

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 Richard L. Smith
 Signature
X 1021 Angelus Ave
 Address
X San Diego, CA 92114
 City Zip Code
X _____
 Telephone

Work Order # **E 15009**

Invoice # _____

Acct. # _____

E 15009

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) ISABELL | 1B. MIDDLE - | 1C. LAST (FAMILY) WARE | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/20/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/17/1999 | 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 THOMAS SMITH, SR. - BROTHER 1021 ANGELES AVENUE SAN DIEGO, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD843 | | 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 04/22/1999 | | | |

| | | | | | |
|--|---|--|--|---|---|
| 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/22/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9906568 |
| | 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

| | | |
|--|--|---|
| <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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 4-22-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Victoria Meza</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

51065



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

MOUNT HOPE CEMETERY

527-3400

Date: 4-21, 1999

From: Thomas D. Smith Address: P.O. Box 710027 San Diego 92174

One thousand Sixty four ⁷³/₁₀₀ Dollars (\$ 1064.73)

In full Payment of Interest of Isabell Ware

Lot 131 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15009

BALANCE DUE 0

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

ISSUED BY S. Mitchell

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 159 | 00 |
| 80% Sales of Lots | 100 | 636 | 00 |
| 77184 | | 255 | 00 |
| Opening/Closing | 100 | | |
| 77181 | | | |
| Burial Containers | 100 | | |
| 77182 | | | |
| Handling Fee | 100 | | |
| 77185 | | | |
| Recording & Misc. Fees | 100 | | |
| 77183 | | | |
| Pre-Need Trust | 63033 | | |
| 9022 | | | |
| Sales Tax | 60101 | 14 | 73 |
| 78390 | | | |
| TOTAL PAID | \$ | 1064 | 73 |

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

635
7667

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-21-99

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

In a T.S. Funeral, date, time Thurs 4-22 2:00
Type of Burial Container
 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 \$ 150.00 will be applied and billed to undersigned. M.D.

✓ Lot 277 Grave 9 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 for MT. HOPE CEMETERY

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1669.38

Paid receipt number credit card 1669.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Michelle Deloatch
 Signature
P.O. Box 40545
 Address
SAN DIEGO, CA 92164
 City (619) 262-0938 Zip Code
 Telephone

Work Order # E 15010

Invoice # _____

Acct. # _____

E15010

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) Barbara | 1B. MIDDLE Louise | 1C. LAST (FAMILY) Franklin | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/06/1952 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/14/1999 | 4. SEX F |
| 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 Lula Merriwether - Mother 253 Southlock Ave. San Diego, CA. 92102 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | | 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 04/20/1999 | | | |

| | | | | | |
|--|--|--|---|--|--|
| 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 OR FEE PAID \$7.08 Gaspi | 9B. DATE PERMIT ISSUED 04/20/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Legaspi | |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO BOX 85222 San Diego, CA. 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

| | |
|--|---|
| 10. AUTHORIZED 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA. 92102 | 11B. DATE BURIED 4-22-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51225



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

MOUNT HOPE CEMETERY

527-3400

Date: 6-9, 1999

From: Mohammed Ali Piroozian Address: 3333 Ruffin Rd 9th San Diego 92123

Two Hundred Seventy Dollars (\$ 270.00)

In full Payment of Interment of Baby Piroozian

Lot 32C Grave _____ Row _____ Section Muslim Division Block _____

Invoice No. _____
Acct. No. _____
W.O. E-15070
BALANCE DUE 0

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

ISSUED BY S. Sherkella

| | | | |
|----------------|-------|------------|-----------|
| CREDIT | 67007 | <u>20</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | <u>80</u> | <u>00</u> |
| of Lots | 77184 | | |
| Opening/ | 100 | <u>125</u> | <u>00</u> |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | <u>45</u> | <u>00</u> |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>270</u> | <u>00</u> |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-22-99

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

in a Full casket Funeral, date, time Wed. 4-28 1:00
Type of Burial Container
 Church, Chapel, Graveside Windsor; Hampden Ministry

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>211</u> | Grave _____ | Row _____ | Section <u>100F</u> | Division/Block <u>42</u> |
| Grave space & Care Fund <u>Per Deed A-2559</u> | | | | <u>⊕</u> |
| Additional spaces and care fund _____ | | | | _____ |
| Opening/Closing & Setup <u>Per Deed E-11474</u> | | | | <u>⊕</u> |
| Burial Container _____ | | | | <u>⊕</u> |
| Handling Fees _____ | | | | <u>⊕</u> |
| Flower vases - Marker setting fee _____ | | | | <u>⊕</u> |
| Recording and filing fee _____ | | | | <u>⊕</u> |
| Sales taxes _____ | | | | <u>⊕</u> |
| <u>interment transfer</u> <u>5-12-99</u> | | | | Total Due <u>_____</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 # _____
 Acct. # _____

Work Order # **E 15011**

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 13011

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HATTIE | 1B. MIDDLE MARGARET | 1C. LAST (FAMILY) EICK | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/24/1903 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/22/1999 | 4. SEX F |
| 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 Rosalie Hughes - Dtr.-in-law 4954 Berkley Avenue Hemet CA 92544 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Julith King</i> | | 8B. DATE SIGNED 04/26/1999 |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 04/26/1999 <i>J.E. King</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906717 |
| | 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

| | | |
|--|--|--|
| <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 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 4/28/99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Rebecca Steven</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

- MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-22-99

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

of Clifton Jackson

in a liner Funeral, date, time Tues 4-27 11:00

Church, Chapel, Graveside church/ground; 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.

Lot 115 Grave 3 Row _____ Section 3 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> |
| | <u>1564.73</u> |

motuary to bring debt

Total Due 1564.73
 Paid receipt number R51079 1504.73
 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.

X Sandra Jackson
 Signature
X 3505 BOSTON AVE
 Address
X San Diego, 92113
 City Zip Code
X (619) 236-8135
 Telephone

Signature of recorded holder of deed _____

Work Order # **E 15012**

Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15012
65

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

| | | | | | | |
|---|------------------------|--|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Clifton | 1B. MIDDLE - | 1C. LAST (FAMILY) Jackson | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/24/1933 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/15/1899 | 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 Legretta Jackson - Former Wife 3505 Boston Ave. San Diego, CA. 92113 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | | 8B. DATE SIGNED 04/20/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/23/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Legaspi ▶ 9906698 | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

| | |
|--|---|
| 10. AUTHORIZED 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA. 92102 | 11B. DATE BURIED 4-27-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51079



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-27, 1999

From: SD Memorial Address: 2441 University Ave. SD 92104

In: one thousand five hundred and 73/100 Dollars (\$ 1504.73)

Payment of: full interment of Clayton Jackson

Lot 115 Grave 3 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E/5012

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3828

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

ISSUED BY Catrina Avalone

| | | |
|------------------------|-------|----------------|
| CREDIT | 67007 | |
| 20% Sales Tax | 77184 | <u>159</u> |
| 80% Sales of Lots | 100 | <u>1236</u> |
| Opening/Closing | 77184 | <u>375</u> |
| Burial Containers | 100 | <u>190</u> |
| Handling Fee | 100 | <u>143</u> |
| Recording & Misc. Fees | 77182 | <u>40</u> |
| Pre-Need Trust | 77185 | |
| Sales Tax | 100 | <u>14</u> |
| | 63033 | <u>73</u> |
| | 9022 | |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>1504 73</u> |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-22-99

*Pre-need
lot & trust*

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

of Rosemary Steinauer

in a Urn 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 120 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 _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-51063 1564.73

Balance due 0

PAID
APR 22 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*lot is for
Leonides Basens*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Rosemary Steinauer
Signature
X 611 Josepina Place
Address
X Chula Vista, CA 91910
City Zip Code
X (619) 421-7206
Telephone

Work Order # **E 15013**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51063



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-22, 1999

From: Rosemary Steiner Address: 611 Jackson Ave Chula Vista 91910

One thousand five hundred fifty two ⁷³/₁₀₀ Dollars (\$ 1561.73)

In full Payment of Irrevocable trust - Pre-Need
Set & trust for Lemides Basco

Lot 120 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15073

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 J. Shelton

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 57007 | | |
| 20% Sales Care | 77184 | <u>159</u> | <u>00</u> |
| 80% Sales of Lots | 100 | <u>636</u> | <u>00</u> |
| 77184 | | | |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| 77181 | | | |
| Burial Containers | 100 | <u>190</u> | <u>00</u> |
| 77182 | | | |
| Handling Fee | 100 | <u>145</u> | <u>00</u> |
| 77185 | | | |
| Recording & Misc. Fees | 100 | <u>45</u> | <u>00</u> |
| 77183 | | | |
| Pre-Need Trust | 53033 | | |
| 9022 | | | |
| Sales Tax | 60101 | <u>14</u> | <u>73</u> |
| 78390 | | | |
| TOTAL PAID | \$ | <u>1561</u> | <u>73</u> |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Waine marker
setting fee per
Peg Sunde*

Date 4-22-99

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

of Vladimir Arzumanyan

in a liner Funeral, date, time Sat. April 24 1:00

Church, Chapel Graveside Church graveside Mortuary. Meyer

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 4694 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee saturday overtime sic. 600.00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 2,414.73

Paid receipt number 51067240473

Balance due 0

PAID

APR 22 1999
INFULL

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed _____

Signature [Signature]

Address 3030 Montrose Ave # 10

City SD CA 92116

Telephone 283-0570

Work Order # E 15014

Invoice # _____

Acct. # _____

E15014

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS


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

54

| | | | | | | | | |
|---|--|-----------------|--|---|--|--|-------------|-------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Vladimir | | 1B. MIDDLE - | 1C. LAST (FAMILY) Arzumanyan | | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/01/1945 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/22/1999 | 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 Ovanes Arzumanyan-Son 3030 Monroe Ave., San Diego, CA 92116 | | | |
| 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 taking permit  | | 8B. DATE SIGNED 04/22/1999 |
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 04/23/1999 James Hale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906622 |
| | 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"/> 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 4-21-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51067



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-22 1999
From: Liya V. Arzumanyan Address: 3030 MONTE AVE #5 SD 92116
two thousand four hundred sixty four + 73 Dollars (\$ 2404.73)
In full Payment of Interment of Vladimir Arzumanyan

Lot 4094 Grave 1 Row 2 Section 10 Division 10

Invoice No. _____
Acct. No. _____
W.O. E15014
BALANCE DUE 2

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

| | | | |
|------------------------|-------|---------|----|
| CREDIT | 67007 | 219 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | 570 | 00 |
| Opening/Closing | 77181 | 315 | 00 |
| Burial Containers | 100 | 190 | 00 |
| Handling Fee | 77182 | 143 | 00 |
| Recording & Misc. Fees | 77183 | 045 | 00 |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | 74 | 73 |
| | 78390 | | |
| TOTAL PAID | | \$ 2404 | 73 |

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

ISSUED BY Catrina Avaline

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-22-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Earl Jones Jr. PA 1999980

in a urn Funeral, date, time MON. April 26 11:00

Church, Chapel, Graveside delivery only: Featherhill 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 24 Grave 5 Row _____ Section 1 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 PA 10

Flower vases - Marker setting fee 5-9-00

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Rebecca 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 15015**

Invoice # 315728

Acct. # 000957

available in alternative formats upon request.

E 15015
Referred to
Treas.
6/28/99

5-17-99

E15015

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

70

Found

| | | | | | |
|---|---------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) James | 1B. MIDDLE Earl | 1C. LAST (FAMILY) Jones, Sr. | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/29/1929 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/08/1999 | 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 Rebecca Barr - Public Admin. 5201-A Ruffin Rd. San Diego, CA 92123 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD 1083 | | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Charles P. [Signature]</i> 04/23/1999 | |

| | | | |
|---|---|---|--|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 04/23/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT E. Fezzell |
| 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. | 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222 | | |
| 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 - | | |

| | | |
|--|--|--|
| <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 Mt. Hope Cem. 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 4-26-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Peterson</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 4-26-99

open book

CARLYLE HOUSTON

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

of William Lee Houston

in a double depth Funeral, date, time Fri 4-30 1:00

Church, Chapel, Graveside church / 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

Lot 105 Grave 10 Row _____ Section 1 Division Block 12

Grave space & Care Fund Pre-Paid E-11311

Additional spaces and care fund _____

Opening/Closing & Setup PAID at 375.00 750.00

Burial Container _____ 380.00

Handling Fees APR 26 1999 320.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETERY 45.00 90.00

Sales taxes _____ 29.45

Total Due 1569.45

Paid receipt number M/C 1569.45

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 record holder of deed _____

X Yolanda Baker
Signature
X 2110 69th St
Address
X Bowen Court 91945
City Zip Code
(619) 264-5039
Telephone

Work Order # **E 15016**

Invoice # _____

Acct. # _____

E1506

71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CARLIVE | 1B. MIDDLE EZRA | 1C. LAST (FAMILY) HOUSTON | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/07/1923 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/24/1999 | 4. SEX M |
| 5A. CITY OF DEATH VICTORVILLE | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN BERNARDINO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VOLANDA BAKER DAUGHTER P4735 CEREZO RD. VICTORVILLE, CA 92392 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CYPRESS VIEW BONHAM BROS. MORTUARY, 3051 EL CAJON BLVD., SAN DIEGO, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE E-670 | | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 04/27/1999 | |

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

| | | | | |
|----------------------------------|--|---|--|--|
| PERMIT | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID 7.00 | 9B. DATE PERMIT ISSUED 04/27/1999 OLIVIA L. MEAD | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T.J. Prendergast, M.D. |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA SAN BERNARDINO COUNTY HEALTH DEPT., 351 MT. VTEB AVE., SAN BERNARDINO, CA 92415-0010 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY HEALTH DEPT., 3851 ROSECRANS ST., SAN DIEGO, CA 92186 | | |

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 ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 4/30/99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-26-99

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

of OLA BALTIMORE

In a L.I.N.E.R Funeral, date, time THUR 4-29 12:00
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

✓ Lot 252 Grave 1 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

PAYMENT
MORTUARY to
X **BRING**
check

Paid receipt number 51085 510473

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 Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____
See attached

Signature of recorded holder of deed _____

Work Order # **E 15017**

Invoice # _____

Acct. # _____

E 15017

THE HOSPITALS OF THE INTERMOUNTAIN ORDER

City of Salt Lake

DATE 9-26-99

| | |
|--|----------------|
| Room charges - <u>OLA BALLIARD</u> | 12.00 |
| Food - <u>LINE B</u> | 11.00 |
| Operating Room - <u>LEWEL GRANT OF</u> | 200.00 |
| Attending - <u>DR. [Signature]</u> | 150.00 |
| Other charges - <u>[Signature]</u> | |
| <u>952</u> | <u>13</u> |
| Room charges for 1 day | 295.00 |
| Food charges for 1 day | |
| Operating Room charges | 375.00 |
| Attending charges | 170.00 |
| Nursing fees | 115.00 |
| Other charges - <u>Make entry to</u> | |
| Accounting and filing fee | 75.00 |
| Balance | 14.73 |
| TOTAL DUE | 1364.73 |

PAYMENT

Signature
 I hereby certify that the above is a true and correct statement of the charges for the services rendered and that the patient is unable to pay the same. I further certify that the patient is unable to pay the same and that the patient is unable to pay the same.
Signature
 [Address and Contact Information]

E 15017

E15017

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) Ola | 1B. MIDDLE Beatrice | 1C. LAST (FAMILY) Baltimore | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/18/1913 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/24/1999 | 4. SEX F |
| 5A. CITY OF DEATH La Mesa | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Brenda L. Scales, Daughter 901 Armacost St. San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 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 04/26/1999 | | | |

| | | | | |
|---|--|--|---|---|
| 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 04/28/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906904 |
| | 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 <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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 4/29/99 | 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.

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51085

Date: 4-29, 1999

From: Andrew Ragsdale Address: 5050 Federal Blvd. SD 92102

one thousand five hundred sixty four 73 Dollars (\$ 1564.73)

In full Payment of interment of
Old Baltimore

Lot 252 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E 15017
 BALANCE DUE 3774

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

William Vallin
 ISSUED BY _____

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>1564</u> | <u>00</u> |
| 20% Sales Com | 77184 | | |
| 80% Sales of Lots | 77184 | <u>1408</u> | <u>00</u> |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| Burial Containers | 77182 | <u>190</u> | <u>00</u> |
| Handling Fee | 100 | <u>140</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | <u>40</u> | <u>00</u> |
| Pre-Need Trust | 83033 | <u>14</u> | <u>73</u> |
| Sales Tax | 9022 | | |
| | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1564</u> | <u>73</u> |

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-27-99

12 chairs
may want to
switch burial

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

of Jose Cardenas

In a Urn Funeral, date, time Fri 4-30 11:00

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 Halinde Sanches

Lot 125 Grave 8 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 galvanized 23.78

Recording and filing fee 45.00

Sales taxes 14.73

Total Due R-51077 1688.51
Paid receipt number R-51077 1688.51

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 Halinde Sanches
Signature
X 2038 Ildice Way
Address
X S.V. 91973
City Zip Code
X 461-6320
Telephone

Work Order # E 15018

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51077



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-27-99, 19__

From: Edward Gonzalez Address: 4841 Park Ave Apt 15 La Mesa 91941

One thousand six hundred eighty eight Dollars (\$ 1688.51)

In full Payment of Interest of Grace Cardenas
and organized flower vase

Lot 125 Grave 0 Row 0 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15018

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. Shubilla

| | | | |
|------------------------|-------|-----|---------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 179 | 00 |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 200 | 00 |
| Handling Fee | 77182 | 158 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 77183 | | |
| Sales Tax | 63033 | 15 | 51 |
| | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | | \$ | 1688 51 |

125

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

15018
23

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

| | | | | | |
|---|---------------------------|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOSE | 1B. MIDDLE LUIS | 1C. LAST (FAMILY) CARDENAS, JR. | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/06/1975 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/25/1999 | 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 Herlinda Gonzalez - Mother, 1038 Ildica Way Spring Valley CA 91977 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911-1125 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i> | | 8B. DATE SIGNED 04/29/1999 |

| | | | | |
|--|---|--|---|---|
| ACKNOWLEDGMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103275 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 04/29/1999 J.E. King | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906944 |
| 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> | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222 | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

| | |
|---|---|
| 10. 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"/> 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 Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102 | 11B. DATE BURIED 4/30/99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ricardo Ramirez</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-27-99

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

of FLOYD RIGGS
In a LINER Funeral, date, time Fri Apr 30 10:00

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 254 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund pre need E141607

Additional spaces and care fund _____

Opening/Closing & Setup pre need E141607

Burial Container pre need E141607

Handling Fees pre need E141607

Flower vases - Marker setting fee _____

Recording and filing fee pre need E141607

Sales taxes pre need E141607

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 15019

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 15019
71

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

| | | | | | |
|---|-----------------------------|--|---|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Floyd | 1B. MIDDLE Eugene | 1C. LAST (FAMILY) Riggs | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/28/1927 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/24/1999 | 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 Donald Riggs-Son 9002 302nd Ave., S.E., Issaquah, WA 98027 | | |
| 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 issuing 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 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 04/28/1999 | | |

| | | | | |
|--|---|--|--|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 04/29/1999 James Hale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906945 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, 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"/> 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 Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED 4/30/99 | 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 4-28-99

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

of Lula Sallee

In a TS VAULT 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 104 Grave 4 Row 7 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 125.00

Recording and filing fee 45.00

Sales taxes 19.38

Pre need

Total Due 1894.38

Paid receipt number RS1080 1894.38

Balance due 0

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

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

Mary G. Johnson
Signature Mary G. Johnson

Address 3775 Florence St.

City S.D. 92113 Zip Code

Signature of recorded holder of deed _____

Telephone _____

Work Order # **E 15020**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51080



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

MOUNT HOPE CEMETERY
527-3400

Date: 4.28, 1999

From: Lula Sallee Address: 3775 Florence St. SD 92113
One Thousand Eight Hundred Ninety Four and 38/100 Dollars (\$ 1894.38)
In Full Payment of burial and preneed trust for Lula Sallee

Lot 104 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E 15020
BALANCE DUE 0

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

| | | | |
|------------------------|-------|------------|----------------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>179</u> | <u>00</u> |
| 60% Sales of Lots | 100 | <u>716</u> | <u>00</u> |
| Opening/Closing | 77181 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | <u>999</u> | <u>38</u> |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | | \$ | <u>1894 38</u> |

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

134

ISSUED BY

Lynda

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-29-99

*Pre-Need
Lots*

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

of Sheila A. Williams / D.D. - Memorial Chapel

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 142 Grave 4 to 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund \$ 795.00 3975.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
MAY 27 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*25% down ok
per Ray Smith*

Total Due 3975.00
Paid receipt number 51174 993.00
\$ 2982.00 Balance due 2982.00
51182-5773.00 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 Sheila A. Williams
Signature
X 2441 University Ave
Address
X San Diego, Ca 92104
City Zip Code
X (619) 692-3090
Telephone

Signature of recorded holder of deed _____

Work Order # **E 15021**

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-29-99

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

of Harold A. Martin

in a Urn Funeral, date, time Thu 4-30 1:00

Church, Chapel, Graveside Graveside; SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ None

will be applied and billed to undersigned. _____

Lot 131 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 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-51081 1100.00

Balance due 464.73

30 day note

PAID
JUN 2 1999
PIF LDM
MT. HOPE CEMETERY
SAN DIEGO, CALIF.

I hereby certify I am the daughter **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 _____

Sandra Martin
Signature
1419 CAUSAR ST
Address
San Diego, CA 92116
City
297-0834
Telephone
Zip Code

Work Order # E 15022

Invoice # _____

REA-104 (7-96)

This information is available i

Printed on recycled paper

E 15022
121.00
15.00
14.73
180.73
H. F.
Rec Fee

464.73 Balance

284.00 R - 51138

180.73 Balance

MT. HOPE CEMETERY

W.O.# F-15022

NOTE

\$ 464.73 San Diego, California April 29 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 four hundred sixty four and 73/100 DOLLARS with interest from May 30, 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 Saudiya Martin SIGNATURE Saudiya Mart
ADDRESS X 4419 Louisiana St #1 San Diego, CA 92116
CALIFORNIA DRIVER LICENSE NUMBER X B7099011 SSN # X 573-19-2688

E15022

STATE OF CALIFORNIA

Gray Davis, Governor

STATE BOARD OF CONTROL

VICTIMS OF CRIME PROGRAM

P. O. BOX 3036
SACRAMENTO, CA 95812-3036
(916) 322-4426

June 2, 1999

MT HOPE CEMETERY
3751 MARKET ST
SAN DIEGO, CA 92102

CLAIM NUMBER: 560733 REQ. 5

USER ID. BCMOLIV

CLAIMANT: FREDD-MARTIN
MARJORIE, J

SOCIAL SECURITY NO. N/A

DATE OF BIRTH: N/A

FILED BY: N/A



VICTIM: MARTIN
HAROLD, A

SOCIAL SECURITY NO. 557-60-7094

DATE OF BIRTH: July 22, 1944

DATE OF DEATH: April 15, 1999

PATIENTS ACCT.NO. N/A

FREDD-MARTIN, MARJORIE J has filed a claim with the Victims of Crime Program for payment of funeral/burial expenses for MARTIN, HAROLD A. Our decision concerning payment of these expenses depends, in part, upon the information that you provide.

Please complete the form below and attach a copy of the contract and itemized statement. Return them to us at the above address within 10 business days as required by Government Code Section 13962(b).

If you have any questions regarding this letter, please call our Customer Service Representative toll-free at 1-800-777-9229.

Thank you for your assistance.

EXPENSES:

Funeral/Mortuary \$ _____
Cemetery \$ 1,564.73
Headstone \$ _____
Burial Plot/Other \$ _____
Total \$ 1,564.73

(Please include the following details)

Date Plot Purchased 04/29/1999
For Whom? HAROLD A. MARTIN
(XX) Single () Double
Price of single plot, if double plot was purchased \$ _____

PAYMENTS:

Claimant Paid \$ _____
Insurance \$ _____
Social Security \$ _____
Other Payments \$ 1,564.73
By Whom? SAUDIYA MARTIN
Balance Due \$ 0
From Whom? _____

Who contracted for these services?

SAUDIYA MARTIN - DAUGHTER

Insurance Company _____ Phone _____
Street Address _____ City _____ State _____ Zip Code _____
Name of Policyholder _____ Policy Number _____

SIGNATURE Catrina M. Turgeon-Avallone Date 06/15/1999
PRINT NAME and TITLE CATINA M. TURGEON-AVALLONE, Clerical Assistant II Phone (619) 527-3400

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51081



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

MOUNT HOPE CEMETERY

527-3400

Date: 4-29, 1999

From: Laudiza Martin Address: 4419 Louisa St #1 San Diego 92116

One Thousand One Hundred Dollars (\$ 1,100.00)

In part Payment of Interment of David A. Martin

Lot: 131 Grave 4 Row _____ Section 13 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15022

BALANCE DUE 464.73

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

AC-212 (Rev. 5-84)

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

ISSUED BY S. Shelton

| | | | |
|------------------------|-------|----------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>159</u> | <u>00</u> |
| 80% Sales of Lots | 100 | <u>636</u> | <u>00</u> |
| Opening/Closing | 77181 | <u>305</u> | <u>00</u> |
| Burial Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 76390 | | |
| TOTAL PAID | | <u>\$ 1100</u> | <u>00</u> |

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51138

Date: 5-12, 1999

From: Marjorie Hauser Address: 4419 Louisiana St. #1 San Diego 92116

Two Hundred Eighty Four Dollars (\$ 284.00)

In part Payment of Interment of Harold R. Martin

Lot 131 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15022

BALANCE DUE 180.73

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. Shults

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | | |
| Opening/Closing | 100 | 70 | 00 |
| Burial Containers | 77181 | 190 | 00 |
| | 100 | 24 | 00 |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78290 | | |
| TOTAL PAID | \$ | 284 | 00 |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51201



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

MOUNT HOPE CEMETERY
527-3400

Date: 6-2, 19 99

From: Marjorie Jean Martin Address: 4419 Louisiana St. #1

One Hundred Eighty and 00/100 Dollars (\$ 180.00)

In full Payment of burial of Harold Martin

Lot 131 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 13022

BALANCE DUE 0.00

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

015682

ISSUED BY Lynnda

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Cars | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | 121 | 00 |
| Recording & Misc. Fees | 77183 | 45 | 00 |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 60101 | 14 | 00 |
| | 78390 | | |
| TOTAL PAID | \$ | 180 | 00 |

E-15022

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Harold | 1B. MIDDLE Aldus | 1C. LAST (FAMILY) Martin | 2. DATE OF BIRTH MONTH DAY YEAR 07/22/1944 | 3. DATE OF DEATH MONTH DAY YEAR 04/14/1999 | 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 Marjorie J. Martin—Wife 4419 Louisiana St. Apt. 1 San Diego, CA. 92103 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA. 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | 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 04/23/1999 | | | |

| | | | | |
|--|---|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 04/23/1999 M. Legaspi | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906655 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; PO Box 85222 San Diego, CA. 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|---|--|
| 10. AUTHORIZED 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 My. Hope Cemetery; 3751 Market St. San Diego, CA. 92102 | 11B. DATE BURIED 4/30/99 | 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 SUF- FICIENT 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

51174



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-25, 1999

From: SD Memorial Chapel Address: 2441 Univ. Ave SD 92104

Dollars (\$ _____)

In parts Payment of lots

141 #4 to 6 & 142 #1 & 2 Section 3 Div. 12

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 15021

BALANCE DUE 993.00

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 Lynda

| | | |
|------------------------|-------|----------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>2982.00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| Sales Tax | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>2982.00</u> |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51182



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-27, 1999

From: Sheila A. Williams Address: SD Memorial Chapel
Nine Hundred Ninth, Truss and 4/100 Dollars (\$ 993.00)

In _____ Payment of _____

Lot 141 142 Grave 4-6 152 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15021

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | <u>795</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>198</u> | <u>00</u> |
| 77184 | | | |
| Opening/Closing | 100 | | |
| 77181 | | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| 77183 | | | |
| Pre-Need Trust | 63033 | | |
| 9022 | | | |
| Sales Tax | 60101 | | |
| 76390 | | | |
| TOTAL PAID | \$ | <u>993</u> | <u>00</u> |

ISSUED BY Lynda

To be
buried with
WALDO WATERMAN

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-29-99

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

of Bruce Kincaid June 5-4

in a Ash Vault Funeral, date, time AYD

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 1 Grave 16 Row _____ Section 6 Division/Block 3

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-51083 269.26

Balance due 0

I hereby certify I am the mother Queenolyn M Kincaid of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 189847

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

X Queenolyn M Kincaid
Signature
X 3890 ASHFORD ST
Address
X SAN DIEGO CA 92111
City Zip Code
619/292-5386
Telephone

Signature of recorded holder of deed _____

Work Order # E 15023

Invoice # _____
Acct. # _____

E 15023

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

50

| | | | | | |
|---|-------------------------|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BRUCE | 1B. MIDDLE B. | 1C. LAST (FAMILY) KINCADE (X) | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/07/1948 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/18/1999 | 4. SEX M |
| 5A. CITY OF DEATH RANCHO CUCAMONGA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN BERNARDINO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GWENDOLYN M. KINCADE MOTHER 3890 ASHFORD ST. SAN DIEGO, CA. 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIRMONT MORTUARY 4266 MT. ABERNATHY AVE., SAN DIEGO, CA. 92117 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1126 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 04/20/1999 |
| 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 7.00 | 9B. DATE PERMIT ISSUED 04/20/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.J. PRENDERGAST, M.D. / [Signature] | |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 351 MOUNTAIN VIEW AVE. SAN BERNARDINO, CA. 92415 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA. 92186-5222 | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | | |
|--|--|---|
| <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 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 MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA. 92102 | 11B. DATE BURIED 4-29-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVE., SAN DIEGO, CA. 92102 | 12B. DATE CREMATED 4/23/99 | 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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51083



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-29-99, 19__

From: Gwendolyn Kerick Address: 3290 Ashford St. San Diego 92111

Two hundred sixty nine ²⁶/₁₀₀ Dollars (\$ 269.26)

In full Payment of Interest of Bruce Kerick

Lot 1 Grave 46 Row _____ Section 6 Division 3 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15023

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. Middleton

| | | | |
|------------------------|----------------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | | |
| Opening/Closing | 100 | 105 | 00 |
| Burial Containers | 77182 | 55 | 00 |
| Handling Fee | 100 | 60 | 00 |
| Recording & Misc. Fees | 77183 | 45 | 00 |
| Pre-Need Trust | 83033 9022 | | |
| Sales Tax | 80101 78390 | 4 | 26 |
| TOTAL PAID | \$ | 269 | 26 |

chairs set up
with books to
tree

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-29-99

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

of Jerry Spikas

in a TS Vault Funeral, date, time Wed 5-5-99 @ 1:30

Church, Chapel, Graveside Church; Anderson-Royale 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 4855 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

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 transfer fee also for two lots _____ 135.00

Sales taxes _____ 19.38

Total Due _____ 964.38

Paid receipt number R-51093 _____ 874.38

Balance due _____ 90.00

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 [Signature]

Address 6105 Benson St

City San Diego Ca 92114 Zip Code _____

Telephone (619) 264-4611 / (619) 453-5570

Work Order # E 15024

Invoice # _____

Acct. # _____

LOT OWNER

E 130 24 E-11188

SHELVER, JACK & SANDRA 2338 El Prado Ave., Lemon Grove

NAME

ADDRESS

91945

4854 &

4855

GR.

ROW

SEC

BLK

DIV

10

transfer of property PAID IN FULL from Daniel Thren

11/22/93.



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E15024

11929

A H C A

OWNERSHIP AND INTERMENT PRIVILEGES

TO JACK & SANDRA SHELVER for the sum of \$ 45.00 (DOLLARS)

LEGAL DESCRIPTION Lots 4854 & 4855; Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-11188

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

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

Regulation marker - 12" x 24" or 12" x 36" flat marker only

Wendy Jo League

Cemetery Manager

J. T. [Signature]

Property Director

E 15024

WHATLEY CEMETERY BROKERAGE

P.O. Box 20258
El Cajon, CA 92021-0916
619-390-9408

TRANSFER INFO FORM

Please transfer the following property described as:

Lots 4854 & 4855; Division 10

in Deed/Certificate number 11929 from Mount Hope Memorial Park
dated _____ to:

NEW OWNER

NAME: Gerri L. Spikes
ADDRESS: P.O. Box 20258
CITY: El Cajon STATE: CA ZIP: 92021

FROM ASSIGNOR

NAME: Jack & Sandra Shelver
by Gene E. Whatley, Attorney in Fact
ADDRESS: 2338 El Prado Ave.
CITY: Lemon Grove STATE: CA ZIP: 91945
ACCOUNT NUMBER 213IMH DATE 5/3/99

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That _____

Jack Shelver

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY, a licensed and bonded cemetery broker in the State of California or, in his absence, Gene K. Whatley, a licensed representative of the cemetery broker, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

Lots 4854 & 4855, Division 10

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

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

Jack Shelver
Signature

Signature

State of _____ County of _____

On _____, 19____ before me, the undersigned, a Notary Public in and for said State personally appeared _____

SEE ATTACHED CALIFORNIA ALL-PURPOSE

Personally known to me (or proved to me on the basis of satisfactory ACKNOWLEDGE evidence), to be the person/s whose name/s is/are subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal. _____

Notary Public in and For Said State

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That _____

Sandra Shelver

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY, a licensed and bonded cemetery broker in the State of California or, in his absence, Gene K. Whatley, a licensed representative of the cemetery broker, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

Lots 4854 & 4855, Division 10

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

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

S/S
Sandra Shelver
Signature

Sandra Shelver
Signature

State of _____ County of _____

On _____, 19____ before me, the undersigned, a Notary Public in and for said State personally appeared _____

SEE ATTACHED CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

Personally known to me (or proved to me on the basis of satisfactory evidence), to be the person/s whose name/s is/are subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal. _____

Notary Public in and For Said State

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of San Diego } ss.

On August 28, 1998 before me, LINDA LEE NICHOLS Notary Public,
personally appeared SANDRA SHELVER AND JACK SHELVER

personally known to me
 proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) X 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 Lee Nichols
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: POWER OF ATTORNEY - GENE E. WHATLEY

Document Date: UNDATED Number of Pages: 2

Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer

Signer's Name: SANDRA AND JACK SHELVER

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer is Representing: Themselves

SANDRA'S

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51093

Date: 5-3, 1999

From: Berni Spike Address: 6105 Benson Ave San Diego 92114
Eight hundred seventy four + 30/100 Dollars (\$ 874.38)

In full Payment of Interest & Jerry Spike

Lot 4855 Grave 1 Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15024

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1851

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

013985

ISSUED BY J. Mitchell

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| | 77184 | | |
| Opening/Closing | 100 | 375 | 00 |
| | 77181 | | |
| Burial Containers | 100 | 250 | 00 |
| | 77182 | | |
| Handling Fee | 100 | 185 | 00 |
| | 77185 | | |
| Recording & Misc. Fees | 100 | 45 | 00 |
| | 77183 | | |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 60101 | 19 | 38 |
| | 78390 | | |
| TOTAL PAID | \$ | 874 | 38 |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51094



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-3, 1999

From: Gene Whitley Address: 15428 El Capitán Real Lane El Cajon 92031

In full Dollars (\$ 90.00)

Payment of Transfer of lots from Jack & Linda Shelton to Berni Spike

Lot 4854 & 4855 Grave 1 Row 1 Section 1 Division 10 Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15021

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

34036

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

ISSUED BY [Signature]

| | | |
|------------------------|-------|-------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 50% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | 90 00 |
| Pre-Need Trust | 63033 | |
| Sales Tax | 9022 | |
| | 50101 | |
| | 78390 | |
| TOTAL PAID | \$ | 90 00 |

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 15024
63

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

| | | | | | |
|--|------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Jerry | 1B. MIDDLE - | 1C. LAST (FAMILY) Spikes | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/08/1935 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/27/1999 | 4. SEX M |
| 5A. CITY OF DEATH Escondido | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Gerri Spikes, Daughter 6105 Benson St. San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED 08/03/1999 | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 05/03/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907121 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 5-5-99 | 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 4-29-99

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

of Attha Williams

in a T.S. Vault

Type of Burial Container

Funeral, date, time Mon. May 3 10:00

Church, Chapel, Graveside Church + graveside Ragsdale

Mortuary Debbie

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 <u>49</u> | Grave <u>9</u> | Row _____ | Section <u>2</u> | Division/Block <u>12</u> | |
| Grave space & Care Fund | | | | | <u>895.00</u> |
| Additional spaces and care fund | | | | | _____ |
| Opening/Closing & Setup | | | | | <u>375.00</u> |
| Burial Container | | | | | <u>250.00</u> |
| Handling Fees | | | | | <u>185.00</u> |
| Flower vases - Marker setting fee | | | | | <u>45.00</u> |
| Recording and filing fee | | | | | <u>19.38</u> |
| Sales taxes | | | | | <u>1769.38</u> |
| Total Due | | | | | <u>1769.38</u> |

PAID
 MAY 3 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

mortuary to bring check for full amount

Paid receipt number 51095 1769.38
 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.

See attached

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

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Signature of recorded holder of deed _____

Work Order # **E 15025**

Invoice # _____
 Acct. # _____

E-136001

263-1507

E15025

INTERMENT ORDER

4-29-91

ANNO WILLIAMS
 1515 1/2 ST
 JACKSONVILLE FLORIDA 32202
 300 150 00

| | | | |
|-------------|---|---|--------|
| 49 | 9 | 2 | 12 |
| Grand Total | | | 295.00 |
| Amount Paid | | | 375.00 |
| Balance Due | | | 75.00 |
| Subtotal | | | 185.00 |
| | | | 45.00 |
| | | | 19.38 |
| | | | 175.62 |

We warrant to the
 client for full amount

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____
 Title: _____

E 15025

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51095


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-3, 1999
 From: Ragsdale Mortuary Address: 5050 Federal Blvd. SD 92102
One Thousand Seven Hundred Sixty Nine and 38/100 Dollars (\$ 1769.38)
 In full Payment of burial of Altha Williams

 Lot 49 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15025BALANCE DUE 0
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

03

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

AC-212 (Rev. 5-84)

3813

ISSUED BY Lynda

| | | |
|----------------|-------|----------------|
| CREDIT: | 67007 | |
| 20% Sales Care | 77184 | <u>179 00</u> |
| 80% Sales | 100 | <u>716 00</u> |
| of Lots | 77184 | |
| Opening/ | 100 | <u>375 00</u> |
| Closing | 77181 | |
| Burial | 100 | <u>250 00</u> |
| Containers | 77182 | |
| | 100 | <u>185 00</u> |
| Handling Fee | 77185 | |
| Recording & | 100 | <u>45 00</u> |
| Misc. Fees | 77189 | |
| Pre-Need | 63033 | |
| Trust | 9022 | |
| Sales Tax | 60101 | <u>19 38</u> |
| | 78390 | |
| TOTAL PAID | \$ | <u>1769 38</u> |

E15025

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) Altha | 1B. MIDDLE Coleman | 1C. LAST (FAMILY) Williams | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/03/1922 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/28/1999 | 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 Cheryle A. Fisher, Daughter 10464 Clairemont Mesa Blvd. San Diego, CA 92124 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 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 2100 of the Health and Safety Code.

04/29/1999

| | | | | |
|---|--|--|---|---|
| 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 04/29/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9906974 |
| | 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

| | | |
|--|--|--|
| <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 Masket St. San Diego, CA 92102 | 11B. DATE BURIED 5-3-99 | 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 4-30-99

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

of YUM Tom

in a liner Funeral, date, time Monday 5-3-99 1:00

Church Chapel Graveside Chapel; Cornwood 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 10 Grave _____ Row 8 Section Crisane Division/Block _____

Grave space & Care Fund _____ 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 tiling fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 769.73

in front gate

Paid receipt number RS1091 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.

Anna Tom
 Signature _____
 Address 902 26th St
SAN DIEGO CA 92102
 City _____ Zip Code _____
 Telephone 619-232-0473

Signature of recorded holder of deed _____

Work Order # E 15026

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51091



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-30, 1999

From: Anna Tom Address: 902 26th St. SD 92102

Seven Hundred Sixty Nine and 73/100 Dollars (\$ 769.73)

In Full Payment of burial of Yum Tom

Lot 10 Grave _____ Row 8 Section Cyrone Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E15026

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 Lynda 2340

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Cart | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| Handling Fee | 77182 | 145 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | 141 | 73 |
| | 78390 | | |
| TOTAL PAID | 1 | 769 | 73 |

E 15026

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

| | | | | | | |
|--|--|---------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) YUM | | 1B. MIDDLE FONG | 1C. LAST (FAMILY) TOM | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/21/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/30/1999 | 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 ANNA TOM - DAUGHTER 902 26TH STREET SAN DIEGO, CA 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843 | 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 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 04/30/1999 |

| | | | | |
|--|--|--|---|---|
| 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 VICTORIA MEZA 05/03/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907127 |
| | 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 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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 5-2-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Victoria Meza</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 5/3/99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cheryl A. Williams Fisher

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 49 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

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 895.00

Paid receipt number 51096 895.00

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 15027**

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51096



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-3, 1979

From: Ragsdale Mortuary Address: 5050 Federal Blvd SD 92102

Eight Hundred Ninety Five and 00/100 Dollars (\$ 895.00)

In full Payment of burial lot for Cheryl A. Williams Fisher

Lot 49 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15027

BALANCE DUE 0

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

| | | | |
|------------------------|-------|-----|--------|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Comm | 77184 | | |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| Handling Fee | 77182 | | |
| Recording & Misc. Fees | 100 | | |
| Pre-Need Trust | 77183 | | |
| Sales Tax | 63033 | | |
| | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | | \$ | 895 00 |

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

3814

ISSUED BY Lynda

Order number
from Clement

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-3-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN MC NEAL

in a LIVER Type of Burial Container Funeral, date, time WED. 5-5 10:00

Church, Chapel, Graveside Delivery Only; berkeley mitchell Mortuary 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 91 Grave 11 Row _____ Section 3 Division/Block 13

Grave space & Care Fund PAID 795.00

Additional spaces and care fund

Opening/Closing & Setup 6-21-99 375.00

Burial Container 190.00

Handling Fees 140.27

Flower vases - Marker setting fee 12 x 24 marker 240.00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1800.00

Paid receipt number R-51254 1800.00

Balance due 0

*John Edwards - P.A.
creditors claim
billed 5-25-99*

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 _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 15028**

Acct. # _____

E15028
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) JOHN | | 1B. MIDDLE | 1C. LAST (FAMILY) MCNEAL | | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/06/1912 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/18/1999 | 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 JOHN EDWARDS - PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>V. I. Mitchell</i> | | 8B. DATE SIGNED 05/04/1999 |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/04/1999 V.I. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907187 | |
| | 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

| | |
|--|--|
| <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 LOCAL (Name and Address)

| | | | | | |
|-------------------------------|---|--|-----------------------------------|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY) | 11B. DATE BURIED 5-5-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Thomas 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 | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED

Date 5-4-99

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

of Betty & Frank Thomas

in a ash vault 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 186 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Preneed _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup Preneed _____ 210.00

Burial Container Preneed _____ 110.00

Handling Fees Preneed _____ 120.00

Flower vases - Marker setting fee _____

Recording and filing fee Preneed _____ 90.00

Sales taxes Preneed _____ 8.52

Total Due _____ 538.52

Paid receipt number 51098 _____ 538.52

Balance due 0

*Interfund transfer
DP 3821454
9/2008
Betty*

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

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

Betty L. Thomas
Signature

64-853 Oakmount Blvd

Address Desert Hot Springs, CA

City 760-329-0363 Zip Code 92240

Telephone

Signature of recorded holder of deed _____

Invoice # _____

Work Order # E 15029

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51098

Date: 5-4, 1999

From: Betty & Frank Thomas Address: 64-853 Oakmont Blvd. Desert Hot Springs
Five Hundred Thirty Eight and ⁵²/₁₀₀ Dollars (\$ 538.52) ^{Cap 92240}

In full Payment of pre-need burial of ashes for Betty and Frank
Thomas

Lot 186 Grave _____ Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E15029

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 | | |
| Handling Fee | 100 | | |
| | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| | 77183 | | |
| Pre-Need Trust | 63033 | <u>538</u> | <u>52</u> |
| | 9022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>538</u> | <u>52</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

26%

ISSUED BY Lynda

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-15030

Gretel & Remigio Ramos

6944 Bullock Dr.

San Diego, CA 92114

(Lot 23 Gr 8 Sec 1 Div 12)

Month and Day Due Indicated Below

| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 10 | | | | | | |

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



\$ 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 5-4-99

*Pre-need
dot*

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

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 23 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

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 895.00

Paid receipt number RS1102 448.00

Balance due 447.00

*PAID IN FULL
7-22-99*

Double depth

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

Gretel Ramos

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

X Gretel Ramos

Signature _____

Address 6944 Bullock Dr.

City S. D. 92114

Telephone 267-4177 Zip Code _____

Signature of recorded holder of deed _____

Work Order # **E 15030**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

51228



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

From: Gretel Ramon Address: 6944 Bullock Dr. SD 92114 Date: 6-9 1999

In nineteen Dollars (\$ 19.00)
In part Payment of pre need lot

Lot 23 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E15030
BALANCE DUE 428.00

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 | 100 | <u>19</u> | <u>00</u> |
| 77184 | | | |
| Opening/Closing | 100 | | |
| 77181 | | | |
| Burial Containers | 100 | | |
| 77182 | | | |
| Handling Fee | 100 | | |
| 77185 | | | |
| Recording & Misc. Fees | 100 | | |
| 77183 | | | |
| Pre-Need Trust | 83033 | | |
| 9022 | | | |
| Sales Tax | 80101 | | |
| 78390 | | | |
| TOTAL PAID | \$ | <u>19</u> | <u>00</u> |

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51102

Date: 5-4, 19 99

From: Gretel Ramos Address: 6944 Bullock Dr.
Four Hundred Forty Eight and 00/100 Dollars (\$ 448.00)
 In Part Payment of burial lot for Renigie Ramos

Lot 23 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E 15030
 BALANCE DUE 447.00

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

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | <u>179.00</u> |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 77184 | <u>448.00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 77182 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>448.00</u> |

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

AG-212 (Rev. 5-94)

2189

ISSUED BY Lynda

Pre need
lot & trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-4-99

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

of Angela Cappadona

in a liner 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 92 Grave 9 Row _____ Section 2 Division/Block 12

| | | |
|-----------------------------------|---|---------|
| Grave space & Care Fund | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>PAID</p> <p>MAY 7 6 1999</p> <p>MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.</p> </div> | 895.00 |
| Additional spaces and care fund | | 375.00 |
| Opening/Closing & Setup | | 190.00 |
| Burial Container | | 45.00 |
| Handling Fees | | 45.00 |
| Flower vases - Marker setting fee | | 14.73 |
| Recording and filing fee | | 1064.73 |
| Sales taxes | | 664.73 |

Eileen Prentice
P.A.

Total Due 1064.73
Paid receipt number R-51176
Balance due 0

CONSERVATOR

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.
PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN
ESTATE Angela Cappadona
BY Eileen M. Prentice
Public Administrator
Public Guardian

Signature of recorded holder of deed _____
Date 5/14/99
(619)694-3522
Address _____
City _____ Zip Code _____
Telephone _____
5201-A Ruffin Road
San Diego, California 92123

Work Order # E 15031 Invoice # _____
Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51176



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

MOUNT HOPE CEMETERY
527-3400

From: Public Guardian Address: 5201-A Ruffin Rd San Diego 92123 Date: 5-26 1999

One thousand six hundred sixty four and 73/100 Dollars (\$ 1664.73)

In full Payment of Pre-Need Lot & Trust for Angela Cappadona

Lot 93 Grave 19 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15031

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

192956

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

ISSUED BY J. Schellert

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 77181 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | 769 | 73 |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 1664 | 73 |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-4-99

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

of Everett O'Quinn Jr.

in a liner Funeral date, time FRI. MAY 7 1:00

Church, Chapel, Graveside Chapeltonside Roadside Mortuary Derrick

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. D.R.O.

Lot 101 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 195.00

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 1504.73

Total Due 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 _____

D.L. Quinn
Signature 5077 Logan Ave #18
Address SP CA 92119
City 264-4873 Zip Code
Telephone

Work Order # E 15032

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51117

Date: 5-7, 19 99

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

Dollars (\$ 1564.73)

In full Payment of burial of Everett O'Quinn

Lot 101 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E15032

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3853

ISSUED BY Lynda

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

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>159</u> | <u>00</u> |
| 80% Sales of Lots | 100 | <u>636</u> | <u>00</u> |
| 77184 | | | |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| 77181 | | | |
| Burial Containers | 100 | <u>190</u> | <u>00</u> |
| 77182 | | | |
| Handling Fee | 100 | <u>145</u> | <u>00</u> |
| 77185 | | | |
| Recording & Misc. Fees | 100 | <u>45</u> | <u>00</u> |
| 77183 | | | |
| Pre-Need Trust | 63033 | | |
| 9022 | | | |
| Sales Tax | 60101 | <u>14</u> | <u>73</u> |
| 78390 | | | |
| TOTAL PAID | \$ | <u>1564</u> | <u>73</u> |

E15032

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

460

| | | | | | |
|---|--------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Everett | 1B. MIDDLE Lee | 1C. LAST (FAMILY) O'Quinn, Jr. | 2. DATE OF BIRTH MONTH DAY YEAR 10/21/1952 | 3. DATE OF DEATH MONTH DAY YEAR 04/29/1999 | 4. SEX ♂ |
| 5A. CITY OF DEATH La Jolla | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Roshawn O'Quinn, Daughter 5027 Logan Ave. #18 San Diego, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 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 05/04/1999 | | | |

| | | | | | |
|---|--|--|---|--|---------|
| 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 05/06/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 9907343 |
| | | 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

| | | |
|--|--|---|
| <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 St. San Diego, CA 92102 | 11B. DATE BURIED 5-7-99 | 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 5-6-99

Pr - need set - Trust

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

of Andrew & Mary Donnelly Sr.

in a double depth 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 1052 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund —

Opening/Closing & Setup 750.00

Burial Container 380.00

Handling Fees MAY 06 1999 320.00

Flower vases - Marker setting fee —

Recording and filing fees MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF 90.00

Sales taxes 29.45

Total Due 2564.45

Paid receipt number MC 2564.45

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 _____

Andrew W Donnelly Sr.
 Signature
X 1070 56th St
 Address
X SANDIEGO 92114
 City Zip Code
X (619) 266-4429
 Telephone

Work Order # E 15033

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-need
 set a Trust*

Date 5-6-99

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

of Julio Ereneta

In a 1.000 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 4940 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1075.00

Additional spaces and care fund PAID IN

Opening/Closing & Setup 375.00

Burial Container FULL 190.00

Handling Fees 9-17-99 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1864.73

Paid receipt number Credit Card 466.00

Balance due 1398.73

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

Julio Ereneta
 Signature
4412 LOS ALAMOS DR.
 Address
SAN DIEGO CA. 92114
 City Zip Code
(619) 262-8121
 Telephone

Work Order # **E 15034**

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51232



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 6-10, 1999

From: Julio Areneta Address: 413 Los Alamos Dr S D 92114

Fifty eight Dollars (\$ 58.00)

In part Payment of Pre-Need Lot - Trust

Lot 4940 Grave _____ Row _____ Section _____ Division 1.0
~~Block~~

Invoice No. _____

Acct. No. _____

W.O. E-15034

BALANCE DUE 1340.73

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

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

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

604

ISSUED BY J. Schellin

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51341

Date: 7-13, 1999

From: Julio Ereneta Address: 412 Los Alamos Dr. SD 92114-5413

Fifty Eight and 00/100 Dollars (\$ 58.00)

In part Payment of pre need for Julio Ereneta

Lot 4040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E15034

BALANCE DUE 1282.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

614

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

ISSUED BY Lynda

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 77184 | <u>58.00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 77182 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 83033 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>58.00</u> |

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51544

Date: 9-17, 19 99

From: Julia Ereneta Address: 412 Los Alamos Dr. SD 92114

One Thousand One Hundred Sixty Six and 73/100 Dollars (\$ 1166.73)

In 211 Payment of pre need lot and trust for Julia Ereneta

Lot 4940 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E15034

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

| | | | |
|------------------------|----------------|-------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>219</u> | <u>00</u> |
| 80% Sales of Lots | 77184 | <u>178</u> | <u>00</u> |
| Opening/Closing | 100 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 9022 | <u>769</u> | <u>73</u> |
| Sales Tax | 60101 78390 | | |
| TOTAL PAID | \$ | <u>1166</u> | <u>73</u> |

ISSUED BY Lynda

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Julio Ereneta - E-15034

412 Los Alamos Dr.

San Diego, CA 92114

Lot 4940 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



\$ 58.00 ✓

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



\$ _____

\$ _____

Amount Received \$ _____

NAME Julio Ereneta

ADDRESS 412 Los Alamos Dr.

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Pre-need~~ Lot & Trust

Julio Ereneta

E-15034

412 Los Alamos Dr.

San Diego, CA 92114

Lot 4940 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.

▶ \$ 58.00 ✓

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

▶ \$ _____

\$ _____

\$ _____

NAME JULIO FRENETA Amount Received

ADDRESS 412 LOS ALAMOS DR.

CITY SAN DIEGO STATE CA ZIP 92114

check (✓) if this is new address

E15034

4301322159267406
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527
619 527-3400

05/06/99 12:04:56 0

PURCHASE

| | | |
|-----------------------|--------|--------|
| ACCOUNT NUMBER | EXP. | |
| XXXXXXXXXX | 0000 | |
| TRAN CODE | AUTH. | REF # |
| 20 | 006353 | 001002 |

*Applied to
80%*

AMOUNT \$ 466.00

DESC burial of Julio
Ereneta E15034

Julio Ereneta
JULIO ERENETA

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

dea 12340

ERENETA, JULIO 412 Los Alamos Dr., San Diego 92114

| | | DEBIT | CREDIT | BALANCE |
|----------|--|---------|---------|--------------|
| 05-06-99 | Opened Pre-need Lot & Trust. | | | |
| | Lot ⁴⁹⁴⁰ 4040, Division 10 | 1095.00 | | |
| | Trust includes opening/closing, liner, handling fee, recording fee, tax on liner. | 769.73 | | 1864.73 |
| 05-06-99 | Credit Card | | 466.00 | 1398.73 |
| 6-10 | R- 51232 coupon #1 | | 58.00 | 1340.73 |
| 7-13 | R 51341 | | 58.00 | 1282.73 |
| 8-10 99 | R 51428 Cpn #3 | | 58.00 | 1224.73 |
| 9-7 99 | R 51502 Cpn 4 | | 58.00 | 1166.73 |
| 9-17 99 | R 51544 | | 1166.73 | 0 |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51232



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

MOUNT HOPE CEMETERY
527-3400

Date: 6-10, 1999

From: Julio Escobedo Address: 417 Los Alamos Dr S D 92114

Eighty eight Dollars (\$ 58.00)

In part Payment of Pre-Need 2d - Trust

Lot: 4040 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15031

BALANCE DUE 1340.73

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

ISSUED BY J. Schellton

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>58</u> | <u>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>58</u> | <u>00</u> |

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

604

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-10-99

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

of Angela Epperly

in a Urn Funeral, date, time Tues. May 11 11:30

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. XWCE

✓ Lot 102 Grave 6 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 |

MORTUARY
BRING check to

Paid receipt number R 51140 1664.73

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.

Signature of recorded holder of deed _____

X William Epperly
 Signature
P.O. Box 740450
 Address
San Diego, CA 92174
 City Zip Code
263-2552
 Telephone

Work Order # **E 15035**

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51140



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-12, 19 99

From: CA Cremation & Burial Address: 5880 El Cajon Blvd SD 92115

One Thousand Six Hundred Sixty Four and 73/100 Dollars (\$ 1,664.73)

In full Payment of burial of Angelia Eppaly

Lot 102 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E15035

BALANCE DUE 0

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

ISSUED BY Lynda

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>179</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | <u>716</u> | <u>00</u> |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>190</u> | <u>00</u> |
| Handling Fee | 77185 | <u>145</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | <u>45</u> | <u>00</u> |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | <u>14</u> | <u>73</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1664</u> | <u>73</u> |

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

5145

E 15035

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) ANGELA | 1B. MIDDLE M. - | 1C. LAST (FAMILY) EPPERLY | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/13/1951 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/05/1999 | 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 WILLIAM C. EPPELRY—HUSBAND 716 68TH 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 92215 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom Walker</i> | | | 8B. DATE SIGNED 05/10/1999 |

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 \$7.00 | 9B. DATE PERMIT ISSUED 05/10/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER | 9D. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907486 |
| | 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

| | | |
|--|--|---|
| <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 5-11-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Human Services</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.

*Pre-Need
Lot*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-9-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eloise K. ~~Ciffart~~ DANIELS

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 5183 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

PAID IN FULL 1-28-00

Total Due 995.00

Paid receipt number 5115 250.00

Balance due 745.00

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.

Eloise K. Daniels
Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15036**

DANIELS, ELOISE 748 Santa Isabel Dr., San Diego 92114

| | | DEBIT | CREDIT | BALANCE |
|----------|--|--------|--------|-----------------|
| 05-07-99 | Opened Pre-need Lot Lot 5183, Division 10 | 995.00 | | |
| 05-07-99 | Receipt 51115 | | 250.00 | 745.00 |
| 6-29 | R 51284 Coupon # 1 | | 200.00 | 545.00 |
| 8-4-99 | R 51407 CPN 2,3,4,5,6,7 | | 200.00 | 345.00 |
| 9-17-99 | R 51541 | | 200.00 | 145.00 |
| 1-28-00 | A- 52079 | | 145.00 | 0.00 |

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51115

Date: 5-7, 1999

From: Eloise K Clifford Address: 748 Santa Isabel Dr, SD 92114

Dollars (\$ _____)

In part Payment of pre need lot for Eloise Clifford

Lot 5183 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 15036

BALANCE DUE 745.00

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 Lynda

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>250</u> | <u>00</u> |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>250</u> | <u>00</u> |

51204

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 6-29, 1999

From: Chloe Daniels Address: 748 Santa Isabel Dr San Diego 921

Two Hundred Dollars (\$ 200.00)

In part Payment of Pre-need Lot

Lot 5183 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15036

BALANCE DUE 545.00

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 S. Schellin

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51115



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

From: Eloise K. Clifford DANIELS Address: 748 Santa Isabel Dr, SD 92114 Date: 5-7, 1999

In part Payment of pre need lot for Eloise Clifford Dollars (\$ _____)

Lot 5183 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E 15036
BALANCE DUE 745.00

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>250</u> | <u>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>250</u> | <u>00</u> |

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

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-15036

Eloise Daniels
748 Santa Isabel Dr.
San Diego, CA 92114
(Lot 5183 Division 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

▶ \$ ~~31.00~~

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

▶ \$ 200.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-7-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irving Hollins, Jr.

in a liner Funeral, date, time Wed 5-12-99 10:00

Church, Chapel Graveside Chapel 3:00 ; Raysdale 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 420 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 51143 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 of recorded holder of deed _____

Graham
X W. D. Graham
Signature
1370 S. 50th St
Address
San Diego CA 92113
City
264-1039 / 264-5526 Zip Code
Telephone

Work Order # **E 15037**

Invoice # _____
Acct. # _____

REA-104 (7-96) cell text
313-3895

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

OFFICIAL RECEIPT

51143



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-12, 19 99

From: Anderson Ragsdale Mortuary Address: 5050 Federal Blvd. SD 92102

One thousand seven hundred sixty four and ⁷³/₁₀₀ Dollars (\$ 1764.73)

In Full Payment of burial of Irving Hollins, Jr.

Lot 420 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E15037

BALANCE DUE ~~1764.73~~ 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 Lynda

| | | | |
|------------------------|----------------|---------------|----|
| CREDIT | 67007 | 199 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | 796 | 00 |
| Opening/Closing | 100 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| Handling Fee | 77185 | 145 | 00 |
| Recording & Misc. Fees | 77183 | 45 | 00 |
| Pre-Need Trust | 63033 9022 | 45 | |
| Sales Tax | 80101 78390 | 14 | 73 |
| TOTAL PAID | \$ | 1764 | 73 |

E15037

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) Irving | 1B. MIDDLE - | 1C. LAST (FAMILY) Hollins, Jr. | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/09/1929 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/05/1999 | 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 Ola Mae Hollins, Wife 5041 La Paz Dr. San Diego, CA 92113 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | | 8B. DATE SIGNED 05/07/1999 |

| | | | | |
|---|--|---|---|--|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/07/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907399 | |
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 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"/> 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 Mt. Hope Cemetery; 3851 Market St. San Diego, CA 92102 | 11B. DATE BURIED 5-7-99 | 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 5-7-99

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

in a _____ Funeral, date, time MON MAY 10 1:00

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 94 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

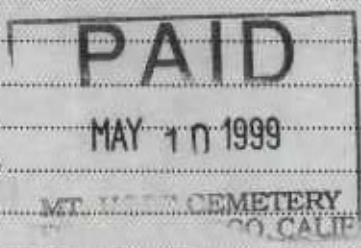
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



Total Due 450.00
Paid receipt number R51125 400.00
Balance due 50.00

mortuary to bring check

I hereby certify I am the X Funeral Director of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 John E Mayer
X Address 2859 Adams Ave
X City San Diego 92114 Zip Code
X Telephone 281-7055

Work Order # E 15038

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-7-99

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

of Marcelle Badertscher (X)

in a delivery Funeral, date, time Mon. May 10 1:00

Church, Chapel, 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 94 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund E 15038

Additional spaces and care fund _____

Opening/Closing & Setup E 15038

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
MAY 10 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

mortuary to
bring check

Total Due 45.00

Paid receipt number R 51125 45.00

Balance due 0

I hereby certify I am the X Funeral Director of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 John E. Mayer
Address 2859 Adams Av
City San Diego 92116 Zip Code
Telephone X 281-7055

Work Order # E 15039 Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

15039
93

| | | | | | |
|---|---------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Marcelle | 1B. MIDDLE Lina | 1C. LAST (FAMILY) Badertscher (X) | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/16/1900 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/04/1993 | 4. SEX F |
| 5A. CITY OF DEATH Poway | | 6B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Nancy Hobbs-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—Personal permit, 8B. DATE SIGNED <i>[Signature]</i> 05/10/1999 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 05/10/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907462 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, 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 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 Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 5-10-99 | 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.

E 15039

2002

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-7-99

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

of Roland Badertscher (X)

in a delivery Funeral, date, time MON MAY 10 10:00
Church, Chapel, Graveable Mayer Mortuary

All funeral costs must arrive before 3:30 p.m. of regular work day or an extra charge of \$100

will be applied and billed to undersigned.

Lot 94 Grave 4 Section 4 Disturbances 8

Grave space & Care Fund 300.00

Additional space and care fund _____

Opening/Closing & Setup 105.00

Build Casket _____

Handling Fees _____

Flower vase - Mortar setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 450.00

mortuary to bring check

PAID stamp 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 disposition and I 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 build under dead.

J. Shotts PA
3201 A Ruffin Rd
San Diego 92108
(619) 694-3531

Work Order # E 15038

Invoice #

Acct #

REC-100 (P. 1)

This information is available in alternative formats upon request.

© 1998 Mt. Hope Cemetery

SAN DIEGO CNTY PA-PG

MAYER PA

05-10-98 MON 08:15 FAX 619 884 3887

2817889

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-7-99

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

of Marcelle Badertscher (X)

in a delivery Funeral, date, time MON MAY 10 10:00
Church, Chapel, Graveable Mayer Mortuary

All funeral costs must arrive before 3:30 p.m. of regular work day or an extra charge of \$100

will be applied and billed to undersigned.

Lot 94 Grave 4 Section 4 Disturbances 8

Grave space & Care Fund E 15038

Additional space and care fund _____

Opening/Closing & Setup E 15038

Build Casket _____

Handling Fees _____

Flower vase - Mortar setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 45.00

mortuary to bring check

PAID stamp 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 disposition and I 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 build under dead.

Signature of funeral home or other

Work Order # E 15039

Invoice #

Acct #

REC-100 (P. 1)

This information is available in alternative formats upon request.

© 1998 Mt. Hope Cemetery

2817559

MAYER

P01

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51125



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

MOUNT HOPE CEMETERY
 527-3400

Date: 5-10 1999

From: Mayer Mortuary Address: 2859 Adams Ave. SD 92116

Four hundred ninety five Dollars (\$ 495.00)

In full Payment of interment of Marcelle Badertscher
and Roldna Badertscher

Lot 94 Grave 1 Row 1 Section 4 Division Block 8

Invoice No. _____

Acct. No. E 15039

W.O. E 15038

BALANCE DUE _____

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

014378

Patricia Avallone

ISSUED BY _____

| | | | |
|------------------------|-------|---------------|-----------|
| CREDIT | 67007 | <u>100</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | <u>240</u> | <u>00</u> |
| Opening/Closing | 77181 | <u>105</u> | <u>00</u> |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | <u>90</u> | <u>00</u> |
| Pre-Need Trust | 83033 | | |
| | 9022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | | <u>\$ 495</u> | <u>00</u> |

10203

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-7-99

pre need
lots & trusts

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

of Alberto + Carmen Quezada

in a (2) double depth crypts 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>150</u> | Grave <u>8410</u> | Row _____ | Section <u>2</u> | Division/Block <u>12</u> |
| Grave space & Care Fund <u>(2 @ \$ 895.00)</u> | | | | <u>1790.00</u> |
| Additional spaces and care fund _____ | | | | _____ |
| Opening/Closing & Setup <u>(4 @ \$ 375.00)</u> | | | | <u>1500.00</u> |
| Burial Container <u>(2 @ \$ 380.00)</u> | | | | <u>760.00</u> |
| Handling Fees <u>(2 @ \$ 320.00)</u> | | | | <u>640.00</u> |
| Flower vases - Marker setting fee _____ | | | | _____ |
| Recording and filing fee <u>(4 @ \$ 45.00)</u> | | | | <u>180.00</u> |
| Sales taxes <u>(2 @ \$ 29.45)</u> | | | | <u>58.90</u> |
| Total Due | | | | <u>4928.90</u> |
| Paid receipt number <u>K51118</u> | | | | <u>2000.00</u> |
| Balance due | | | | <u>2928.90</u> |

PAID IN FULL
06-28-99

I hereby certify I am the Carmen Quezada of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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~~ Carmen Quezada
~~Address~~ 5461-Creston DR
~~City~~ SAN DIEGO, CA 92114
~~Telephone~~ 2619-266-1120

Work Order # **E 15040**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51118



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Maria Rosalio Quezada Address: 5441 Creston Dr. SD 92114 Date: 5-7 1999
Two thousand Dollars (\$ 2,000.00)
 in part Payment of pre need lots + trusts (2)

Lot 150 Grave 8410 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E 15040
 BALANCE DUE 2928.90

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

| | | | |
|------------------------|-------|----------------|-----|
| CREDIT | 67007 | 358 | 100 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | 432 | 00 |
| Opening/Closing | 77181 | 100 | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | 210 | 00 |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | | \$ 2000 | 00 |

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

ISSUED BY Patricia Avallone

11636

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51304



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

MOUNT HOPE CEMETERY

527-3400

Date: 7-6 1999

From: Maria Quezada Address: 5461 Creston Dr San Diego 92114

One Hundred Twenty Two Dollars (\$ 122.00)

In part Payment of Pre-Need Lots + trusts

Lot 150 Grave 8 2 10 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15040

BALANCE DUE 2806.90

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 | 63033 | <u>122 00</u> |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>122 00</u> |

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

ISSUED BY S. Schellin

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51616



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

MOUNT HOPE CEMETERY
527-3400

Date: 10-15, 1999

From: Maria R. Quezada Address: 5161 Creston Dr. San Diego 92114

One Hundred Twenty Two Dollars (\$ 122.00)

In part Payment of Pre-need 9th - Trust

Lot 1.50 Grave 8 - 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15040

BALANCE DUE 2440.90

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1701

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

ISSUED BY

S. Sheldahl

| | | |
|------------------------|-------|--------|
| CREDIT | 67007 | |
| 20% Sales Com | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77184 | |
| Burial Containers | 100 | |
| Handling Fee | 77181 | |
| Recording & Misc. Fees | 100 | |
| Pre-Need Trust | 77182 | 122.00 |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | 122.00 |

E 15040

QUEZADA, CARMEN + ALBERTO 5461 CROSTON DR. SD 92114

5-7 99 preneed lots & trusts opened.

LOT 150, GRS. 8+10, SEC. 2, DIV. 12 1790.00

Trusts included: (4) openings/closings,
 (2) double depth crypts, (2) handling
 fees, (4) recording fees & tax

3138.90

4928.90

5-7 99 R 51118

7-6 99 R-51304

8-10 99 R-51424

9-10 99 R 51517

10-15-99 R-51616

11-16-99 R-51686

12-16-99 R-51791

1-11-00 R-51870

2-00 R-52118

3-7-00 R-52208

4-14-00 R-52317

5-17-00 R-52443

6-15-00 R-52572

Rem. To Trust

2000.00

122.00

122.00

122.00

122.00

122.00

122.00

122.00

122.00

122.00

122.00

122.00

122.00

2928.90

2806.90

2684.90

2562.90

2440.90

2318.90

2196.90

2074.90

1952.90

1830.90

1708.90

1586.90

1464.90

QUEZADA, Alberto + Carmen

Run to True

| | | Debit | Credit | Balance |
|----------|---------|-------|--------|---------|
| | | | | 1464.90 |
| 7-10-00 | R-52654 | | 122.00 | 1342.90 |
| 8-15-00 | R-52776 | | 122.00 | 1220.90 |
| 9-13-00 | R-52872 | | 122.00 | 1098.90 |
| 10-18-00 | R-52984 | | 122.00 | 976.90 |
| 11-13-00 | R-53055 | | 122.00 | 854.90 |
| 12-19-00 | R-53165 | | 122.00 | 732.90 |
| 1-17-00 | R-53267 | | 122.00 | 610.90 |
| 2-14-01 | R-53355 | | 122.00 | 488.90 |
| 3-14-01 | R-53462 | | 122.00 | 366.90 |
| 4-11-01 | R-53564 | | 122.00 | 244.90 |
| 5-10-01 | R-53670 | | 122.00 | 122.00 |
| 6-28-01 | R-53352 | | 122.00 | 0 |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-7-99

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

of JOSEPH OWASHI

in a TOP SEAL VAULT Funeral, date, time Sat. 5-15-99 1:00

Church, Chapel, Graveside CHURCH + Lewis Colonial Mortuary. CHURCH

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 Am

✓ Lot Grave 5205 Row Section 10 Division/Block 1

Grave space & Care Fund Preneed

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 145.00

Flower cases - Market selling fee Saturday overtime Fee 600.00

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1434.38

Paid receipt number 251121 1434.38

Balance due 0

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

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

Signature of recorded holder of deed _____
Signature Janeth N. Myamoto
Address 6735 Claremore Ave
San Diego, CA 92120
City 2892305 To Call
Telephone _____

Work Order # E 15041

Invoice # _____

Acct. # _____

E15041

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) JOSEPH | 1B. MIDDLE - | 1C. LAST (FAMILY) ONASHI | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/29/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/06/1999 | 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 JUDY MIYAMOTO - DAUGHTER 6735 CLAREMORE AVE SAN DIEGO, CA 92120 | | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Parvella Valente</i> | | | 8B. DATE SIGNED 05/10/1999 |

| | | | |
|---|---|---|---|
| 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. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 05/11/1999 P. Valente | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907585 |
| 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 VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | |

| | |
|--|---|
| 10. AUTHORIZED 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"/> 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 MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED 5-15-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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

CITY OF SAN DIEGO, CALIFORNIA

51121



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

MOUNT HOPE CEMETERY
527-3400

From: Judith Miyamoto Address: 1020 Calle Miraflores Bonita CA 91902
one thousand four hundred thirty four Dollars (\$ 1434.38)
 In full Payment of interment of Joseph Quorchi
 Lot 5205 Grave _____ Row _____ Section _____ Division Block 10

Date: 5-7, 1999

Invoice No. _____
 Acct. No. _____
 W.O. E1504
 BALANCE DUE _____

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 | <u>35</u> |
| Burial Containers | 100 | <u>00</u> |
| Handling Fee | 77182 | <u>250</u> |
| Recording & Misc. Fees | 100 | <u>145</u> |
| Pre-Need Trust | 77183 | <u>00</u> |
| Sales Tax | 63033 | <u>19</u> |
| | 9022 | <u>38</u> |
| TOTAL PAID | 60101 | \$ <u>1434</u> |
| | 76390 | <u>38</u> |

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

ISSUED BY Catrina Avalon

173

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-7-99

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

of Mardell Bursey
in a liner Funeral, date, time Mon. May 10: 1:00

Church, Chapel Graveside Chapel Graveside Pasadena 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 61 Grave 7 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 45.00

Recording and filing fee 14.73

Sales taxes 1604.73

Total Due 1604.73

Paid receipt number R51128 Balance due 0

mortuary to bring check for the full amount

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 _____

see attached
Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 15042

invoice # _____
Acct. # _____

5-7-99

3:50 pm

Skupper / Debbie
Ragdale

called to schedule

~~to~~ burial for 5-10-99.

Skupper authorized us

to pick out the lot

in the amount of \$1664.73

mortuary to bring check

E 15042

INTERMENT ORDER

DATE OF ORDER

5-7-99

MAYDELL BURSEY

LINE#

MON MAY 10 1 00

MADELL BURSEY RACKVILLE
350 RIVER ST
150.00

MADELL BURSEY RACKVILLE

61 7 2 12
895.00

Additional copies of report card

Quantity During 6 mos

Books 190.00

Handling Fee 45.00

Parent Loan - Material Handling Fee

Recording and Filing 45.00

Subtotal 1170.00

MEMORANDUM TO BRING
CHECK FOR THE
FULL AMOUNT

THIS ORDER IS VALID FOR THE PERIOD OF SIX MONTHS FROM THE DATE OF ISSUANCE. IF THE ORDER IS NOT FULLY PAID BY THE EXPIRATION DATE, THE ORDER WILL BE VOIDED AND A NEW ORDER MUST BE OBTAINED.

THIS ORDER IS VALID FOR THE PERIOD OF SIX MONTHS FROM THE DATE OF ISSUANCE. IF THE ORDER IS NOT FULLY PAID BY THE EXPIRATION DATE, THE ORDER WILL BE VOIDED AND A NEW ORDER MUST BE OBTAINED.

THIS ORDER IS VALID FOR THE PERIOD OF SIX MONTHS FROM THE DATE OF ISSUANCE. IF THE ORDER IS NOT FULLY PAID BY THE EXPIRATION DATE, THE ORDER WILL BE VOIDED AND A NEW ORDER MUST BE OBTAINED.

THIS ORDER IS VALID FOR THE PERIOD OF SIX MONTHS FROM THE DATE OF ISSUANCE. IF THE ORDER IS NOT FULLY PAID BY THE EXPIRATION DATE, THE ORDER WILL BE VOIDED AND A NEW ORDER MUST BE OBTAINED.

E 15042

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51128



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-10-99

From: Anderson Ragsdale Address: 5050 Federal Blvd. SD 92102

one thousand six hundred sixty four 13/100 Dollars (\$ 1064.73)

in full Payment of interment of Mardell Bursey

Lot 101 Grave 7 Row Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E 15042
BALANCE DUE 2

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

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 212 | 00 |
| 77184 | | | |
| Opening/Closing | 100 | 375 | 00 |
| 77181 | | | |
| Burial | 100 | 190 | 00 |
| Containers | 77182 | | |
| 100 | | 145 | 00 |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | 45 | 00 |
| 77183 | | | |
| Pre-Need Trust | 83033 | | |
| 9022 | | | |
| Sales Tax | 80101 | 14 | 73 |
| 78390 | | | |
| TOTAL PAID | \$ | 1064 | 73 |

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

ISSUED BY Catina Avallone

4709

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 15042

71

| | | | | | |
|---|-----------------|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Mardell | 1B. MIDDLE - | 1C. LAST (FAMILY) Bursey | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/06/1928 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/30/1999 | 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 Vernell Bursey, Daughter 3150 "G" St. San Diego, CA 92102 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103775 of the Health and Safety Code, and was authorized pursuant to Section 27100 of the Health and Safety Code. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>[Signature]</i> 05/05/1999 | | |

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 05/05/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907249 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 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"/> 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 5-10-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Peterson</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 5-10-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucy Y. Quon ~~X~~ WED 5-19 2:30
in a ash vault Type of Burial Container Funeral, date, time Friday 10-15-99
Church, Chapel, Graveside witness only; 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 14 Grave _____ Row 8 Section Chinese Division/Block _____

Grave space & Care Fund Pre need 105.00

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETERY 45.00
CITY OF SAN DIEGO, CALIF

Sales taxes _____ 4.26

Total Due _____ 269.26

Paid receipt number R51127 269.26

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 _____

Edward B. Young
Signature

2720 Blackton Dr
Address

S. D. 92105
City Zip Code

264-4858
Telephone

Work Order # E 15043

Invoice # _____

Acct. # _____

E15043

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) LUCY | 1B. MIDDLE Y. | 1C. LAST (FAMILY) QUON | 2. DATE OF BIRTH MONTH DAY YEAR 10/14/1918 | 3. DATE OF DEATH MONTH DAY YEAR 05/08/1999 | 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 EDWARD B. YOUNG: BROTHER 2720 BLACKTON DRIVE SAN DIEGO, CA 92105 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i> | | 8B. DATE SIGNED 05/13/1999 |
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 05/13/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907713 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | | |
| 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 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 MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 5-19-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | 12B. DATE CREMATED 5/16/99 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>S. Carr</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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51127



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-10, 19 99

From: Dolly Young Address: 2720 Blackton Dr. SD 92105

Two Hundred Sixty Nine and 26/100 Dollars (\$ 269.26)

In Full Payment of burial of Lucy Quan

Lot 14 Grave _____ Row 8 Section Chase Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 15043

BALANCE DUE E 15043

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 Lynd

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 60% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | 105 | 00 |
| Burial Containers | 100 | 55 | 00 |
| Handling Fee | 77182 | 60 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 9022 | | |
| | 60101 | 4 | 26 |
| | 78390 | | |
| TOTAL PAID | \$ | 269 | 26 |

872

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-10-99

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

of Guadalupe Rene De Alfaro
In a Double Death Funeral, date, time Tues 5-11 9:00

Church, Chapel, Graveside Church/Graveside, Azatlan 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 142 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Pre-Paid E-12050 ~~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 _____

PAID
MAY 10 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 420.00

Paid receipt number VISA 420.00

Balance due 0

I hereby certify I am the David Suck of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 David Suck
Address 892 Miravista Ave
Chula Vista CA 91911
City Chula Vista Zip Code 91911
Telephone (619) 422-2958

Work Order # E 15044

Invoice # _____

Acct. # _____

E 15044

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) GUADALUPE | 1B. MIDDLE - | 1C. LAST (FAMILY) PENA-ALFARO | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/11/1914 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/07/1999 | 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 CARLOS ALFARO—SON 5092 LYLE DRIVE SAN DIEGO, CA 92105 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE EQ-1658 | 6A. SIGNATURE OF APPLICANT— <i>Permit taking permit</i> <i>John Q. Rodriguez</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. | | 6B. DATE SIGNED 05/10/1999 | | | |

| | | | | |
|--|--|--|---|---|
| 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 05/10/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. Q. RODRIGUEZ 9907507 |
| | 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 checked="" 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 5-11-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Lopez</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

Call back

Date 5-10-99

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

of Eva Hooper 5-18
Tues 11:00

in a liner Funeral, date, time Monday 5-17-99

Church, Chapel, Graveside 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 1873 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund **PAID** 995.00

Additional spaces and care fund

Opening/Closing & Setup MAY 13 1999 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee galvanized 23.78

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1788.51

Paid receipt number 51145 1788.51

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 _____

Frank Palmer
 X *Frank Palmer*
 Signature 11065 Delphinus way
 Address SAN Diego 92126
 City 693-0790 Zip Code
 Telephone

Work Order # **E 15045**

Invoice # _____
 Acct. # _____

- 263-5196 -

14.73
22
15.51

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51145

Date: 5-13, 1999

From: Bedford Palmer Address: 11065

One thousand Seven Hundred Eighty Eight and ⁵/₁₀₀ Dollars (\$ 1788.51)

In Full Payment of burial of Eva Hooper

Lot 1873 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E15045

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 Lynda

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>199</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | <u>796</u> | <u>00</u> |
| Opening/Closing | 77181 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>200</u> | <u>00</u> |
| | 77182 | | |
| Handling Fee | 100 | <u>145</u> | <u>00</u> |
| Recording & Misc. Fees | 77185 | <u>58</u> | <u>00</u> |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | <u>15</u> | <u>51</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1788</u> | <u>51</u> |

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15045

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

80

| | | | | | |
|---|--------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOYCE | 1B. MIDDLE MAE | 1C. LAST (FAMILY) HOOPER | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/12/1919 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/08/1999 | 4. SEX F |
| 5A. CITY OF DEATH DOWNEY | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOYCE PALMER—DAUGHTER 11065 DEPHINUS WAY SAN DIEGO, CA. 92126 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ADAMS FUNERAL HOME INC. 501 E. PALMER AVE. COMPTON, CA. 90221 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1252 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mark L...</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 05/12/1999 | | | |

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 05/14/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Mark L...</i> |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. FIGUEROA ST. LOS ANGELES, CA. 90012 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSECRANS STREET SAN DIEGO, CA. 92186-5222 | | |

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 MT. HOPE CEM. 3751 MARKET ST. SAN DIEGO, CA. 92102 | 11B. DATE BURIED 5-12-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Heenan Ferguson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-10-99

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

of Jean Marie Kroll PA # 19991097

in a Casket Funeral, date, time MON. MAY 17 1:00

Church, Chapel, Graveside Witness : Meyer Mortuary, William

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 5 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 | <u>45.00</u> |
| Recording and filing fee | _____ |
| Sales taxes | _____ |
| Total Due | <u>386.00</u> |

Paid receipt number _____ 386.00
Balance due _____

Darnell Price P.A.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 15046**

Invoice # 315877

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

E 15046 J11

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

EDI REF NO: .0315877

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2286
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

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

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE: 6-30-99
BY: CA (CK) IF ED
PAYMENT REF NO: 04-875593
AMT PAID: 386.00

INVOICE DATE: 05/20/99
PAYMENT DUE: 06/19/99
PERIOD COVERED: APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-15046
DEPT: R.E.A. - MT HOPE CEMETERY 619 527 3400

| DESCRIPTION OF CHARGES | AMOUNT |
|------------------------------------|--------|
| JEAN MARIE KROLL SERVICE #19991077 | |
| LOT 31 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15046

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

42
Found

| | | | | | |
|---|----------------------------|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Jean | 1B. MIDDLE Marie | 1C. LAST (FAMILY) Kroll | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/29/1956 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/30/1999 | 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 Darnell Price-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—*[Signature]* 8B. DATE SIGNED
05/17/1999

| | | |
|---|--|--|
| <p>PERMIT</p> <p>AUTHORIZATION OF LOCAL REGISTRAR</p> <p>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.</p> | <p>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</p> <p>9A. AMOUNT OF FEE PAID \$7.00</p> <p>9B. DATE PERMIT ISSUED 05/17/1999</p> <p>9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i></p> | <p>ACKNOWLEDGMENT OF APPLICANT</p> <p>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</p> |
| 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 5201-A Ruffin Rd. San Diego, CA 92102 | 11B. DATE BURIED 5-12-99 | 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 5-10-99

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

of Elvira Karaoglanova 12:00

in a T.S. Vault Funeral, date, time WED 5-12 11:00

Church, Chapel, Graveside Church + graveside Mayer 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 K.S.

✓ Lot 4943 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 45.00

Recording and filing fee 19.58

Sales taxes 19.38

Total Due 1909.38

Paid receipt number M/C 1909.38

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.

Signature of recorded holder of deed
wife of son called
889-9023 5/11/98
@ 4:02

X Signature [Signature]
X Address 13625 ANTELOPE STA.
X City POWAY, CA 92064 Zip Code
X Telephone 619 673-4095

Work Order # E 15047 Invoice # _____
Acct. # _____

E 15047

402

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-----------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Elvira | 1B. MIDDLE - | 1C. LAST (FAMILY) Karaoglanova | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/04/1936 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/10/1999 | 4. SEX F |
| 5A. CITY OF DEATH Poway | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Suren Karaoglanov-Son 13625 Antelope Station Poway, CA 92064 | | |
| 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 (upon 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 Sections 10379 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 05/11/1999 | | | |

| | | | | |
|--|--|--|--|--|
| 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 05/11/1999 James Hale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907602 |
| | | 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 5-12-99 | 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 5-13-99

Pre-Need Trust

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

of Norma Granlow Jackson

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 174 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need D-2683 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container _____ 190.00

Handling Fees **MAY 13 1999** 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee **MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.** 14.73

Sales taxes _____ 769.73

Total Due 769.73

Paid receipt number M/C 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 of recorded holder of deed _____

X Carl Granlow
 Signature
 X 3183 MOBLEY ST
 Address
 X SAN DIEGO, CA 92123
 City Zip Code
 X _____
 Telephone

Work Order # **E 15048**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-13-99

*pre need
 lot & traps*

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

of Walter and Dorothy Thomas

In a Double crypt Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 105 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup. (2 at \$315.00) 750.00

Burial Container..... 380.00

Handling Fees..... 320.00

Flower vases - Marker setting fee.....

Recording and filing fee. (2 at \$45.00) 90.00

Sales taxes..... 29.45

PAID
 MAY 13 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 2,464.45

Received 2,464.45

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
deed #12304

X Dorothy Thomas
 Signature 43723357
 Address San Diego CA 92102
 City 2322478 Zip Code
 Telephone

Work Order # **E 15049**

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51146



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

From Dorothy Thomas Address: 431 N 33rd St. San Diego 92102 Date: 5-13, 1999
two thousand four hundred forty four & 45/100 Dollars (\$ 2,464.45)
In full Payment of prepaid lot & trust

Lot 105 Grave 6 Row 1 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15049

BALANCE DUE X

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

| | | |
|------------------------|-------|------------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | <u>179</u> |
| 80% Sales of Lots | 100 | <u>10</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| 77182 | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| 77183 | | |
| Pre-Need Trust | 63033 | <u>1569</u> |
| 9022 | | <u>45</u> |
| Sales Tax | 60101 | |
| 78390 | | |
| TOTAL PAID | | <u>\$2464.45</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY Catrina Avallone

1491

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-14-99

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

of Susan P Winn 11:00

In a linear Type of Burial Container Funeral, date, time Tuesday 5-18-99

Church, Chapel, Graveside : CABurial 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 49 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

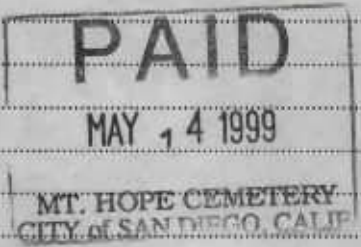
Burial Container..... 190.00

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 R 51149 1664.73

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.

X Signature Shelly D Winn-Bell

Signature of recorded holder of deed _____

Address PO Box 740063

City SD Zip Code 92174

Telephone _____

Work Order # **E 15050**

Invoice # _____

Acct. # _____

E 15050

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) SUSAN | 1B. MIDDLE P. | 1C. LAST (FAMILY) WINN | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/05/1949 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/12/1999 | 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 SHELLEY WINN—DAUGHTER 4750 SOLOLA AVE., #104 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 being permit <i>M. Mitchell</i> | | | 8B. DATE SIGNED 05/18/1999 |
| 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 | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 05/18/1999 M. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907898 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92106-5222 | | 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 5-18-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Mitchell</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

51149

Date: 5-14, 1999

From: Shelly Winn-Bell Address: PO BOX 740063 SD 92174

One thousand Six Hundred Sixty Four and ³/₁₀₀ Dollars (\$ 1664.73)

In full Payment of burial of Susan P Winn

Lot 49 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15050

BALANCE DUE 0

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

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | 179 | 00 |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| | 77182 | | |
| Handling Fee | 100 | 145 | 00 |
| Recording & Misc. Fees | 77183 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 80101 | 14 | 73 |
| | 78390 | | |
| TOTAL PAID | \$ | 1664 | 73 |

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

1614 ISSUED BY Lynda

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-17-99

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

of Guadalupe Armstrong

In a TS Vault Funeral, date, time July 5-18-99 1:00

Church, Chapel, Graveside Chapel Graveside: Family 1:00 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned.

✓ Lot 5290 Grave _____ Row _____ Section 25 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 195.00

Flower vases - Marker setting fee

Recording and filing fee 65.00

Sales taxes 20.98

PAID
MAY 17 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1969.38

Paid receipt number R 51130 51151 1969.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Guadalupe Armstrong
Signature 4418 Mayberry
Address SD 92113
City 527-8347 Zip Code

Work Order # **E 15051**

Invoice # _____
Acct. # _____

E15051

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) Guadalupe | 1B. MIDDLE - | 1C. LAST (FAMILY) Armstrong | 2. DATE OF BIRTH MONTH DAY YEAR 06/01/1951 | 3. DATE OF DEATH MONTH DAY YEAR 05/13/1999 | 4. SEX F | |
| 5A. CITY OF DEATH Chula Vista | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Miriam Armstrong - Daughter 4418 Mayberry St. San Diego, CA 92113 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083 | 8A. SIGNATURE OF APPLICANT—Person taking permit; Carrie Katherol | | | 8B. DATE SIGNED 05/18/1999 |

| | | | | |
|---|---|---|---|--|
| 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. | 9A. AMOUNT OF FEE PAID \$ 7.00 | 9B. DATE PERMIT ISSUED 05/18/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Lathrem | |
| 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 PO BOX 85222 San Diego, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | |

| | |
|--|---|
| 10. AUTHORIZED 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 Mt. Hope Cem. 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 5-18-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature] |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature] |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [Signature] |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature] |

COPY 2 IS RETAINED BY 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

51151

Date: 5-17, 1999

From: Miriam Armstrong Address: 4418 Mayberry

One thousand and 93/100 Dollars (\$ 1000.93)

In part Payment of burial of Guadalupe Armstrong

Lot 5290 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E15051

BALANCE DUE 0

see RS1150

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

53194

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

ISSUED BY Lynda

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>95</u> | <u>00</u> |
| 80% Sales of Lots | 77184 | | |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>250</u> | <u>00</u> |
| Handling Fee | 77185 | <u>195</u> | <u>00</u> |
| Recording & Misc. Fees | 100 | <u>65</u> | <u>00</u> |
| Pre-Need Trust | 83033 | | |
| Sales Tax | 9022 | | |
| | 60101 | <u>20</u> | <u>93</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1000</u> | <u>93</u> |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51150



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-17, 1999

From: Jennifer M Sogella Address: 1561 Sarah Brooks Dr. Keller, TX 76248
One thousand and 00/100 Dollars (\$ 1000.00)

In _____ Payment of burial of Guadalupe Armstrong

Lot 5290 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 15051

BALANCE DUE #

See 5151

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.

4076

ISSUED BY Lynda

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>124</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>876</u> | <u>00</u> |
| 77184 | | | |
| Opening/Closing | 100 | | |
| 77181 | | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| 77183 | | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1000</u> | <u>00</u> |

Open back gate

X- Deep with tank - Lemke

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-17-99

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

of Jessie Daugherty (Lemke) ^{class reference}

in a liner _{Type of Burial Container} Funeral, date, time Wed 5-21 11:00

Church, Chapel, Graveside Chapel/Graveside: Cypress View Mortuary, John

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 20 Grave 3 Row _____ Section 5 Division/Bloc 5

Grave space & Care Fund One-Med B-6492 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

Total Due _____ 769.73

Mortuary to bring check

Paid receipt number R-51167 769.73

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. ^{Fred Lemke}

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

Fred Lemke
Signature
6394 Birchwood St
Address
SAN DIEGO CA 92120
City Zip Code
286-6287
Telephone

Signature of recorded holder of deed _____

Work Order # E 15052

Invoice # _____
Acct. # _____

E15052

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

| | | | | | | |
|---|--|--------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JESSIE | | 1B. MIDDLE ELIZABETH | 1C. LAST (FAMILY) DAUGHERTY | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/27/1911 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/14/1999 | 4. SEX F |
| 5A. CITY OF DEATH SAN DIEGO | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FREDERICK L. LEMKE - SON 6394 BIRCHWOOD ST SAN DIEGO, CA 92120 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CYPRESS VIEW/BONHAM BROTHERS MORTUARY 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670 | 6A. SIGNATURE OF APPLICANT—Person taking permit; <i>Pauline Vale</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 05/18/1999 | | |

| | | | | |
|---|--|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 05/18/1999 P Valentine | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9907904 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

| | | | |
|--|--|--|--|
| 10. AUTHORIZED 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 5-21-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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

CITY OF SAN DIEGO, CALIFORNIA

51167



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-21 1999

From: Cypress View Address: 3953 Imperial Ave San Diego 92113

In full Payment of Interment of Jessie Bente 7 Daugherty Dollars (\$) 769.73

Lot 21 Grave 3 Row _____ Section 5 Division 5

Invoice No. _____
Acct. No. _____
W.O. E-15052
BALANCE DUE 0

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

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 62007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| Handling Fee | 77182 | 145 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 9022 | 14 | 73 |
| TOTAL PAID | 60101 | 769 | 73 |
| | 78390 | | |

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

AC-212 (Rev. 5-94)

0078

ISSUED BY J. Shultz

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre need

Date 5-17-99

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

of Lavada Castile

in a TS Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 74 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre need lot

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

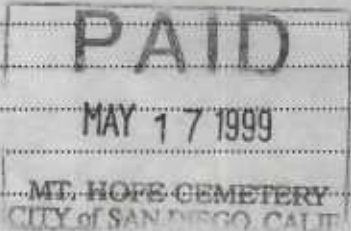
Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38



Total Due 874.38

Paid receipt number 51153 500.00

51157 Balance due 374.38

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.

Lavada Castile
 Signature

30 N 33rd St.
 Address

San Diego CA 92102
 City Zip Code

 Signature of recorded holder of deed

 Telephone

Work Order # **E 15053**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51157



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-17, 1999

From Lavada Castile Address: 30 N 33rd St. SD 92102

Three Hundred Seventy Four and 38/100 Dollars (\$ 374.38)

in Full Payment of preneed trust for Lavada Castile

Lot 74 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E15053

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77184 | | |
| Burial Containers | 100 | | |
| | 77181 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77182 | | |
| Pre-Need Trust | 63033 | <u>374</u> | <u>38</u> |
| Sales Tax | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>374</u> | <u>38</u> |

ISSUED BY Lynda

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51153

Date: 5-17, 19 99

From: Lavada Castile Address: 30 N 33rd St. SD 92102

Five Hundred and 00/100 Dollars (\$ 500.00)

put Payment of pre need trust for Lavada Castile

Lot 74 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 15053

BALANCE DUE 374.38

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 | |
| Opening/Closing | 77184 | |
| Burial Containers | 100 | <u>375</u> |
| Handling Fee | 77181 | |
| Recording & Misc. Fees | 100 | |
| Pre-Need Trust | 77182 | |
| Sales Tax | 100 | |
| | 77185 | |
| | 100 | |
| | 77183 | |
| | 63033 | <u>500 00</u> |
| | 9022 | |
| | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>500 00</u> |

MT. HOPE CEMETERY
INTERMENT ORDER

Pre need Trust

City of San Diego

Date 5-17-99

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

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 20 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID IN

Opening/Closing & Setup 375.00

Burial Container FULL 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 3-10-00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 51155 500.00

Balance due 1164.73

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.

Ardis Harrison
Signature

Signature of recorded holder of deed _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15054**

OFFICIAL RECEIPT

51155



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-17, 1999

From: Ardis Harrison Address: 2532 K St. SD 92102
Five Hundred and 00/100 Dollars (\$ 500.00)

In part Payment of pre need Trust; lot for Ardis Harrison

Lot 20 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15054

BALANCE DUE 1164.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

2317

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

ISSUED BY Lynne

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | <u>500</u> | <u>00</u> |
| Opening/Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>500</u> | <u>00</u> |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51256



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Ardis Harrison Address: 2532 K Street San Diego 92102 Date: 6-21, 1999
July 1999 Dollars (\$ 49.00)

In part Payment of Pre-Need Lot & Trust

Lot 20 Grave 8 Row _____ Section 1 Division 13
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15054

BALANCE DUE 1115.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2552

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

ISSUED BY J. Sheddin

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>49</u> | <u>00</u> |
| Opening/Closing | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77185 | | |
| | 100 | | |
| Pre-Need Trust | 77183 | | |
| | 63033 | | |
| Sales Tax | 9022 | | |
| | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>49</u> | <u>00</u> |

HARRISON, ARDIS 2532 K St. San Diego, CA 92102

| | | | | |
|----------|----|--|-------------------|----------|
| 05-17 | 99 | Preneed Lot and Trust Opened. Lot 20, Gr 8, Sec 1, Div 12 | 895.00 | |
| | | Trust includes: (1) Opening/Closing, (1) Liner, (1) Handling Fee, (1) Recording Fee and Tax on Liner. | 769.73 | 1,664.73 |
| 05/17/99 | | R-51155 | 500.00 | 1164.73 |
| 6-21-99 | | R-51256 Coupon #1 | 49.00 | 1115.73 |
| 6-30-99 | | R 51292 | 500.00 | 415.73 |
| 8-20-99 | | R 51458 | 100.00 | 515.73 |
| 9-13-99 | | R 51525 | 100.00 | 415.73 |
| 12-28-99 | | R 51821 | 100.00 | 315.73 |
| 3-10-00 | | R-52212 | 315 ²³ | |

HARRISON, ARDIS

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lot&Trust E15054

Ardis Harrison

2532 K ST

SAN DIEGO CA 92102

(20-8-1-12)

Month and Day Due Indicated Below

| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | 10 | | | | | |

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



\$ 49.00

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



\$ _____

\$ _____

Amount Received

\$ 49.00

NAME Ardis Harrison

ADDRESS 2532 K ST

CITY SAN DIEGO STATE CA ZIP 92102

check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-17-99

Transfer of
Pre-Need Lot

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: St. Vincent De Paul

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 2 1/2 Grave 3 Row _____ Section MAS Division H 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 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 _____
Signature
X _____
Address
X _____
City Zip Code
X _____
Telephone

Work Order # **E 15055**

Invoice # _____

Acct. # _____



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

QUITCLAIM DEED

In consideration of _____

I/We GERTRUDE KING

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to _____
ST. VINCENT DE PAUL

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 2 1/2 Grave 3 Row _____ Section MAS Division/Block H

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 4 day of June 1999

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

Kathleen Campbell

Gertrude King

Witnesses



DIVERSIT
BRINGS US ALL TOGETHER

E 15055



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

QUITCLAIM DEED

In consideration of _____

I/We GERTRUDE KING

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to _____
ST. VINCENT DE PAUL

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 2 1/2 Grave 3 Row _____ Section MAS Division/Block H

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said
_____, its successors and assigns forever.

WITNESS my/our hand this 4 day of June 19 99

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

Kathleen Campbell

Gertrude King

Witnesses



DIVERSITY
BRINGS US ALL TOGETHER

E-15055

send quick claim
papers

wave 45.00

GERTUDE

King

ST VINCENT ^{St Paul}

William H
EMMONS

5018 1/2 ~~NARRAGANSETT~~
NARRAGANSETT
AVE

S.D. 92107

222-2696

ST VINCENT
PAUL

F15055



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 1505.5

QUITCLAIM DEED

In consideration of _____

I/We GERTRUDE KING

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to _____
ST. VINCENT DE PAUL

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 2 1/2 Grave 3 Row _____ Section MAS Division/Block H

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said
_____, its successors and assigns forever.

WITNESS my/our hand this _____ day of _____ 19____

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

Witnesses



DIVERSITY
BRINGS US ALL TOGETHER

 **ST. VINCENT DE PAUL
VILLAGE**

A Member of Father Joe's Villages®
3350 E Street, San Diego, CA 92102-3332



E15055



Mt. Hope Cemetery
3751 Market St.
San Diego, CA 92102

Attn: Paulette.

32102+4527 

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-17-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Venancia Ramirez-Rico

In a liner Funeral, date, time Wednesday 5-19-99 12:00
Type of Burial Container

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 \$ 150.00

will be applied and billed to undersigned.

✓ Lot 131 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

Paid receipt number 51165 1564.73

Balance due 0

will bring check

PAID
MAY 19 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
 Telephone
See attached

Work Order # **E 15056**

Invoice # _____

Acct. # _____

E 15056

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-10-99

I hereby certify that the body and the interment described herein were deposited in the possession of

of Venancia Ramirez-Rico

at Home Funeral, care of Wednesday 5-17-99 12:00

at Home Crematorium CA Burial Home

with a fee of 300 of which 150.00 is for the use of the cemetery

and a fee of 150.00 for the use of the cemetery

Grave 131 Grave 12 Fee 3 Section 3 Interment 12

Grave space & Co's Fee 795.00

Additional grave and co's fee 375.00

Opening Grave & Co's Fee 150.00

Floral Container 145.00

Handling Fees 25.00

Floral vases - Major 14.73

Recording and filing fee 14.73

Grave tax 4564.73

Total 4564.73

Received of VENANCIA RAMIREZ-RICO

of the above named decedent

and that it is your duty to make a record of this order as shown and to certify and represent

that you have the right to make this interment and to hold the same Cemetery, Burial and

my liability on account of said administration and to give it

I hereby authorize the cremation of the

body of the decedent

by Home Crematorium

at Home

on 5-17-99

by Home Crematorium

E 15056

This information is available in alternative formats upon request

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

51165

Date: 5-20, 1999

From: CA Cremation & Burial Address: 5880 El Cajon Blvd. SD 92115

One Thousand Five Hundred Sixty Four & 73/100 Dollars (\$ 1,564.73)

In Full Payment of burial of Venancio Ramirez-Rico

Lot 131 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 15056

BALANCE DUE ETSDS

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

5165 ISSUED BY Lynda

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 159 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 636 | 00 |
| 77184 | | | |
| Opening/Closing | 100 | 375 | 00 |
| 77181 | | | |
| Burial Containers | 100 | 190 | 00 |
| 77182 | | | |
| Handling Fee | 100 | 145 | 00 |
| 77185 | | | |
| Recording & Misc. Fees | 100 | 45 | 00 |
| 77183 | | | |
| Pre-Need Trust | 63033 | | |
| 9022 | | | |
| Sales Tax | 80101 | 14 | 73 |
| 76390 | | | |
| TOTAL PAID | \$ | 1564 | 73 |

E15056

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) VENANCIA | 1B. MIDDLE - | 1C. LAST (FAMILY) RAMIREZ-RICO | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/18/1943 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/14/1999 | 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 RUBEN HERNANDEZ-SON 4473 1/2 EUCLID AVENUE SAN DIEGO, CA 92115 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHABEL 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 05/18/1999 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10379 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 \$7.00 | 9B. DATE PERMIT ISSUED 05/18/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT E. WALKER ▶ 9907938 | |
| | | 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 STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 5-17-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Maureen...</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.

20 *clans*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-18-99

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

of Mary Rose Samo

In a burial Final Container Funeral, date, time Fri 5-21 1:00

Church, Chapel, Windsor Graveside Church/Graveside, Co 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 BS

✓ Lot 173 Grave 4 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 —

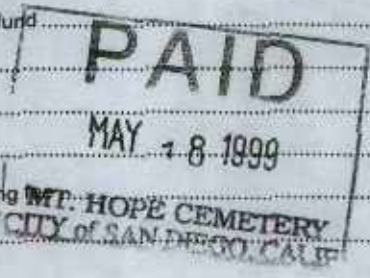
Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 51163 1664.73

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 Bradie Willard Samo III
Signature

X 4369 maple st.
Address

X SAN Diego Ca. 92105
City Zip Code

X 263-3515
Telephone

Work Order # E 15057

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51209



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Bradie Sams III Address: 4527 Logan AVE A SD 92113 Date: 4-4 ¹⁹99

fifty Dollars (\$ 50.00)

In full Payment of high flower vase for Nancy Sams

Lot 173 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 19057

BALANCE DUE X

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

| | | | |
|------------------------|-------|----|----|
| CREDIT | 87007 | 3 | 07 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| 77184 | | | |
| Opening/Closing | 100 | | |
| 77181 | | | |
| Burial Containers | 100 | 25 | 00 |
| 77182 | | 20 | 00 |
| 100 | | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| 77183 | | | |
| Pre-Need Trust | 83033 | | |
| 9022 | | | |
| Sales Tax | 80101 | 1 | 93 |
| 78390 | | | |
| TOTAL PAID | \$ | 50 | 00 |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 6-94)

ISSUED BY Catrina Avalone

60497
7833203

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51163



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

MOUNT HOPE CEMETERY

527-3400

Date: 5-18, 1999

From: Bradie Wilkard Sams III Address: 4369 Maple St. SD 92105

One thousand six hundred sixty four & 73/100 Dollars (\$ 1664.73)

In Full Payment of Interment of
Nancy Rose Sams

Lot 173 Grave 4 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E 15057

BALANCE DUE 8

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

| | | | |
|------------------------|-------|----------------|-----------|
| CREDIT | 57007 | <u>179</u> | <u>00</u> |
| 20% Sales Care | 77184 | <u>116</u> | <u>00</u> |
| 50% Sales of Lots | 77184 | | |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| 77181 | | | |
| Burial Containers | 100 | <u>190</u> | <u>00</u> |
| 77182 | | <u>45</u> | <u>00</u> |
| 100 | | | |
| Handling Fee | 77185 | <u>45</u> | <u>00</u> |
| Recording & Misc. Fees | 100 | | |
| 77183 | | | |
| Pre-Need Trust | 53033 | | |
| 9022 | | | |
| Sales Tax | 60101 | <u>14</u> | <u>73</u> |
| 78380 | | | |
| TOTAL PAID | | \$ <u>1664</u> | <u>73</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY Corbin Vallone

26466820
AC-212 (Rev. 5-94)
26466797
26466819
26466808

E15057
64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|---------------------------|--|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) NANCY | 1B. MIDDLE ROSE | 1C. LAST (FAMILY) SAMS | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/13/1934 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/16/1999 | 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 ROSSIE LAMBERT—DAUGHTER 4456 ESTRELLA AVE. SAN DIEGO, CA 92115 | |
| 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— <i>Person taking permit</i> <i>[Signature]</i> |
| ACKNOWLEDGMENT OF APPLICANT | | | | | 8B. DATE SIGNED 05/19/1999 |

| | | | | |
|----------------------------------|---|---|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 05/19/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> VITAL RECORDS—P.O. BOX 85222 SANDIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> - | | |

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 MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 5-21-99 | 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 5-19-99

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

In a LINER Type of Burial Container Funeral, date, time Fri 5-21 1:00

Church, Chapel, Graveside CHURCH/GRAVESIDE RAGSDALE Mortuary, DEBBIE

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 960 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 R-51169 1764.73

Balance due 0

MORTUARY
BRING check to
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 See attached Zip Code
X _____
Telephone

Work Order # E 15058

Invoice # _____

Acct. # _____

E 15058

U.S. DEPARTMENT OF JUSTICE
INTERMENT ORDER
CRIMINAL DIVISION

DATE: 5-19-99

NAME: SADIE RUSDON
LAST NAME: LINER FIRST NAME: FRI MIDDLE NAME: W-31
ADDRESS: 1000 W. 10th St. Oklahoma City, Oklahoma 73106
CITY: OKLAHOMA CITY STATE: OKLAHOMA ZIP: 73106
DEPARTMENT: X FEDERAL BUREAU OF INVESTIGATION

| | |
|-----------------------|---------|
| 960 | 10 |
| | 955.00 |
| Funeral Home & Chapel | 375.00 |
| Gravestone | 190.00 |
| Transportation | 115.00 |
| Flowers | |
| Minister's fee | 15.00 |
| Other | 14.73 |
| | 1764.73 |

MORTUARY TO
VIA CHECK
X

Funeral home to be notified of this order by the undersigned on or before the date specified in the order.

- John A. [unclear]
- John A. [unclear]
- John A. [unclear]
- John A. [unclear]

E 15058

E15058

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) Badie | 1B. MIDDLE Kathryn | 1C. LAST (FAMILY) Hibson | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/05/1917 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/16/1999 | 4. SEX F |
| 5A. CITY OF DEATH National City | | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Brenda J. Mackey, Daughter, 1325 S. 47th St. San Diego, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 98. DATE SIGNED
05/19/1999

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 05/21/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908127 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 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 | 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 St. San Diego, CA 92102 | 11B. DATE BURIED 5-21-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51169



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-21, 1977

From: Brenda J. Mackey Address: 1325 S 47th St. SD 92113

One Thousand Seven Hundred Sixty Four and 73/100 Dollars (\$ 1764.73)

In Full Payment of burial of Sadie Hicken

Lot 960 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 15058

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

1667 ISSUED BY Lynda

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 87007 | <u>199</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>796</u> | <u>00</u> |
| 77184 | | | |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| 77181 | | | |
| Burial Containers | 100 | <u>170</u> | <u>00</u> |
| 77182 | | | |
| Handling Fee | 100 | <u>145</u> | <u>00</u> |
| 77185 | | | |
| Recording & Misc. Fees | 100 | <u>45</u> | <u>00</u> |
| 77183 | | | |
| Pre-Need Trust | 83033 | | |
| 9022 | | | |
| Sales Tax | 80101 | <u>14</u> | <u>73</u> |
| 78390 | | | |
| TOTAL PAID | \$ | <u>1764</u> | <u>73</u> |

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-19-79

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

In a LINER Type of Burial Container Funeral, date, time TUES 5-25 11:00

Church, Chapel, Graveside CHAPEL / 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 SEAFORTE
will be applied and billed to undersigned. X

Lot 92 Grave 6 Row _____ Section 1 Division Block 12

Grave space & Care Fund PRE-NEED E-14985 0

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due

Paid receipt number

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 Renell P. Hale
Signature
X 1345 Sereax Cir. #20
Address
X Chula Vista 91916
City Zip Code
X (619) 421-1341
Telephone

Work Order # E 15059

Invoice # _____

Acct. # _____

F15059

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) JAMES | | 1B. MIDDLE CARLECE | 1C. LAST (FAMILY) BLUNT | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/01/1920 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/19/1999 | 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 RENELL HILL-EXECUTOR 1345 SERENA CIRCLE #2 CHULA VISTA, CA 91910 | | |
| 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>Tom Walker</i> |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code. | | | | 8B. DATE SIGNED 05/24/1999 | | |

| | | | | |
|---|--|--|---|---|
| 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 05/24/1999 K. WALKER | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908214 |
| | 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

| | | |
|--|--|---|
| <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 5-25-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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.

PRE-NEED
LOT * TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-20-99

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

in a liner Funeral, date, time _____
Type of Burial Container

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 136 Grave 3 Row _____ Section 3 Division 12

| | |
|---|---------------|
| Grave space & Care Fund | <u>895.00</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 IN FULL
06/03/99

Total Due 1664.73

KATHERINE HOWARD
P.A.

Paid receipt number 51208 1664.73

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.

X see attached
 X _____
 X _____
 X _____
 X _____

Signature of recorded holder of deed _____

Work Order # E 15060

invoice # _____

Acct. # _____

E15060

PRE-NEED
LOT A TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-20-99

You are hereby authorized and requested, subject to your rules and regulations, to inter the remains of LOIS ALLEN

In a Funeral Home Funeral date, time _____

Church, Chapel, Graveside MAYER Mortuary _____

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

Lot 136 Grave 3 Row _____ Section 3 _____

Grave space & Care Fund 895.00

Additional markers and care fund _____

Opening, Closing & Filling 375.00

Survival Container 190.00

Handling Fees 145.00

Flower cases - marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total due 1664.73

KATHERINE HOWARD
P.A.

Payment number _____

Balance due _____

I hereby certify I am the _____ of the above named deceased and this is valid authority to make disposition of remains and I hereby and request that I have the right to make the authorization and any facility in respect of said authorization.

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

Signature of named holder of deed _____

Katherine Howard
City Public Guardian
5201-A Ruffin Rd
San Diego 92123
619 694-3500
Counselor

Work Order # E 15060

Invoice # _____

Acct. # _____

REA 104 (7-98)

This information is available in alternative formats upon request.

San Diego

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51208



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-3 1999

From: County of SD Address: 5201-A Ruffin Rd. SD 92123

one thousand six hundred sixty four 73/100 Dollars (\$ 1664.73)

In full Payment of pre need lot & trust

Lot 134 Grave 3 Row _____ Section 3 Division/Block 2

Invoice No. _____

Acct. No. _____

W.O. ET5000

BALANCE DUE 2

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

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>179</u> | <u>00</u> |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | <u>711</u> | <u>00</u> |
| Opening/Closing | 77181 | <u>375</u> | <u>00</u> |
| Burial Containers | 77182 | <u>150</u> | <u>00</u> |
| Handling Fee | 77185 | <u>145</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | <u>45</u> | <u>00</u> |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 60101 | <u>14</u> | <u>73</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1664</u> | <u>73</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY Christina Avallone

194596



E15060

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date 5-20-99

To Jim | Mayor

Telephone _____

Fax 281-7587

Subject Allen

From Sue

Telephone _____

Fax 527-3403

Pages: including this cover sheet 2

COMMENTS

PLEASE SIGN & RETURN

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



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-20-99

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

of Stephen Mc Renna PA 1999 1134

In a urn Type of Burial Container Funeral, date, time Mon, May 24 10:00

Church, Chapel, Graveside delivery Leatheringill Mortuary.

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

will be applied and billed to undersigned.

Lot 144 Grave X1 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 PA ID

Flower vases - Marker setting fee 6-30-99

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number 386.00

Balance due 2

Rebecca Barr

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 15061**

Invoice # 316116

Acct. # 000952

E15061

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

56

| | | | | | |
|---|----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) STEPHEN | 1B. MIDDLE EMERY | 1C. LAST (FAMILY) MC KENNA | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/22/1942 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/11/1999 | 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 Rebecca Barr, Public Admin., 5201-A Ruffin Rd. San Diego, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083 | 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 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 05/20/1999 | | | |

| | | | | |
|---|--|--|---|--|
| 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 05/20/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Maggard |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 My. Hope Cemetery 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 5-24-99 | 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.

E15061



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

EDI REF NO: 0316116

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

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

TREASURERS USE ONLY

PAYMENT DATE: 6-30-99
BY: CA (CK) IF ED
PAYMENT REF NO: 04-875593

AMT PAID: 30

E-15061

INVOICE DATE: 06/01/99 PAYMENT DUE: 07/01/99 PERIOD: MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-15061
DEPT: R.E.A.-MT HOPE CEMETERY 619

DESCRIPTION OF CHARGES

STEPHEN MCKENNA SERVICES
LOT 144 GR 1 SEC 3 DIV 12
OPENING/CLOSING
LINER
RECORDING FEE

19991134 AM

TOTAL DUE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-21-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HERBERT LOUIS LIPP JR.

In a LINER Type of Burial Container Funeral, date, time MON 5-24 11:00

Church, Chapel, Graveside WITNESS ONLY; S.D. 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 145 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 CREDIT CARD 1564.73

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.

Per Dan

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 15062**

HERBERT Louis Lipp JR. E15062

... S D Memorial

Cred

5568 96000 0 452

910

ent

02-2000
03-2000

692-3090

Pulido for

FAX
618-664-6398

Don

618-664-6332

\$120.00

1600.00

1240

1564.73

11:00 Mon.
Witness
only

145-5-3-12

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 15062
51

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

| | | | | | |
|---|----------------------------|---|---|--|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Herbert | 1B. MIDDLE Louis | 1C. LAST (FAMILY) Lipp Jr. | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1948 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/12/1999 | 4. SEX M |
| 5A. CITY OF DEATH St. Louis | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Missouri | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jacquelin Quiroz - Sister 12741 Laurel St Lakeside, CA 92040 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>J. Johnson</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 5/20/1999 | | |

| | | | |
|---|---|--|---|
| 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 05/20/1999 J. Johnson | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908093 |
| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA --- | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222 | | |

10. 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 checked="" 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 Mt Hope Cemetery 3351 Markey St. San Diego, CA 92102 | 11B. DATE BURIED 5-24-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Bergman</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.

marker setting fee
125.00

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-21-99

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

of Frederick D. Duke E. Jones
in a urn Funeral date, time Thurs 5-27 11:00

Church, Chapel, Graveside Chapel/Graveside: Ce 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 241 Grave 12 Row _____ Section 2 Division/Block 12

| | | |
|-----------------------------------|----------------------|---------|
| Grave space & Care Fund | PAID | 895.00 |
| Additional spaces and care fund | | — |
| Opening/Closing & Setup | MAY 26 1999 | 375.00 |
| Burial Container | | 190.00 |
| Handling Fees | MT. HOPE CEMETERY | 145.00 |
| Flower vases - Marker setting fee | (PD 30.27 to marker) | — |
| Recording and filing fee | | 45.00 |
| Sales taxes | | 14.73 |
| Total Due | | 1664.73 |

Paid receipt number R 51179 Balance due _____

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

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

Signature of recorded holder of deed _____

X Shirley Ann Duke Jones
 Signature
 X 1655 Graves Ave #91
 Address
 X San Jose Ca. 95071
 City
 X 419 1596-8959
 Telephone

Work Order # **E 15063**

Invoice # _____
Acct. # _____

E15063

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

22

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

| | | | | | |
|--|--|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) FREDERICK | 1B. MIDDLE L. | 1C. LAST (FAMILY) JONES | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/10/1977 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/16/1999 | 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 SHEILA C. NATHAN-JONES—MOTHER 8655 GRAVES AVE. #78 SANTEE, CA 92071 | | |
| 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>Kim Walker</i> | |
| 8B. DATE SIGNED 05/24/1999 | | 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 | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 05/24/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER | 9908204 |
| | | 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

| | | |
|--|--|---|
| <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 5-27-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

* Marker setting fee PAID R 51247 10-16-99 Date 5-21-99

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

of Edna Armeta Hanks @ 2:00

In a liner Type of Burial Container Funeral, date, time ~~Wed 5-20?~~ Fri 5-28

Church, Chapel, Graveside Graveside ; Forrest Lawn Mortuary. Wed 6-16-99

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 4 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund Prepaid B-654 0

Additional spaces and care fund _____ —

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases Marker setting fee 135.00

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 904.73

Receipt number 51247 904.73

Balance due 0

PAID
JUN 16 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
check.

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

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

Signature of recorded holder of deed _____

X Signature _____
X Address see attached _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 15064

Invoice # _____
Acct. # _____

E15064

| | | | | |
|------------------|----------------------|----------------|----------------------|----------------------|
| POSTNET Fee Name | 2074 | Bank 5 | 2179 | 2074 |
| Account No. | 10000000000000000000 | Branch | 10000000000000000000 | 10000000000000000000 |
| Account Name | 10000000000000000000 | Branch Name | 10000000000000000000 | 10000000000000000000 |
| Account Type | 10000000000000000000 | Branch Code | 10000000000000000000 | 10000000000000000000 |
| Account Status | 10000000000000000000 | Branch Address | 10000000000000000000 | 10000000000000000000 |

ALL: Kincaid

MEMBER QUALITY
INTERMENT ORDER

City of San Diego

Date 5-21-99

You or a member authorized and empowered subject to your own and responsibility, to give the members of Edna Alvarado Weeks

to Edna Alvarado Weeks for all other uses

Church Chapter (Carmel) to Edna Alvarado Weeks for all other uses

and the applicant's name shall be Edna Alvarado Weeks of regular with key or no extra charge of \$ 25.00

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

and the applicant's name shall be Edna Alvarado Weeks

Order # E 15064

City #

Edna Alvarado Weeks
15000 Mendocino Rd
San Antonio, TX 78222
(512) 592-6113

ok
e. [unclear]
9/1/88

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

APPOINTMENT OF ATTORNEY-IN-FACT

I, the person signed as Principal below (hereinafter sometimes referred to as "Principal"), appoint as my Attorney-in-Fact the person named as "Attorney-in-Fact" below (hereinafter sometimes referred to as "Attorney"). If the person appointed as Attorney should at any time for any reason be unable or unwilling to act as Attorney, then I appoint as Attorney the person(s) if any named as "Successor Attorney-in-Fact" below, except as otherwise provided for in the Article entitled "Action by Co-Attorneys."

ACTION BY CO-ATTORNEYS

If more than one person is serving as Attorney under this Durable Power of Attorney for Health Care, any such Co-Attorney may Delegate, by signed, written instrument, any power provided for hereunder to any other Co-Attorney. In such event, whenever action is taken by less than all of the persons serving as Attorney, the nonparticipating person(s) who serve as Attorney shall be notified of such actions as soon as is practical. Each such nonparticipating person shall not be liable for any action of the other person(s) serving as Attorney that was taken pursuant to this paragraph.

POWER TO EXERCISE HEALTH CARE DECISIONS

My Attorney-in-Fact shall have all of the powers provided for under the Durable Power of Attorney Health Care provisions of California law, as now existing and as amended from time to time.

Not as a limitation of the aforesaid broad grant of authority, my Attorney-in-Fact may make health care decisions for me, before or after death, to the same extent as I could make health care decisions for my self if I had the capacity to do, including but not limited to consenting to health care, or consenting to the withholding or withdrawal of health care necessary to keep me alive.

MEDICAL RECORDS

My Attorney-in-Fact shall have the same right as I have to receive information regarding the proposed health care, to receive and review medical records, and to consent to the disclosure of medical records.

DURATION

This Durable Power of Attorney for Health Care shall be effective until revoked, or such time as may be permitted under the laws of the State of California.

REVOCATION

This Durable Power of Attorney for Health Care revokes any prior Power of Attorney for Health Care executed by me. I understand that this Durable Power of Attorney for Health Care may be revoked at anytime that I have the capacity to give a durable power of attorney for health care, by notifying the Attorney-in-Fact orally, or in writing or by notifying the health care provider orally or in writing.

RELIANCE ON PHOTOCOPIES

Any person dealing with Attorney shall have the right to rely on a photocopy of this Durable Power of Attorney for Health Care, certified by Attorney as being genuine and true, as if it were the signed, original Durable Power of Attorney for Health Care.

SEVERABILITY

It is intended that this Durable Power of Attorney for Health Care conform to California law in general and Civil Code 57430 et. seq., as amended from time to time. In the event that any provision herein is invalid the remaining provisions shall nonetheless be in full force and effect.

DECLARATION CONCERNING LIFE-SUSTAINING TREATMENT
NATURAL DEATH ACT HEALTH AND SAFETY CODE SECTIONS 7181-7194

Declaration made this 15th day of February, 1994.

I, EDNA A. HANKS, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

1. If at any time I should have an incurable and irreversible condition that has been diagnosed by two physicians and that will result in my death within a relatively short time without the administration of life sustaining treatment or has produced an irreversible coma or persistent vegetative state, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician pursuant to the NATURAL DEATH ACT OF CALIFORNIA, to withhold or withdraw treatment, including artificially administered nutrition and hydration, that only prolongs the process of dying or the irreversible coma or the persistent vegetative state and is not necessary for my comfort or to alleviate pain.

2. If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.

3. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Edna A. Hanks
EDNA A. HANKS

ADDRESS: 2625 E. FOURTH STREET: LONG BEACH, CA

The declarant voluntarily signed this writing in my presence. I am not entitled to any portion of the estate of the declarant upon his or her death under any will or codicil thereto of the declarant now existing or by operation of law. I am not a health care provider, the operator of a community care facility, an employee of an operator of a residential care facility for the elderly, or an employee of an operator of a residential care facility for the elderly.

WITNESS: *William G. ...*
ADDRESS: _____

WITNESS: *Richard ...*
ADDRESS: _____

A physician or other health care provider who is furnished a copy of the declaration shall make it a part of the declarant's medical record and, if unwilling to comply with the declaration, promptly so advise the declarant.

E15064

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

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

| | | | | | |
|---|------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) EDNA | 1B. MIDDLE ARMENTA | 1C. LAST (FAMILY) HANKS | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/06/1905 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/21/1999 | 4. SEX F |
| 5A. CITY OF DEATH LONG BEACH | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES | 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DAWN J. LOFQUIST, NIECE 11862 KENSINGTON RD LOS ALAMITOS, CA 90720 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FOREST LAWN MTY, 4471 LINCOLN, CYPRESS, CA 90630 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1051 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |

8B. DATE SIGNED
05/23/1999

| | | | | |
|--|--|---|--|--|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/26/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | |
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA LONG BEACH HEALTH DEPARTMENT 2925 GRAND AVE LONG BEACH, CA 90815 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA COUNTY OF SAN DIEGO 3851 ROSECRANS ST. SAN DIEGO, CA 92186-5222 | |

| | | | | | |
|--|--|--|--|---|--|
| 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 6-16-99 | 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

Attn: Marie

Date 5-24-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilbert Smelcer FR 5-28
 in a liner Type of Burial Container Funeral, date, time X 11:00 am
 Church, Chapel, Graveside X Delivery only; Humphreys 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 18 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Preneed 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container family to furnish 0

Handling Fees 145.00

Flower vases Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 0

Total Due 690.00

Mortuary
to bring check.

Paid receipt number R-51188 690.00

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 _____

X Signature _____
X Address See attached _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 15065

Invoice # _____

Acct. # _____

PREPARED BY DOT & J.P. ...

E15065

INTERMENT ORDER

Am. ...

City of ...

Nov 5 21 37

The undersigned, ...

is/are ...

of ...

City of ...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

E 15065

Elaine B. Gipp
1476 St. Fuller Rd
Milwaukee, WI 53222

HUMPHREY MORTUARY AND CEMENTS

E 15065

VISITATION TO BE AT: N/A
 CASKET TO BE: OPEN CLOSED
 NAME: YES NO HOW KNOWN: Family
 ADOPT # 1333174
 AFR DATE: 3/2/99
 DECEASED: MARIE

WILBERT ALVIN (Smelter)
 01/09/1920 79 m 05/20/1999
 IL 376-09-2523 X Divorced
 CAUCASIAN NAT'L Steel + Shipbuilding
Shipbuilder Shipbuilding 10
 365 E Flinders ST
 C.V. 33 91910 32 CA
Blaine Blanche 1176 S.E. Fuller Rd Minn
 Ok 4022

FRANK J. (Smelter) IL
Harves STEINE IL

Residence 5 A # 20 2.D.
CV

Hold (U) for Ins
 10 X 619 425-1103

I HAVE CHECKED THE ABOVE INFORMATION AND ATTEST THAT IT IS CORRECT INITIAL

SERVICE INFORMATION

| | | | | | |
|-----------------|--|----------|--|---------------|--|
| DATE OF SERVICE | | SERVICES | | DIRECT BURIAL | |
| DATE OF SERVICE | | SERVICES | | NO SERVICES | |
| <u>Fun Home</u> | | | | | |

SERVICE DETAILS

| | | | | | |
|-------------------|--|----------------|--|---------|--|
| VEHICLE | | DESCRIPTION | | REMARKS | |
| <u>CHINA PLAT</u> | | <u>VANTAGE</u> | | | |

E 15065

Humphrey Mortuary

855 Broadway, Chula Vista, California 91911

Ph: (619) 425-9111 Fax: (619) 425-4637

FAX COVER SHEET

DATE: 5/24

TO: Mr. Hape
(company)

ATTENTION: Linda

FROM: Maria

Number of pages: 3 including cover sheet.

RE: signed Interment Order

MESSAGE: for Wilbert Amelcer,
Direct Burial will be held
tomorrow morning andasket
on Friday afternoon. Call me
when you have a moment, and let
me know what time is best for
you.

Maria

E15065

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) WILBERT | | 1B. MIDDLE ALVINN | 1C. LAST (FAMILY) SMELCER | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/09/1920 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/20/1999 | 4. SEX M | |
| 5A. CITY OF DEATH Chula Vista | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Elaine B. Gipp - Sister 11766 S.E. Fuller Road Milwaukie OR 97222 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911-1125 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i> | | | 8B. DATE SIGNED 05/26/1999 |

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 7106 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 05/26/1999 J.E. King | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908382 |
| | 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"/> 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 Mt. Hope Cemetery - 3751 Market Street San Diego CA 92102 | 11B. DATE BURIED 5-28-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY 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

51188



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-28, 1999

From: Humphrey Mortuary Address: 855 Broadway Suite Vesta 91911

In full Payment of Interment of Wilbert Smokey Dollars (\$ 690.00)

Lot 18 Grave 16 Row _____ Section 1 Division Block 13

Invoice No. _____
Acct. No. _____
W.O. E-15065
BALANCE DUE _____

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 | 77184 | | |
| Opening/Closing | 100 | 375 | 60 |
| Burial Containers | 77182 | | |
| Handling Fee | 100 | 145 | 00 |
| Recording & Misc. Fees | 77183 | 170 | 00 |
| Pre-Need Trust | 53033 | | |
| Sales Tax | 9022 | | |
| | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 690 | 00 |

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

Willie & Mildred &
and Blongo
in grave

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-24-99

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

of Elmer McTadden

in a ash vault Funeral, date, time AYD **TUES 6**

Church, Chapel, Graveside Caring Cremation 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 246 Grave 2 Row _____ Section 14 Division/Block 7

Grave space & Care Fund Re-med B-9763 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 165.00

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-51173 2109.210

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 Loretta Taylor
Signature
X 4611 Marneby St
Address
X San Diego Ca 92111
City Zip Code
X 619-279-0927
Telephone

Work Order # **E 15066**

Invoice # _____

Acct. # _____

E 15066

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) ELMER | 1B. MIDDLE - | 1C. LAST (FAMILY) McFADDEN | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/03/1924 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/21/1999 | 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 LORETTA TAYLOR—SISTER 6611 MANNING ST SAN DIEGO, CA 92111 | |
| 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 <i>Rosa Nava</i> |

ACKNOWLEDGMENT OF APPLICANT I solemnly acknowledge as applicant that the proposed disposition stated herein is one of the 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
05/24/1999

| | | | | |
|---|--|--|---|---|
| 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 05/24/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ROSA NAVA |
| | 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

| | | |
|--|--|-------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | FOR CORONER'S USE ONLY |
| <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 | |

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

| | | | | |
|-------------------------------|---|--|--------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-1-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC 2570 FORTUNE WAY VISTA, CA 92083 | 12B. DATE CREMATED 5-24-99 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Irene Redding</i> |
| | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51173



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-24 99

From: Loretta Taylor Address: 4641 Manning St. SD 92111

Two hundred and nine & 20/100 Dollars (\$ 209.20)

In full Payment of interment of
Elmer McFadden

Lot 240 Grave 2 Row _____ Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E15060

BALANCE DUE 2

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

Catrina Avallone

ISSUED BY _____

| | | | |
|------------------------|-------|---------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | <u>105</u> | <u>00</u> |
| Burial Containers | 100 | <u>55</u> | <u>00</u> |
| | 77182 | <u>00</u> | <u>00</u> |
| Handling Fee | 100 | <u>45</u> | <u>00</u> |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | <u>4</u> | <u>26</u> |
| | 8022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | | \$ <u>209</u> | <u>20</u> |

310

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-24-99

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

of Luella Allen

in a liner Funeral, date, time Wed. 5-26 1:00

Church, Chapel, Graveside Church/Gravelside : La Bural 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. Mammie Hubbard

Lot 19 Grave 4 Row PAID Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund MAY 24 1999

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 31.55

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1696.28

Paid receipt number R-51172 1696.28

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 1 hold under deed.

Signature of recorded holder of deed

X Mammie Hubbard
Signature
X 5054 Westover Pl.
Address
X San Diego CA 92102
City Zip Code
X 619-262-3979
Telephone

Work Order # E 15067

Invoice # _____

Acct. # _____

E15067

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

92

| | | | | | |
|---|---------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) LUELLA | 1B. MIDDLE MACK | 1C. LAST (FAMILY) ALLEN | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/05/1907 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/20/1999 | 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 HAMIE HUBBARD—DAUGHTER 5054 WESTOVER PLACE SAN DIEGO, CA 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATTON & BURIAL CHAPEL 5880 EL CAJON BLVDD, SAN DIEGO, CA 92115 | | 7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1357 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom Hubber</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 05/26/1999 | | | |

| | | | | |
|--|--|--|---|---|
| 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 05/26/1999 | 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 | 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 MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIF 92102 | 11B. DATE BURIED 5-26-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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

CITY OF SAN DIEGO, CALIFORNIA

51172



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-24, 1999

From: Mamie Hubert Address: 5054 Westover Blvd - San Diego

One thousand Six Hundred Ninety Six ²²/₁₀₀ Dollars (\$ 1696.28)

In full Payment of Interest of Excellence Allen

Lot 19 Grave 14 Row _____ Section 1 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15067

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

MAY 25 1999

ISSUED BY S. Schuttler

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| | 77182 | 155 | 00 |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | 65 | 00 |
| | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 80101 | 16 | 28 |
| | 78390 | | |
| TOTAL PAID | \$ | 1696 | 28 |

-MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-24-99

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

of Anthony Booth

In a T.S. VAULT Type of Burial Container Funeral, date, time THUR 5-27 2:00

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.

Lot 1437 Grave _____ Row _____ Section _____ Division/Block 10

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 60.00 Fee —

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1869.38

MORTUARY TO BRING CHECK FOR FULL AMOUNT

Paid receipt number 51184 1809.38

Balance due 2

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 15068**

invoice # _____

Acct. # _____

E 15068

INTERMENT ORDER

5-24-99

ANTHONY BOOTH
4-S. VALET
JUNE 5-27 2.00
GRAVESIDE
SHEET 150.00
X E 15068

| | |
|---------|----|
| 1437 | 10 |
| 995.00 | |
| 375.00 | |
| 250.00 | |
| 185.00 | |
| 45.00 | |
| 19.28 | |
| 1869.28 | |

NEED TO BRING CHECK FOR FULL AMOUNT

NEED TO BRING CHECK FOR FULL AMOUNT

Handwritten notes and signatures at the bottom of the form.

E 15068

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15068
38

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

| | | | | | |
|---|--------------------------|--|---|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Anthony | 1B. MIDDLE Lee | 1C. LAST (FAMILY) Booth | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/17/1961 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/22/1999 | 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 Emma Speed, Mother P.O. Box 5021 Chula Vista, CA 91910 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329 | | 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 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 05/26/1999 | | |

| | | | | |
|--|---|--|---|---|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 05/26/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908363 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 5-27-99 | 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 CALIF. 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

51184



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

MOUNT HOPE CEMETERY
527-3400

From Anderson Ragsdale Address: 5050 Federal Blvd SD 92102 Date: 5-27 1999
one thousand eight hundred sixty nine + 38 / 100 Dollars (\$) 1869.38

In Full Payment of Interment of
Anthony Booth

Lot 1437 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E 15008
BALANCE DUE 2

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

| | | |
|------------------------|-------|----------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | <u>191</u> |
| 80% Sales of Lots | 77184 | <u>7910</u> |
| Opening/Closing | 100 | <u>375</u> |
| Burial Containers | 77182 | <u>250</u> |
| Handling Fee | 100 | <u>185</u> |
| Recording & Misc. Fees | 77183 | <u>45</u> |
| Pre-Need Trust | 63033 | <u>19</u> |
| Sales Tax | 9022 | <u>38</u> |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>1869.38</u> |

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

ISSUED BY Catrina Avallone

4749

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-25-99

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

of Hazel M. Smith

In a DOUBLE DEPTH Funeral, date, time SAT. 5-29 11:00

Church, Chapel, Graveside CHAPEL/GRAVESIDE: El Cajon 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 36 Grave 8 Row _____ Section MAS Division/Block R

Grave space & Care Fund _____ Prepaid E12529 0

Additional spaces and care fund _____ PAID 0

Opening/Closing & Setup _____ 375.00

Burial Container _____ MAY 27 1999 380.00

Handling Fees _____ 380.00

Flower vases, Marker setting fee _____ MT. HOPE CEMETERY 125.00

Recording and filing fee _____ CITY OF SAN DIEGO 645.00

Sales taxes _____ Saturday Service fee 29.45

Callie Layne

Total Due _____ 1894.45

Paid receipt number R-51180 1894.45

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

+ Jacqueline B. Michael
Signature
+ 65 Casselman Place
Address
+ Chula Vista, CA 91910
City Zip Code
+ 422-9351
Telephone

Work Order # E 15069

Invoice # _____

Acct. # _____

E15069

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) HAZEL | 1B. MIDDLE MARGARET | 1C. LAST (FAMILY) SMITH | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/18/1920 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/24/1999 | 4. SEX F |
| 5A. CITY OF DEATH CHULA VISTA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DEANNA SMITH - DAUGHTER 470 BEAR VALLEY PKWY ESCONDIDO, CA 92025 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON MORTUARY 684 S MOLLISON AVE/EL CAJON, CA 92020 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022 | 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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED <i>05/27/1999</i> | | | |

| | | | | |
|---|--|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 05/27/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908427 BRENDA BELL |
| | 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

| | | |
|--|--|---|
| <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 (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 MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92101 | 11B. DATE BURIED 5/29/99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Deanna Smith</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY 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

51180

Date: 5-27, 19 99

From: Jacqueline G. Michael Address: 65 Casselman Pl CAULIA VISTA 91910

One Thousand Eight Hundred Ninety Four and 4/100 Dollars (\$ 1,894.45)

In Full Payment of burial of Hazel Smith

Lot 36 Grave 8 Row _____ Section Meteor Division Block R

Invoice No. _____

Acct. No. _____

W.O. E15069

BALANCE DUE 6

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 | | |
| 77184 | | | |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| 77181 | | | |
| Burial Containers | 100 | <u>380</u> | <u>00</u> |
| 77182 | | | |
| Handling Fee | 100 | <u>320</u> | <u>00</u> |
| 77185 | | | |
| Recording & Misc. Fees | 100 | <u>790</u> | <u>00</u> |
| 77183 | | | |
| Pre-Need Trust | 63033 | | |
| 9022 | | | |
| Sales Tax | 60101 | <u>29</u> | <u>45</u> |
| 78390 | | | |
| TOTAL PAID | \$ | <u>1894</u> | <u>45</u> |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-25-99

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

of Dorothy Ann McFarlane 5-28

in a liner Type of Burial Container Funeral, date, time Friday, 11:00

Church, Chapel, Graveside Cherry-Grand : 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 94 Grave 5 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 75.00

Sales taxes 14.73

Total Due 1664.73

Mortuary to bring check

Paid receipt number 51190 1664.73

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 record holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 15070**

Acct. # _____

E15070
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) Dorothy | | 1B. MIDDLE Ann | 1C. LAST (FAMILY) McFarlane | | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/25/1919 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/21/1999 | 4. SEX F | |
| 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 Emily J. Ferrell, Naughter 1029 Woodrow Ave. San Diego, CA 92114 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | | | 7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | 8B. DATE SIGNED 05/25/1999 |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is not 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 05/28/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908188 | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | | |

10. 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 St. San Diego, CA 92102 | 11B. DATE BURIED 5-28-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51190



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

MOUNT HOPE CEMETERY
527-3400

From: Anderpon Ragsdale Address: 5050 Federal Blvd, SD 92102
One thousand, ~~but~~ six hundred sixty four ¹³ 13/100 Dollars (\$)

Date: 5-28 1999

In full Payment of interment of
Dorothy Ann McFarlane

Lot 94 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E 15070
BALANCE DUE 2

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

Catrina Avallone
ISSUED BY _____

| | | | |
|------------------------|-------|---------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 748 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| Handling Fee | 77182 | 145 | 00 |
| Recording & Misc. Fees | 77185 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| | 9022 | 14 | 73 |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | | \$ 1664 | 73 |

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

4776

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-25-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Olson 6-28

in a liner Funeral, date, time Friday 11:00 10:00
Type of Burial Container

Church, Chapel, Graveside witness delivery, 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.

Lot 13 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee (not included \$125.00) _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 769.73

Paid receipt number R-51187 769.73

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 _____

Work Order # E 15071

Invoice # _____

Acct. # _____

769.00

Feathers, 1911
Metcalf

407-452-
6576

Patricia Olsen

Tennant

Croyle

mid 70's

E 15071

407-453-
4849

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51186



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-28, 1999

From: Featheringill Mortuary Address: 6322 El Cajon Blvd SD 92115

Seven Hundred Sixty Nine and 73/100 Dollars (\$ 769.73)

In 611 Payment of burial of Patricia Olson

Lot 13 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E15071

BALANCE DUE ⊕

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3923

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

ISSUED BY Lynd

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| | 77184 | | |
| Opening/Closing | 100 | <u>375</u> | <u>00</u> |
| | 77181 | | |
| Burial Containers | 100 | <u>190</u> | <u>00</u> |
| | 77182 | | |
| Handling Fee | 100 | <u>145</u> | <u>00</u> |
| | 77185 | | |
| Recording & Misc. Fees | 100 | <u>45</u> | <u>00</u> |
| | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 80101 | <u>14</u> | <u>73</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>769</u> | <u>73</u> |

E15071

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) Patricia | 1B. MIDDLE Joy | 1C. LAST (FAMILY) Olson | 2. DATE OF BIRTH MONTH DAY YEAR 05/11/1924 | 3. DATE OF DEATH MONTH DAY YEAR 05/24/1999 | 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 Herb Tennant, won Et. 3, Box 495 Merritt Island, FL 32953 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD1083 | 8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>[Signature]</i> 05/26/1999 | | |

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 7101 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 05/26/1999 C. Lathrem | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908391 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 San Diego, CA 92102 | 11B. DATE BURIED 5-28-99 | 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 5-27-99

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

of Murrell Eugene Mayfield
in a LINER Funeral, date, time Wed. June 2 11:00

Church, Chapel Graveside Mortuary Paris Fredrick

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 <u>349</u> | Grave _____ | Row _____ | Section _____ | Division/Bleek <u>10</u> | |
| Grave space & Care Fund | <u>preneed D 3174</u> | | | <u>2</u> | |
| Additional spaces and care fund | PAID | | | | |
| Opening/Closing & Setup | | | | | <u>375.00</u> |
| Burial Container | <u>JUN " 7 1999</u> | | | | <u>190.00</u> |
| Handling Fees | MT. HOPE CEMETERY CITY OF SAN DIEGO | | | | <u>145.00</u> |
| Flower vases - Marker setting fee | | | | | <u>45.00</u> |
| Recording and filing fee | | | | | <u>14.73</u> |
| Sales taxes | | | | | <u>769.73</u> |
| | Total Due | | | | <u>769.73</u> |
| | Paid receipt number <u>51223</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 _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 15072**

Invoice # _____
Acct. # _____

E15072

mortuary will call back w/ more details

6-1 Carl not there - Carl to call back

mortuary to bring check per Carl.

6-2 Scott - Paris Fred will bring check later

6-7 11m 2:25 regarding check?



E 15072

THE CITY OF SAN DIEGO



FAX TRANSMISSION

Date 6-1-99

To PARIS FREDERICK

Telephone _____

Fax _____

Subject MAYFIELD

From Sue

Telephone 527-3400

Fax 527-3403

Pages: including this cover sheet 2

COMMENTS

MORTUARY to BRING check

for \$ 769.73.

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



E15072

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-27-99

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

of Murrell Eugene Mayfield

in a LINE R Funeral, date, time Wed. June 2 11:00

Church, Chapel Graveside Graveside Mortuary Paris Frederick

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 349 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund preneed D 3174 X

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

Mortuary to bring check

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 _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 15072

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51223



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

MOUNT HOPE CEMETERY
527-3400

From: Paris Frederick Address: 374 N. Magnolia Ave El Cajon CA 92020
Seven hundred sixty nine + 73100 Dollars (\$ 769.73)
 In ~~Payment~~ Payment of interment of Murrell E. Mayfield

Lot 349 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E15072
 BALANCE DUE 8

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 | |
| Opening/Closing | 77181 | <u>375</u> <u>00</u> |
| Burial Containers | 100 | <u>190</u> <u>00</u> |
| Handling Fee | 77185 | <u>45</u> <u>00</u> |
| Recording & Misc. Fees | 77183 | <u>45</u> <u>00</u> |
| Pre-Need Trust | 63033 | |
| | 9022 | <u>14</u> <u>73</u> |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>769</u> <u>73</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 5-94) 0115020507

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15072

77

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

| | | | | | |
|---|-----------------------------|--|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MURRELL | 1B. MIDDLE EUGENE | 1C. LAST (FAMILY) MAYFIELD | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/27/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/24/1999 | 4. SEX M |
| 5A. CITY OF DEATH EL CAJON | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRIEDA PRYOR - SISTER 3319 GREENGATE COTTONWOOD, CA 96022 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVE. - EL CAJON, CA 92020-3908 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-795 | | 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF APPLICANT—Person taking permit Grant K. Conrad |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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. | | | 8B. DATE SIGNED 05/31/1999 | | |

| | | | |
|---|---|---|--|
| 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 06/02/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad 9908611 |
| 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 CD. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |

| | |
|--|--|
| 10. 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 MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-22-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson |
| | 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 5/28/99

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

of Luis Fernando Cabrera

in a liner Funeral, date, time THUR 6-2 1:00

Church, Chapel, Graveside Graveside SD Memorial MEMORIAL Mortuary 150.00

All Funeral cars must arrive before 2:30 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X E.C

Lot 1105 Grave 1 Row 1 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 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number 51189 1664.73

Balance due 0

PAID
MAY 28 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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 Elvia Cabrera
Signature 4461 50 St #7
Address San Diego Ca.
City 761-583-76-65-92117 Zip Code
Telephone

Work Order # E 15073

Invoice # _____
Acct. # _____

E15073

20

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Luis | 1B. MIDDLE Fernando | 1C. LAST (FAMILY) Cabrera | 2. DATE OF BIRTH MONTH DAY YEAR 07/15/1978 | 3. DATE OF DEATH MONTH DAY YEAR 05/27/1999 | 4. SEX M |
| 5A. CITY OF DEATH Duarte | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Silvestre Cabrera - Father 613 N. 4th St. Fresno, CA 93702 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | 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 06/02/1999 | | | |

| | | | | |
|---|--|---|---|---|
| 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 06/02/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; 313 N. Figueroa St. Los Angeles, CA 90012 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | | |

10. 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 (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; 3351 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-2-99 | 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 |

COPY 2 IS RETAINED BY 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

51189



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

MOUNT HOPE CEMETERY
527-3400

Date: 5-28 1999

From: Elia P. Cabrera Address: 4441 50th St #7 SD 92115

One thousand six hundred sixty four \$13100/1004.73, Dollars \$

In full Payment of interment of Mrs Fernando Cabrera

Lot 105 Grave 1 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E15073

BALANCE DUE 2

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

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 90% Sales of Lots | 100 | 2118 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 190 | 00 |
| | 77182 | 146 | 06 |
| Handling Fee | 100 | 46 | 00 |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | 14 | 73 |
| | 9022 | | |
| Sales Tax | 80101 | | |
| | 76360 | | |
| TOTAL PAID | | 1064 | 73 |

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

ISSUED BY

Estelina Avalos

321

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-1-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred Navano PA # 19991181

in a liner Funeral, date, time MON. 6-7 10:00

Church, Chapel, Graveside Delivery Only Funeraria Mortuary. Ortlan

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>171</u> Grave <u>6</u> Row _____ Section <u>1</u> Division <u>12</u> | Block <u>12</u> |
| Grave space & Care Fund | <u>67007 77184 126.00</u> |
| Additional spaces and care fund | _____ |
| Opening/Closing & Setup | <u>100 77181 165.00</u> |
| Burial Container | <u>100 77182 50.00</u> |
| Handling Fees | _____ |
| Flower vases - Marker setting fee | _____ |
| Recording and filing fee | <u>100 77183 45.00</u> |
| Sales taxes | _____ |
| Total Due | <u>386.00</u> |

Rebecca Barr P.A.

PAID 5-4-00

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 15074**

Invoice # 310805

Acct. # 000952

Referred to treasurer 7/19/99

E15074 available in alternative formats upon request.

6-9-99

E15074

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

32

| | | | | | | |
|--|--|-----------------|---|---|---|---------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Alfred | | 1B. MIDDLE - | 1C. LAST (FAMILY) Navarro | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/03/1967 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/21/1999 | 4. SEX M. |
| 5A. CITY OF DEATH Vista | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rachel Navarro-Mother 775 Tangerine Dr. El Centro, CA 92243 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan 2436 Market St., San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>John C. Navarro</i> | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103725 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 06/02/1999 | | | |

| | | | | | |
|--|--|--|--|---|--|
| 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 J.G. Rodriguez 06/07/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 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 6-7-99 | 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 <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 6/1/99

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

In a liner Funeral, date, time Friday between 11-1:00
Type of Burial Container church + graveside SD Memorial 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 153 Grave 10 Row _____ Section 2 Division/Block 12

| | | |
|---|----------------------------------|----------------|
| Grave space & Care Fund | PAID | <u>895.00</u> |
| Additional spaces and care fund | JUN 1 1999 | <u>375.00</u> |
| Opening/Closing & Setup | MT. HOPE CEMETERY | <u>190.00</u> |
| Burial Container | CITY OF SAN DIEGO, CALIF. | <u>145.00</u> |
| Handling Fees | | <u>45.00</u> |
| Flower vases - Marker setting fee | | <u>14.73</u> |
| Recording and filing fee | | <u>1664.73</u> |
| Sales taxes | | |
| Total Due | | |

Paid receipt number 51193 1664.73
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.

Victor Nunez
Signature
310 West Laurel St.
Address
San Diego, CA 92101
City Zip Code
234-6840
Telephone

Signature of recorded holder of deed _____

Work Order # E 15075

Invoice # _____
Acct. # _____

E15075

ldf

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|-----------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Carlos | | 1B. MIDDLE - | 1C. LAST (FAMILY) Nunez | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/15/1934 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/31/1999 | 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 Victor Nunez - Son 310 Laurel St. San Diego, CA 92101 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-15756 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victor Nunez</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 06/03/1999 | | | |

| | | | | | |
|--|--|---|---|--|-----------------|
| 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 06/03/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. Johnson | 99087444 |
| | 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; 3351 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-4-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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

CITY OF SAN DIEGO, CALIFORNIA

51193



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

MOUNT HOPE CEMETERY
527-3400

Date: 6-1, 19 99

From: Laura Nunez Address: 2526 K St. SD 92102

One thousand Six Hundred Sixty Four and ³³/₁₀₀ Dollars (\$ 1664.73)

In Full Payment of burial of Carlos Nunez

Lot 153 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E 15075
BALANCE DUE 0

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

ISSUED BY Lynd

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>179</u> | <u>00</u> |
| 80% Sales of Lots | 100 | <u>716</u> | <u>00</u> |
| Opening/Closing | 77181 | <u>375</u> | <u>00</u> |
| Burial Containers | 100 | <u>190</u> | <u>00</u> |
| | 77182 | | |
| | 100 | <u>145</u> | <u>00</u> |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | <u>45</u> | <u>00</u> |
| | 77183 | | |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | <u>14</u> | <u>73</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1664</u> | <u>73</u> |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-2-99

~~Set-up~~ Set-up
1 chair

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

of Willie Rice

in a Double Death Funeral, date, time Thurs 6-3 9:00

Church, Chapel, Graveside Crossside : Beryl Roberts 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 168 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Paid E-1265 0

Additional spaces and care fund -

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 1

Recording and filing fee _____

Sales taxes _____

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 W. G. Rice
Signature

X W. G. Rice
Address

X W. G. Rice
City Zip Code

X Telephone

Work Order # E 15076

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 15076
85

| | | | | | |
|--|-----------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) NELLIE | 1B. MIDDLE - | 1C. LAST (FAMILY) RICE | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/03/1913 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/01/1999 | 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 WILLIAM A. RICE - HUSBAND 677 G ST, #166 CHULA VISTA, CA 91910 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY, 607 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284 | | |
| 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Parvitevalto</i> | | | 8B. DATE SIGNED 06/02/1999 | | |

| | | | | |
|--|---|---|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/02/1999 <i>P. Valentine</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908630 |
| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|---|---|
| 10. AUTHORIZED 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 MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-3-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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 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 6-2-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice Rita Johnson ^{at 2:30 and 3:00 Graveside}

In a T.S. VAULT Type of Burial Container Funeral, date, time Mon. June 7
 Church, Chapel, Graveside Church + graveside Paris Frederick Monitory

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned. X JJ

Lot 50 Grave _____ Row 5 Section 8 Division/Block 7

Grave space & Care Fund Re-nel 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container PAID 250.00

Handling Fees PAID 185.00

Flower vases - Marker setting fee PAID 45.00

Recording and filing fees PAID 19.38

Sales taxes PAID 874.38

Total Due 874.38

Paid receipt number R-51203 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 Jeannie Johnson
 Signature 3850 Via Escuda
 Address La Mesa 91941
 City 619-7670-1414 Zip Code
 Telephone

Work Order # E 15077

Invoice # _____

Acct. # _____

E15077

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) ALICE | 1B. MIDDLE RITA | 1C. LAST (FAMILY) JOHNSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/15/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/01/1999 | 4. SEX F |
| 5A. CITY OF DEATH LA MESA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JEANNIE JOHNSON - DAUGHTER 3830 VIA ESCUDA LA MESA, CA 91941 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVE. - EL CAJON, CA 92020-3908 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-795 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Grant K. Conrad</i> | | |
| 8B. DATE SIGNED 06/04/1999 | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7120 of the Health and Safety Code. | | | |

| | | | |
|--|---|---|--|
| 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED Grant K. Conrad 06/07/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908877 | |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CD. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | |
| 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | | |

10. 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 STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-7-99 | 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 <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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51203



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

MOUNT HOPE CEMETERY
527-3400

Date: 6-3, 1999

From: Jean Johnson Address: 3830 Via Escudo La Mesa 91941
Eight Hundred Twenty Four & 30/100 Dollars (\$ 874.30)

In full Payment of Interest of Jean Johnson

Lot 50 Grave _____ Row 5 Section 8 Division Block 7

Invoice No. _____
Acct. No. _____
W.O. E-15077
BALANCE DUE 0

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

| | | |
|------------------------|-------|--------|
| CREDIT | 57007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| | 77184 | |
| Opening/Closing | 100 | 375 00 |
| | 77181 | |
| Burial Containers | 100 | 250 00 |
| | 77182 | |
| Handling Fee | 100 | 185 00 |
| | 77185 | |
| Recording & Misc. Fees | 100 | 45 00 |
| | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 60101 | 19 30 |
| | 78390 | |
| TOTAL PAID | \$ | 874 30 |

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

AC-212 (Rev. 5-84)

4826

ISSUED BY J. Schellon

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-3-99

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

of Douglas Chaplain ~~PA~~

In a liner Type of Burial Container Funeral, date, time Friday 11:00 ⁶⁻⁴⁻⁹⁹

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 149 Grave 8 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

creditor claim
6-7-99

Total Due..... 1664.73

Paid receipt number R51492 1664.73

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.

see attached

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 15078

Invoice # _____

Acct. # _____

FAX
281-7587

E15078

SUNSHINE CEMETERY
INTERMENT ORDER
City of San Diego

van 6-28-78

You are hereby authorized and directed, subject to your name and signature, to have the remains
of Douglas & Gladys P.A.S.
at San Diego County, California, San Diego City, California, San Diego District, California
at San Diego County, California, San Diego City, California, San Diego District, California
all to be applied and used in accordance with the following:

| | |
|--|----------------|
| Lot <u>149</u> Grave <u>2</u> on <u>2</u> December <u>1978</u> | |
| Grave space & Case Fund | <u>375.00</u> |
| Additional spaces and case fund | <u>375.00</u> |
| Opening/Closing & Burial | <u>125.00</u> |
| Burial Container | <u>145.00</u> |
| Handling Fees | |
| Flower vases - Marker setting fee | <u>45.00</u> |
| Recording and filing fee | <u>14.73</u> |
| Balance 1978 | |
| Total Due | <u>1489.73</u> |

Full receipt number

I hereby certify that the above information is true and correct to the best of my knowledge and belief, and I agree to hold the City of San Diego harmless from any liability or claim of such authorization and information.

PUBLIC ADMINISTRATOR OF THE COUNTY OF SAN DIEGO
STATE OF CALIFORNIA
By James E. ...
San Diego, California 92121

Public Administrator
Public Guardian
5212 La Jolla Road
San Diego, California 92121

| | | |
|---|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name state bar number, and address): FAX NO: (619) 694-3987 JOHN J SANSONE, COUNTY COUNSEL By Cheryl K Carter, Deputy (SBN 125540) 5201-A Ruffin Rd San Diego CA 92123-1699 ATTORNEY FOR (Name): DON BILLINGS, PUBLIC ADMINISTRATOR | TELEPHONE AND FAX NOS.: 619-694-3500 | FOR COURT USE ONLY PAID 9/3/99 R 51492 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 220 W BROADWAY MAILING ADDRESS: 220 W BROADWAY CITY AND ZIP CODE: SAN DIEGO, CA 92101 BRANCH NAME: PROBATE | | |
| ESTATE OF (Name): DOUGLAS DORO VALENTINO CHAPLIN, also known as JAMES D. SIPPELL, JAMES DOUGLAS SIPPELL DECEDENT | | |
| ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM | | CASE NUMBER: 175003 |

NOTE: Attach a copy of the creditor's claim. If allowance or rejection by the court is not required, do not include any pages attached to the creditor claim form.

PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

- 1. Name of creditor (specify): MT. HOPE CEMETERY
- 2. The claim was filed on (date): 06/10/99
- 3. Date of first issuance of letters: 08/10/99
- 4. Date of Notice of Administration: N/A
- 5. Date of decedent's death: 5/26/99
- 6. Estimated value of estate: \$ 200,000.00
- 7. Total amount of the claim: \$ 1,664.73
- 8. Claim is allowed for: \$ 1,664.73 (The court must approve certain claims before they are paid.)
- 9. Claim is rejected for: \$ (A creditor has three months to act on a rejected claim. See box below.)
- 10. Notice of allowance or rejection given on (date): 09/01/99
- 11. The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.

Date 09/01/99

DON BILLINGS (TYPE OR PRINT NAME)

Don Billings
 (SIGNATURE OF PERSONAL REPRESENTATIVE)

REJECTED CLAIMS: From the date notice of rejection is given, the creditor must act on the rejected claim (e.g., file a lawsuit) within three months after the notice of rejection.

COURT'S APPROVAL OR REJECTION

- 12. Approved for: \$
- 13. Rejected for: \$

Date: _____
 SIGNATURE OF JUDGE COMMISSIONER

14. Number of pages attached: _____

SIGNATURE FOLLOWS LAST ATTACHMENT.

(Proof of Service on reverse)

ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM (Probate)

ESTATE OF (Name): DOUGLAS DORO VALENTINO CHAPLIN, also
known as JAMES D. SIPPELL, JAMES DOUGLAS SIPPELL
DECEDENT

CASE NUMBER:
175003

PROOF OF MAILING PERSONAL DELIVERY TO CREDITOR

1. At the time of mailing or personal delivery I was at least 18 years of age and not a party to this proceeding.
2. My residence or business address is (specify): 5201-A RUFFIN ROAD, SAN DIEGO, CA 92123
3. I mailed or personally delivered a copy of the Allowance or Rejection of Creditor's Claim as follows (complete either a or b):
 - a. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of creditor served: MT. HOPE CEMETERY
 - (b) Address on envelope: 3751 MARKET STREET
SAN DIEGO, CA 92102
 - (c) Date of mailing: 09/01/99
 - (d) Place of mailing (city and state): SAN DIEGO, CA
 - b. **Personal delivery.** I personally delivered a copy to the creditor as follows:
 - (1) Name of creditor served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

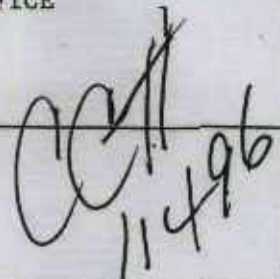

Date: 09/01/99

JUDITH A. EVANS
(TYPE OR PRINT NAME OF DECLARANT)


(SIGNATURE OF DECLARANT)

E 15078 19891193

DE-

| | | | |
|---|--|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): SAN DIEGO COUNTY PUBLIC ADMINISTRATOR'S OFFICE 5201-A RUFFIN ROAD SAN DIEGO CA 92123 | | TELEPHONE AND FAX NOS. | FOR COURT USE ONLY |
| ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF | |  | |
| STREET ADDRESS: | | | |
| MAILING ADDRESS: | | | |
| CITY AND ZIP CODE: | | | |
| BRANCH NAME: | | | |
| ESTATE OF (Name): DOUGLAS CHAPLIN | | DECEDENT  | |
| CREDITOR'S CLAIM | | CASE NUMBER: | |

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor, if notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.

WARNING: Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

Total amount of the claim: \$ 1,664.73

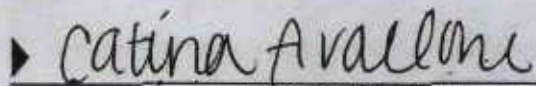
2. Claimant (name):
- a. an individual
 - b. an individual or entity doing business under the fictitious name of (specify):
 - c. a partnership. The person signing has authority to sign on behalf of the partnership.
 - d. a corporation. The person signing has authority to sign on behalf of the corporation.
 - e. other (specify):
3. Address of claimant (specify):
MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102
4. Claimant is the creditor a person acting on behalf of creditor (state reason):
5. Claimant is the personal representative the attorney for the personal representative.
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are on reverse attached.

PUBLIC ADMINISTRATOR
RECEIVED
JUN 10 1999

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: June 7, 1999

Catrina Avallone, CAII
(TYPE OR PRINT NAME AND TITLE)


(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

- A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- C. If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- E. Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- F. The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- G. Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

CREDITOR'S CLAIM
(Probate)



E 15078

MT. HOPF CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-3-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Douglas Chapman ~~PA~~
in a liner Type of Burial Container Funeral, date, time Friday 6-4-99 11:00
Church, Chapel, Graveside delivery: Meyer 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 149 Grave 8 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 |

PAID IN FULL
9/3/99

creditor claim
6-7-99

Total Due 1664.73
Paid receipt number 51492
CK# 198498 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. *see attached*

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 15078**

Invoice # _____
Acct. # _____

E 15078

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) Douglas | 1B. MIDDLE Doro Valentino | 1C. LAST (FAMILY) Chaplin | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/11/1919 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/26/1999 | 4. SEX M |
| 5A. CITY OF DEATH San Diego | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marco de la Toba-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 issuing permit, 8B. DATE SIGNED <i>[Signature]</i> 06/03/1999 | | |

| | | | |
|---|---|--|---|
| 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. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/03/1999 James Hale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908755 |
| 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 San Diego, P.O. Box 85222, San Diego, CA 92186-5222 | | |
| AUTHORIZATION OF LOCAL REGISTRAR | 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 6-4-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-3-99

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

of Frank Henry Purnell

in a T.S. vault Funeral, date, time Wed. June 9 12:00

Type of Burial Container
Church, Chapel, Graveside Church + graveside CABURIAL 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 ff.

J Lot 141 Grave 4 Row _____ Section 1 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 1619.38

Paid receipt number 51222 16109.38

Balance due 0

I hereby certify I am the X Pearl Purnell of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Pearl Purnell
Signature
X 423 32nd Street
Address
X Dan Diego, Ca 92102
City Zip Code
X 2334064
Telephone

Signature of recorded holder of deed _____

Work Order # E 15079

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51222



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

MOUNT HOPE CEMETERY

527-3400

From: Charles Purnell Address: 111 Warwick Glen Victoria TX 77904 Date: 6-7 1999

In full Payment of interment of Frank Henry Purnell Dollars 1609.38

Lot 141 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E15079
BALANCE DUE 2

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

ISSUED BY Cathina Avalone

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 159 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | 6310 | 00 |
| Opening/Closing | 100 | 375 | 00 |
| Burial Containers | 100 | 250 | 00 |
| Handling Fee | 77182 | 185 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 8022 | 19 | 38 |
| TOTAL PAID | 80101 | 1609 | 38 |
| | 78390 | | |

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

AC-212 (Rev. 5-94) 3190

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51214



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

MOUNT HOPE CEMETERY
527-3400

Walter Adams

Date: 6-7, 1999

From: Katherine Adams Address: 5163 Lohr Ave San Diego 92114
Two thousand forty four ¹⁵/₁₀₀ Dollars (\$ 2044.45)

In full Payment of Interest of Clifford Adams

Lot 120 Grave 1 Row 1 Section 2 Division 121 Block

Invoice No. _____
Acct. No. _____
W.O. E-15080
BALANCE DUE 2

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

| | | | |
|------------------------|-------|------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 716 | 00 |
| Opening/Closing | 77181 | 375 | 00 |
| Burial Containers | 100 | 380 | 60 |
| | 77182 | | |
| Handling Fee | 100 | 320 | 00 |
| Recording & Misc. Fees | 77185 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| | 9022 | | |
| Sales Tax | 60101 | 29 | 45 |
| | 78390 | | |
| TOTAL PAID | \$ | 2044 | 45 |

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

ISSUED BY D. Schellin

1076
MO

E 15079
33

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|----------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) FRANK | 1B. MIDDLE HENRY | 1C. LAST (FAMILY) PURNELL | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/07/1943 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/01/1999 | 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 PEARL PURNELL—WIFE 423 32ND STREET 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 Walker</i> | | 8B. DATE SIGNED 06/08/1999 |

| | | |
|--|---|--|
| ACKNOWLEDGMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9B. DATE PERMIT ISSUED 06/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM: | 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 6-9-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-4-99

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

of Clifford Mary Holmes
 In a Double Death Funeral, date, time Wed 6-9 11:00
Type of Burial Container

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. X M.B. Holmes

✓ Lot 120 Grave 1 Row _____ Section 2 Division Black Block 12

| | |
|-----------------------------------|-----------------|
| 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-51214 2044.45 |

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 1 hold under deed.

 Signature of recorded holder of deed

X M.B. Holmes
 Signature
X 5163 Solala Ave
 Address
X San Diego 92114
 City Zip Code
X 264-4176
 Telephone

Work Order # **E 15080**

Invoice # _____
 Acct. # _____

E15080

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

67

| | | | | | |
|--|---------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Clifford | 1B. MIDDLE Mary | 1C. LAST (FAMILY) Holmes | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/25/1931 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/02/1999 | 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 Willie Holmes - Husband 5163 Solola Ave. San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1333 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jeffrey B. Johnson</i> | | 8B. DATE SIGNED 06/08/1999 |
| 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. | | | | | |

| | | | | |
|---|--|--|--|---|
| 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 06/08/1999 J. Johnson | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908961 |
| | 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

| | |
|--|--|
| <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 (Name and Address)

| | | | | |
|-------------------------------|---|--|-----------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery; 3351 Markey St. San Diego, CA 92102 | 11B. DATE BURIED 6-9-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-7-99

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

of Naomi Edwards
In a T.S. VAULT Type of Burial Container Funeral, date, time Thurs 6-10 11:00
Church, Chapel, Graveside Church / Graceland Co 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. XCC

✓ Lot 211 Grave 5 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 VISA 1000100

R-51215 Balance due 769.38

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 Charles Edwards
Signature
X 4596 HARTLEY ST
Address
X SAN DIEGO 92102
City Zip Code
X 264 4564
Telephone

Work Order # E 15081

invoice # _____
Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51215



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

MOUNT HOPE CEMETERY
527-3400

Date: 6-7 1999

From: Cleveland Edwards Address: 4596 Hartley St. San Diego 92107

Devy Buried City line - 3rd 100 Dollars (\$ 769.38)

In full Payment of Interment of Naomi Edwards

Lot 211 Grave 5 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15081

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. Sheddlin

| | | | |
|------------------------|-------|-----|----|
| CREDIT | 67607 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77181 | 270 | 00 |
| Burial Containers | 100 | 250 | 00 |
| Handling Fee | 77182 | 185 | 00 |
| Recording & Misc. Fees | 100 | 45 | 00 |
| Pre-Need Trust | 63033 | | |
| Sales Tax | 9022 | 19 | 38 |
| TOTAL PAID | 78390 | 769 | 38 |

3898

E15081

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

67

| | | | | | | |
|---|--|-------------------------|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) NAOMI | | 1B. MIDDLE L. | 1C. LAST (FAMILY) EDWARDS | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/12/1931 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/04/1999 | 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 CLEVELAND EDWARDS—HUSBAND 4596 HARTLEY STREET 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>Kim Walker</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 06/08/1999 | | | |

| | | | | | |
|---|--|--|---|---|---|
| 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 06/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER | 9D. SIGNATURE OF APPLICANT <i>Kim Walker</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

10. 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 STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-10-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman 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.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-7-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rafael Tapia 9:00

In a liner Funeral, date, time wed 6-9-99 12:00

Chapel Chapel, Graveside; CA 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 20 Grave 9 Row _____ Section 16 Division/Block 7

Grave space & Care Fund _____ -

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 0

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 565.00

Paid receipt number 51219 565.00

Balance due 0

Amor Guzman

I hereby certify I am the x lifzmañ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold 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 lifzmañ
Signature
74450 48th St
Address
SD. CA 92115
City
(619) 280-0273 Zip Code
Telephone

Work Order # E 15082

Invoice # _____

Acct. # _____

E 15082

Modern Stairways, Inc

3239 Bancroft Drive
Spring Valley, CA 91977-3351
(619) 466-1484 FAX 466-8920
(888) 842-6525

DELIVERY / ORDER

| DATE | INVOICE # |
|----------|-----------|
| 6/7/1999 | 2820 |

PENDING
(non-posting)

BILL TO
Cemetery Services Agency
P.O.Box 643
La Mesa, CA 91944-0643

SHIP TO
Mount Hope
Div 7 section 16 lot 20 grave 9
Deliver: 06/07/99
Service: 06/09/99 Noon
Rafael Tapia

| P.O. NUMBER | TERMS | REP | SHIP | VIA | F.O.B. | PROJECT |
|-------------|----------------|-----|----------|-----------|--------|---------|
| | Due on receipt | GAF | 6/7/1999 | OUR TRUCK | | |

| QUANTITY | ITEM CODE | DESCRIPTION |
|----------|---------------|---------------------------|
| 1 | #5 Bell Liner | #5 Bell Liner |
| 1 | Del Charge | Delivery Charge Resale |

Tom

Thank you for your business.

E15082

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 93

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

| | | | | | | |
|--|--|-----------------|--|---|---|-----------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) RAFKEL | | 1B. MIDDLE - | 1C. LAST (FAMILY) TAPIA | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/17/1906 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/04/1999 | 4. SEX MALE |
| 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 EVA GUZMAN—DAUGHTER 4459 1/2 EUCLID AVENUE SAN DIEGO, CA 92115 | | |
| 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, 8B. DATE SIGNED <i>Kim Walker</i> 06/07/1999 | |

| | | | | | | |
|---|--|---|---|---|--|---|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/08/1999 | 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 | 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 MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-7-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Bergman</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

51219



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 6-7, 1999

From: Amar A Guzman Address: 4458 48th St. SD 92115

Five Hundred Sixty Five and Dollars (\$ 565.00)

In Full Payment of Burial of Rafael Tapia

Lot 20 Grave 9 Row _____ Section 16 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E15082

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 | |
| Opening/Closing | 77181 | <u>375 00</u> |
| Burial Containers | 77182 | |
| Handling Fee | 77185 | <u>145 00</u> |
| Recording & Misc. Fees | 77183 | <u>45 00</u> |
| Pre-Need Trust | 63033 | |
| | 9322 | |
| Sales Tax | 60101 | |
| | 78090 | |
| TOTAL PAID | \$ | <u>565 00</u> |

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

370

ISSUED BY Lynde

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-7-99

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

of Kathleen Murray 1:30

in a liner Type of Burial Container Funeral, date, time Thur June 10 1:00

Church, Chapel, Graveside graveside Leatheringill 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 1283 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-need E-11623

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container PAID IN FULL 190.00

Handling Fees 4-14-99 145.00

Flower vases - Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 894.73

Paid receipt number 51240 894.73

Balance due 0

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 _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 15083**

Acct. # _____

E 15083

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

83

Found

| | | | | | |
|---|-------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Kathleen | 1B. MIDDLE M. | 1C. LAST (FAMILY) Murray | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/25/1916 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/07/1999 | 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 Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 06/08/1999 |

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 111376 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 06/08/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9908954 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

| | |
|--|---|
| 10. 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 Cem. 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-10-99 | 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.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51240



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

MOUNT HOPE CEMETERY
527-3400

From: Featheringill Address: 16322 El Cajon Blvd. SD 92115
 Date: 10-14 1999
 Eight hundred ninety four and 13/100 Dollars (\$ 894.13)
 In full Payment of interment of Kathleen Murray
 and marker installation fee
 Lot 1283 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____
 Acct. No. _____
 W.O. E 15083
 BALANCE DUE _____

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

| | | |
|----------------|-------|-----------|
| CREDIT | 67007 | |
| 20% Sales Date | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | 375 00 |
| Closing | 77181 | |
| Burial | 100 | 190 00 |
| Containers | 77182 | |
| | 100 | 745 00 |
| Handling Fee | 77185 | |
| Recording & | 100 | 170 00 |
| Misc. Fees | 77183 | |
| Pre-Need | 83033 | |
| Trust | 9022 | |
| Sales Tax | 80101 | 14 73 |
| | 76390 | |
| TOTAL PAID | | \$ 894 13 |

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

ISSUED BY Catrina Avallone

4047

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-7-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of From: Raymond De Tomaso

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 20 Grave 9 x 10 Row _____ Section 16 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup To: Joel Grayman _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee Transfer Fee 90.00

Sales taxes _____

Total Due 90.00

Paid receipt number R-51216 90.00

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 _____

X Raymond De Tomaso
Signature _____
X _____
Address by Fredric E. Jaffe
X _____
City HIS ATTORNEY-IN-FACT
X _____
Telephone of CEMETERY SERVICES AGENCY
PO Box 643 LA MESA CA 91944
579-9456

Work Order # **E 15084**

Invoice # _____
Acct. # _____

\$3820 6-7-99
\$45 TO MT HOPE

\$45
MORE

JOEL SUZMAN

Div 7 SEC 16 LOT 20

GR 9-10

4459 1/2 EUCLID AVE SD 92115

583-9982

E15084



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

6/10/1972

E 15084 6213

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Raymond Di Tomaso for the sum of \$ 145.00 (DOLLARS)
LEGAL DESCRIPTION Lot 20 Grave 10 Section 16 Division 7
AS DESCRIBED ON PURCHASE ORDER NUMBER D-1820

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

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

Flush Marker only

R. W. Dekne
Cemetery Manager

William Johnson
Director of Parks and Public Facilities



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E 15084

DEED

6074

3/20/1972

OWNERSHIP AND INTERMENT PRIVILEGES

TO Raymond DiTomaso for the sum of \$ 145.00 (DOLLARS)

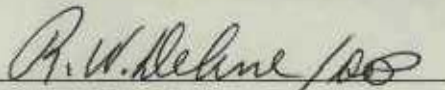
LEGAL DESCRIPTION Lot 20 Grave 9 Section 16 Division 7

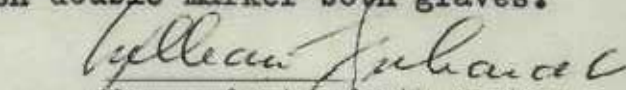
AS DESCRIBED ON PURCHASE ORDER NUMBER D-1512

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

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

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


Cemetery Manager


Director of Parks and Public Facilities

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That _____
RAYMOND Di TOMASO

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE, a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE
DIV. 7 SEC. 16 LOT 20
GRAVES 8-9-10

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

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

Signature

x: Raymond Di Tomaso
Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of San Diego
On March 9, 19 99 before me, the undersigned, a Notary Public in and for said State personally appeared, Raymond Di Tomaso

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

X Margery Ann Sues (SEAL)
Notary Public Signature



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
DATE OF DOCUMENT _____ NUMBER OF PAGES _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51216



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

MOUNT HOPE CEMETERY

527-3400

Date: 6-7, 1999

From: Cemetery Services Agency Address: P.O. Box 613 La Mesa 91944-0613

Twenty Dollars (\$ 90.00)

In full Payment of Transfer Fee from Raymond W. Tomasz to Joel Guyman

Lot 20 Grave 9110 Row _____ Section 16 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-15084

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. Schultz

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 87007 | | |
| 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 | | |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>90</u> | <u>00</u> |

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-7-99

*into name of
 Marguerite Lloyd*

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

of VIOLET E. REA AYD June 16 Wed

In a ASH VAULT Funeral, date, time 11:00 7-2-99 FRID

Church, Chapel, Graveside Memorial Service; Neptune 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. SET 10 CHAIRS

NEPTUNE TO DELIVR CREAMAINS

Lot 7 Grave 5 Row _____ Section MAS Division/Block D

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
 JUN x 7 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number A-51218 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

Marguerite Lloyd
 Signature
 3301 Cristobal Way
 Address
 King Valley Cal 92117
 City
 619-465-0322
 Telephone
 Zip Code

Work Order # **E 15085**

Invoice # _____
 Acct. # _____

E15085

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS, 1907

| | | | | | | |
|---|--|--------------------------------|--|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) VIOLET | | 1B. MIDDLE ELIZABETH | 1C. LAST (FAMILY) REA | 2. DATE OF BIRTH MONTH DAY YEAR 11/15/1987 | 3. DATE OF DEATH MONTH DAY YEAR 06/04/1999 | 4. SEX F |
| 5A. CITY OF DEATH EL CAJON | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FAROUHAR LLOYD—SON 3361 CRISTOBAL WAY SPRING VALLEY, CA 91977 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352 | | 8A. SIGNATURE OF APPLICANT—Person taking permit V. A. |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/08/1999 | | |

| | | | | |
|--|--|--|---|---|
| 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 GRVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID 7.00 | 9B. DATE PERMIT ISSUED 06/09/1999 VINCE ALARI | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9909025 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 9218695222 | 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 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 MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92182 | 11B. DATE BURIED 6-16-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENERA INC 14065 HWY 8 BUS EL CAJON, CA 92022 | 12B. DATE CREMATED 6/9/99 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> |
| | 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 ETA | 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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51218



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

MOUNT HOPE CEMETERY

527-3400

Date: 6-7 - 1999

From: Larguche Lopez Address: 1711 Granite Hills Dr El Cajon 92019

Two hundred sixty nine - 26 100 Dollars (\$ 269.26)

In full Payment of Interment of Violet Res

Lot 7 Grave 5 Row _____ Section MAS Division Block D

Invoice No. _____

Acct. No. _____

W.O. E-15085

BALANCE DUE 0

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

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

ISSUED BY J. Shullin

| | | |
|------------------------|-------|--------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77184 | 105 00 |
| Burial Containers | 100 | 55 00 |
| Handling Fee | 77182 | 60 00 |
| Recording & Misc. Fees | 100 | 45 00 |
| Pre-Need Trust | 77183 | |
| Sales Tax | 63033 | |
| | 9022 | 4 26 |
| | 60101 | |
| | 78290 | |
| TOTAL PAID | \$ | 269 26 |

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-8-99

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

of John D. Wetzel ~~PA # 19991190~~
in a liner Type of Burial Container Funeral, date, time FR: 6-11 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 175 Grave 4 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

Rebecca Barr
P.A.
creditors claim
6-22-99

Paid receipt number R51345 1564.73

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

City

Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # **E 15086**

E 15086

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

| | | | | | | |
|---|--|------------------------|--|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) John | | 1B. MIDDLE L | 1C. LAST (FAMILY) Wetzel | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/14/1916 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/24/1999 | 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 Irene Prentice-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>Permit taking permit</i> <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 06/07/1999 |

| | | | | |
|---|--|---|--|--|
| 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 06/10/1999 James Hale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9909139 |
| | | 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 (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 6-11-99 | 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.

IF MAKEE is
RSC'V FROM
CUNTI - PLEASE
TRY TO SST

E 15085

E 15085

6-21-99 FILE
all steps in
filing burial
process of records
is completed.

E 15085

ashes will be
returned on

Wed. June 16 AVD
grandpide service

Fri. July 2 11:00
am

Inter / bury 8-14
ashes before
July 2, 1999.

family wants
them buried
before service.
PER VINCE E 15085

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-99

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

of MILDRED LATHAN

in a LINER Type of Burial Container Funeral, date, time TUE 6-15 10:00

Church, Chapel, Graveside Chapel/Graveside; RAGSDALE Mortuary.
DEBBIE

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 172 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund PRENEED E 8835

Additional spaces and care fund _____

Opening/Closing & Setup ¹⁹⁹⁰ PRENEED E 9012

Burial Container PRENEED E 9012

Handling Fees PRENEED E 9012

Flower vases - Marker setting fee _____

Recording and filing fee PRENEED E 9012

Sales taxes PRENEED E 9012

Total Due PRENEED E 9012

interfinal transfer 6-17-99

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 _____

X _____
 Signature
 X _____
 Address
 X _____
 City
 X _____
 Telephone
See attached

Work Order # **E 15087**

Invoice # _____

Acct. # _____

E 15087

MT HOPE CEMETERY
INTERMENT ORDER

City of Salt Lake

Date 2-8-99

Full name of deceased MARGARET LATHAN
Last name LINER
First name MARGARET
Middle name DALE
Date of birth 1-15-10-19
Place of birth VERDE

Sex 172 Age 1 Height 1 Weight 12
Social Security # PRE NEED E 8332

| Additional Space and Fee Type | PRE NEED | E 9012 | |
|---------------------------------|----------|--------|--|
| Gravestone & Base | PRE NEED | E 9012 | |
| Final Certificate | PRE NEED | E 9012 | |
| Handling Fee | PRE NEED | E 9012 | |
| Flower vase - Metal setting fee | | | |
| Flower vase setting fee | PRE NEED | E 9012 | |
| Interment | PRE NEED | E 9012 | |

I hereby certify that the Funeral Home of the above named deceased and that it will employ its duly authorized members as stated hereon. I hereby acknowledge that I have the right to make this interment and I agree to hold all claims against the liability or against it and its successors and assigns.

The above interment and payment is for Final interment
I agree to hold the Funeral Home
X Funeral Home
X Funeral Home
X Funeral Home
X Funeral Home

Order # E 15087

E15087

78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Mildred | 1B. MIDDLE - | 1C. LAST (FAMILY) Lathan | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/10/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/08/1999 | 4. SEX F |
| 5A. CITY OF DEATH El Cajon | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Barbara Bankston, Daughter 890 Work Dr. Akron, OH 44320 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 06/14/1999 | |

| | | | | |
|---|--|--|---|---|
| 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 06/15/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9909312 |
| | 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:

| | | |
|--|--|---|
| <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 St. San Diego, CA 92102 | 11B. DATE BURIED 6-15-99 | 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 6-8-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yolanda Ruth McCaster

in a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; Roadside 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
SKIPPER

| | | | | | |
|---|----------------|-----------|------------------|--------------------|----------------|
| Lot <u>98</u> | Grave <u>5</u> | Row _____ | Section <u>3</u> | Division <u>12</u> | |
| 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> |
| Total Due | | | | | <u>1564.73</u> |

PAID
VOID
E 15088

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 15088

Invoice # _____
Acct. # _____

**MT: HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-8-99

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

of Yolanda Ruth McCaster

in a T.S. Vault Funeral, date, time Sat. June 12, 1999 11:00

Church, Chapel, Graveside Ragsdale Mortuary SKIPPER

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 98 Grave 5 Row _____ Section 3 Division/Block 12

Grave space & Care Fund PAID 795.00

Additional spaces and care fund _____ -

Opening/Closing & Setup JUN 11 1999 375.00

Burial Container MT. HOPE CEMETERY 250.00

Handling Fees CITY OF SAN DIEGO, CALIF 185.00

Flower vases - Marker setting fee _____ -

Recording and filing fee (Saturday Service Fee) 645.00

Sales taxes _____ 19.38

Total Due 2269.38

Paid receipt number R-51236 2269.38

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 _____

See attached

Work Order # E 15089

Invoice # _____
 Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-8-99

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

of Yolanda Ruth McCaster

in a T.S. Vault Funeral, date, time Sat. June 12, 1999 11:00

Church, Chapel, Graveside Roadside Mortuary SKIPPER

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 Samuel Lee McCaster

Lot 98 Grave 5 Row _____ Section 3 Division 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 645.00

Recording and filing fee (Saturday Service Fee) 19.38

Sales taxes 2269.38

Total Due

Paid receipt number _____

Balance Due _____

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 dead.

Signature of restricted holder of dead _____

X Samuel Lee McCaster
Signature
X 7020 Tuther Way
Address
X San Diego, CA 92114
City Zip Code
X (619) 263-2364
Telephone

Work Order # E 15089

Invoice # _____

Acct. # _____

REA-104 (7-88)

This information is available in alternative formats upon request.

Printed on recycled paper

E 15089

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) Yolanda | 1B. MIDDLE Rugh | 1C. LAST (FAMILY) McCaster | 2. DATE OF BIRTH MONTH DAY YEAR 10/17/1953 | 3. DATE OF DEATH MONTH DAY YEAR 06/06/1999 | 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 Samuel L. McCaster, Husband 7020 Tugher Way San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federää Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</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 06/09/1999 | | | |

| | | | | |
|--|--|--|---|---|
| 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 06/11/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9909194 |
| | 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"/> L. 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 6-12-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Fenner</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

51236



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

MOUNT HOPE CEMETERY
527-3400

Date: 6-11, 1999

From: Samuel Mc Carter Address: 7020 Luther Way San Diego 92114

Two thousand two hundred sixty nine and 3/100 Dollars (\$ 2269.30)

In full Payment of Interment of Yolanda Mc Carter

Lot 98 Grave 15 Row 1 Section 3 Division 12 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15089

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

| | | | |
|----------------|-------|------|----|
| CREDIT | 67007 | 159 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 636 | 00 |
| of Lots | 77184 | | |
| Opening/ | 100 | 375 | 00 |
| Closing | 77181 | | |
| Burial | 100 | 250 | 00 |
| Containers | 77182 | | |
| | 100 | 185 | 00 |
| Handling Fee | 77185 | | |
| Recording & | 100 | 643 | 00 |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 9022 | | |
| Sales Tax | 60101 | 19 | 30 |
| | 78390 | | |
| TOTAL PAID | \$ | 2269 | 30 |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

ISSUED BY S. Schellin

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-9-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BABY PIROUZIAN

In a _____ Funeral, date, time Wed 6-9 12:00
Church, Chapel, Graveside _____: Greenwood 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 91A 34A Grave _____ Row _____ Section MUSLIM Division/Block _____

| | | |
|-----------------------------------|--|--------|
| Grave space & Care Fund | PAID | 100.00 |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | JUN 9 1999 | 125.00 |
| Burial Container | | |
| Handling Fees | MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. | |
| Flower vases - Marker setting fee | | 45.00 |
| Recording and filing fee | | |
| Sales taxes | | |
| Total Due | | 270.00 |
| Paid receipt number | <u>R-51225</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 _____

Signature [Signature]
Address 5360 LACUENTA DR
City SAN DIEGO Zip Code 92123
Telephone (619) 576-9313

Work Order # E 15090

Invoice # _____
Acct. # _____

E 15090

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1 DAY

| | | | | | |
|---|--|-------------------|--|--------------------------------------|----------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH, DAY, YEAR | 3. DATE OF DEATH MONTH, DAY, YEAR | 4. SEX |
| | | PIROUZIAN | 06/07/1999 | 06/07/1999 | M |
| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT | | |
| SAN DIEGO | SAN DIEGO | | MOHAMMAD PIROUZIAN: FATHER 5360 LA CUENTA DRIVE SAN DIEGO, CA 92124 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE | | |
| GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | | | FD-843 | | |
| 8A. SIGNATURE OF APPLICANT—Person taking permit | | | 8B. DATE SIGNED | | |
| <i>Victoria Meza</i> | | | 06/09/1999 | | |
| 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. | | | | | |

| | | | | | |
|--|--|--|------------------------|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID | 9B. DATE PERMIT ISSUED | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT | |
| | | \$7.00 | 06/09/1999 | VICTORIA MEZA 9909037 | |
| 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 type="checkbox"/> E. TEMPORARY ENVAULTMENT | | | <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 MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-9-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Gray Miller</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.

Pre-Need Lot

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-10-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. Krysta Woodbury

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 53 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

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
8-24-99

Total Due 895.00
Paid receipt number R-51237 450.00
R-51467 Balance due 445.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Krysta V. Woodbury
Address 361 Ridgecrest Dr.
City San Diego, Ca 92116 Zip Code
Telephone 61914754006

Signature of recorded holder of deed _____

Work Order # E 15091

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51237



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 6-11, 1999
92114

From: Savannah Crenshaw Address: 361 Ridgcrest Dr. San Diego
Low Member Lefty Dollars (\$ 450.00)

In part Payment of Pre-Need Lot for
Krista Woodbury

Lot 53 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-13091
BALANCE DUE 445.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. Schiller

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>450 00</u> |
| Opening/Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| Handling Fee | 100 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| Sales Tax | 9022 | |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>450 0</u> |

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
2322

8-3 8-24
Mrs. Crenshaw
put stop payment
on her check
lot in name of
Lorraine Crenshaw

mailed check F1500
7-6

Mrs. Crenshaw
479-2431

Kryota
475-4006

WOODBURY, KRYSTA 361 Ridgecrest Dr., San Diego 92114

| | | DEBIT | CREDIT | BALANCE |
|----------|---|--------|--------|--------------|
| 6-10-99 | Opened Pre-need Lot Lot 53, grave 7, Sec 2, Div 12 | 895.00 | | 895.00 |
| 06-10-99 | R-51237 | | 450.00 | 445.00 |
| 8-24-99 | R-51467 | | 445.00 | 0 |

E 15091

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR,
VIA PURCHASING IF PAYMENT FOR
MATERIALS OR SUPPLIES, ORIG.
DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP **3821433**

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE
**Refund of purchase by Savannah Crenshaw @Pee-need Lot,
t 53, Grave 7g Section 2, Division 12.**

ENCUMBRANCE DOCUMENT NUMBER
 COMPLETE
RESPONSIBLE **072**
DEPT. NO.:
SORT KEY
STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE **04 / 04 / 02** FUND OVERRIDE

| PAYEE | SEQ | PAYEE FORMAT | VENDOR NUMBER & ALPHA NAME ADDRESS CITY - STATE - ZIP CODE | INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS) | INVOICE DATE | PAY-MENT CAT. | LATE CODE | AMOUNT | TAX CODE | WRT-CK. NUMBER |
|-------|-----|--------------|--|---|--------------|---------------|-----------|----------|----------|----------------|
| 1 | A | | | Refund | | 4 | | \$716.00 | | |
| | B | | Savannah Crenshaw | | | | | | | |
| | C | | 361 Ridge Crest Dr | | | | | | | |
| | D | | San Diego, CA 92114 | | | | | | | |

paid 4-4-02

TOTAL AMOUNT \$ 716.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

| ACTING LINE | CY PY | FUND | DEPT. | ORG. | ACCOUNT | JOB ORDER | OPER. ACCT. | BENF/ EQUIP. | FACILITY | AMOUNT |
|-------------|-------|------|-------|------|---------|-----------|-------------|--------------|----------|----------|
| | | 100 | 072 | | 77184 | | | | | \$716.00 |

AUTHORITY FOR PAYMENT
RES/DOC. NO.
I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.
Raj Solder
Raj Solder
DEPT. HEAD OR DESIGNEE
PURCHASING APPROVAL
AGENT
AUDITOR APPROVAL

PREPARED BY Paullette Crawford PHONE 619-527-3400 DATE 03/27/02 DEPT/ DIV NAME Metro-Parks M.S. # 172
C-488 (REV. 5-88) 593525 Mt. Hope Cemetery DP

E 15091

Mt Hope Cemetery
Contract Entry Verification (Preview Only)
05/04/2002

Contract Number: E-15091-L

Contract Date: 06/10/1999

Purchaser: Crenshaw, Savannah And/Or Woodbury, Krysta
361 Ridgecrest

Purchaser Number: 71 / 73

Phone: 619-475-4006

San Diego, CA 92114

Child Prot: N

Beneficiary: Woodbury, Krysta

Counselors: 2 ADMIN AID

| Qty | Category | Description of Contract Items | Price | Tax | Allowance | Addl. Desc. |
|-----|----------|-------------------------------|--------|------|-----------|-------------|
| 1 | Graves | Division 12-2 | 895.00 | 0.00 | | |

| Property | | | | | | |
|----------|-------------|---------|-----------|-----|-------|-----------|
| | Division | Section | Blk / Row | Lot | Grave | Depth/Lvl |
| | Division 12 | 2 | | 53 | 7 | A |

| | | | |
|-----------------------|----------|------------------------|------------|
| BASE PRICE | 895.00 | NUMBER OF INSTALLMENTS | 24 |
| SALES TAX | 0.00 | REGULAR PAYMENT OF | 18.54 |
| TOTAL CASH PRICE | 895.00 | ODD PAYMENT OF | 18.54 |
| TOTAL DOWNPAYMENT | 450.00 - | DATE FIRST PAYMENT DUE | 07/10/1999 |
| TRANSFER ALLOWANCE | 0.00 - | PAYMENT PLAN: MONTHLY | |
| DISCOUNT OR ALLOWANCE | 0.00 - | | |

SOURCE: Walk-in

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

TOTAL OF PAYMENTS 445.00

DEFERRED PAYMENT PRICE 895.00

ACCOUNT CONTRIBUTIONS AMOUNT FRACTION

R L Perp. Care 179.00

R S Equity 716.00

A Interest 0.00

R S Tax Recovery 0.00

R S Cost of Goods 0.00

R V Late Charge 0.00

CONTRACT ENTERED BY: _____

need to reverse out

E15091

Mt Hope Cemetery
Contract Entry Verification
05/04/2002

Contract Number: E-15091-L

Contract Date: 06/10/1999

Purchaser: Crenshaw, Savannah And/Or Woodbury, Krysta
361 Ridgecrest

Purchaser Number: 71 / 73

Phone: 619-475-4006

San Diego ,CA 92114

Child Prot:N

Beneficiary: Woodbury, Krysta

Counselors: 2 ADMIN AID

| Qty | Category | Description of Contract Items | Price | Tax | Allowance | Addl. Desc. |
|-----|----------|-------------------------------|--------|------|-----------|-------------|
| 1 | Graves | Division 12-2 | 895.00 | 0.00 | | |

| Property | Division | Section | Blk / Row | Lot | Grave | Depth/Lvl |
|----------|-------------|---------|-----------|-----|-------|-----------|
| | Division 12 | 2 | | 53 | 7 | A |

| | | | |
|-----------------------|----------|------------------------|------------|
| BASE PRICE | 895.00 | NUMBER OF INSTALLMENTS | 24 |
| SALES TAX | 0.00 | REGULAR PAYMENT OF | 18.54 |
| TOTAL CASH PRICE | 895.00 | ODD PAYMENT OF | 18.54 |
| TOTAL DOWNPAYMENT | 450.00 - | DATE FIRST PAYMENT DUE | 07/10/1999 |
| TRANSFER ALLOWANCE | 0.00 - | PAYMENT PLAN: MONTHLY | |
| DISCOUNT OR ALLOWANCE | 0.00 - | | |

SOURCE: Walk-in

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

TOTAL OF PAYMENTS 445.00

DEFERRED PAYMENT PRICE 895.00

ACCOUNT CONTRIBUTIONS AMOUNT FRACTION

R L Perp. Care 179.00

R S Equity 716.00

A Interest 0.00

R S Tax Recovery 0.00

R S Cost of Goods 0.00

R V Late Charge 0.00

CONTRACT ENTERED BY: _____

E 15091

Mt Hope Cemetery Agreement Confirmation

05/04/2002

Agreement Number: E-15091-L

Agreement Date: 06/10/1999

Purchaser: Crenshaw, Savannah And/Or Woodbury, Krysta
361 Ridgecrest

Purchaser Number: 71 / 73

Phone: 619-475-4006

San Diego ,CA 92114

Child Protection: N

Beneficiary: Woodbury, Krysta

Counselors: 2 ADMIN AID

| Qty | Category | Description of Contract Items | Price | Tax | Allowance |
|-----|--------------------|-------------------------------|--------|------|-----------|
| 1 | Graves Property | Division 12-2 | 895.00 | 0.00 | |
| | | Division 12 | | | |
| | | Section 2 | | | |
| | | Blk / Row | | | |
| | | Lot 53 | | | |
| | | Grave 7 | | | |
| | | Depth/Lvl A | | | |

BASE PRICE 895.00
 SALES TAX 0.00
 TOTAL CASH PRICE 895.00

TOTAL DOWNPAYMENT 450.00-
 TRANSFER ALLOWANCE 0.00-
 DISCOUNT OR ALLOWANCE 0.00-
 FINANCE CHARGE 0.00
 TOTAL OF PAYMENTS 445.00

DEFERRED PAYMENT PRICE 895.00

NUMBER OF INSTALLMENTS 24

REGULAR PAYMENT OF 18.54

ODD PAYMENT OF 18.58

DATE FIRST PAYMENT DUE 07/10/1999

PAYMENT PLAN MONTHLY MONTHLY PAYMENT = \$ 18.54

If you notice any discrepancies between this verification notice and your agreement,
please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

LOT OWNER

E-15091

CRENSHAW, SAVANNAH 361 Ridgecrest Dr. San Diego 92114

NAME

ADDRESS

LOT 53 GR. 7 ROW 2 SEC 2 BLK 12 DIV 12

06-10-99 Opened Pre-need Lot. See Ledger Card.

08-24-99 Paid Pre-need Lot in full.

Refund requested by customer for this lot. No longer needed for Granddaughter. 4-4-02 Paid. DP#3821433.

(SEE LEDGER CARD)

Lot is for Krysta Woodbury

2nd
burial
Double
Depth in
a URNEY.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-14-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sybil Koether

in a liner Funeral, date, time Monday 6-21-99 10:00

Church, Chapel, Graveside Graveside; Leatheringill 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 219 Grave _____ Row _____ Section 100F Division/Block 42

Grave space & Care Fund Pre-Paid _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee see _____

Recording and filing fee see _____ 1045.00

Sales tax _____ 14.73

Total Due _____ 1769.73

Paid receipt number 51248 1769.73

Balance due _____

PAID
JUN 16 1999

I hereby certify I am the X SPR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Charles Hbn Koether
Signature
X 7987 Cinnabar Dr.
Address
X La Mesa, Calif 91941
City Zip Code
X 619-463-7833
Telephone

Signature of recorded holder of deed _____

Work Order # **E 15092**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15092

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

77

| | | | | | |
|--|------------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Sybil | 1B. MIDDLE Treybig | 1C. LAST (FAMILY) Koether | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/02/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/13/1999 | 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 Charles G. Koether - Son 7987 Annabar Dr. La Mesa, CA 91941 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083 | | |
| ACKNOWLEDGMENT OF APPLICANT <small>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.</small> | | 8A. SIGNATURE OF APPLICANT— <small>Person taking permit</small> <i>Charles Koether</i> | | 8B. DATE SIGNED 06/06/1999 | |

| | | | | |
|----------------------------------|---|--|---|--|
| 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 \$ 7.00 | 9B. DATE PERMIT ISSUED 06/14/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Lathrem |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 Cem. 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-21-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Amos Longman</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 6-14-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eleanor Atkinson

In a Cash Vault Funeral, date, time Friday 6-18-99 10:00

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 1121 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Prenod C9762 0

Additional spaces and care fund

Opening/Closing & Setup Prenod C9762 0

Burial Container Prenod C9762 0

Handling Fees Prenod 0

Flower vases - Marker setting fee

Recording and filing fee Prenod 0

Sales taxes Prenod 0

Family has ask

Total Due

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. Harry Atkinson

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone 566-0315

Work Order # **E 15093**

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15093

97

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ELEANOR | 1B. MIDDLE - | 1C. LAST (FAMILY) ATKINSON | 2. DATE OF BIRTH MONTH DAY YEAR 01/11/1902 | 3. DATE OF DEATH MONTH DAY YEAR 06/13/1999 | 4. SEX F |
| 5A. CITY OF DEATH LA MESA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HARRY ATKINSON—SON 9739 CAMINITO DOHA SAN DIEGO, CA 92131 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352 | 8A. SIGNATURE OF APPLICANT—Person taking permit, [Signature] | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 06/15/1999 | |

| | | | | |
|--|---|--|---|---|
| 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID 7.00 | 9B. DATE PERMIT ISSUED 06/16/1999 VINCE ALARI | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9909406 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. 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 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 MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92190 | 11B. DATE BURIED 6-18-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON, CA 92021 | 12B. DATE CREMATED 6/16/99 | 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 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.

*Paid for
garbage case*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-15-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Minnie Smith

in a urn Funeral, date, time Thurs 6-17 1:00

Church, Chapel, Graveside Church/Graveside Dogsdale 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 P.T.

✓ Lot 109 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 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 51252 1664.73

Balance due 0

*mortuary to
bring check*

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 Richard J. [Signature]
Signature
X 5125 E. LINDO AVE #233
Address
X RENO CA, 95727
City Zip Code
X 559-252-7679
Telephone

Work Order # **E 15094**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E15094
81

| | | | | | |
|---|------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Minnie | 1B. MIDDLE - | 1C. LAST (FAMILY) Smith | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/30/1917 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/12/1999 | 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 Heken Mack, Sister 544 Los Angeles Place San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Heber Welch</i> | | 8B. DATE SIGNED 06/15/1999 |

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.00 | 9B. DATE PERMIT ISSUED 06/17/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9909478 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 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 6-17-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Heber Welch</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 6-15-99

*Willard LaMoe
 foot of grave*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jeann LaMoe
 In a ash vault Funeral, date, time AYD Tues. June 22

Church, Chapel, Graveside delivery only; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Temp
 will be applied and billed to undersigned.

Lot 340 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund See Arch D-4472

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 _____

Total Due 269.26

Paid receipt number M/C 269.26

Balance due 0

PAID
 JUN 15 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

I hereby certify I am the STEP-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 _____

Tom R. Stegmüller
 Signature
7120 PRAIRIE DOGE DR NE
 Address
OLYMPIA, WA 98516-1133
 City Zip Code
1-360-938-0076
 Telephone

Work Order # E 15095

Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15095
72

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | | |
|---|----------------------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JEAN | 1B. MIDDLE CLARE | 1C. LAST (FAMILY) LA MOE | 2. DATE OF BIRTH MONTH DAY YEAR 02/13/1927 | 3. DATE OF DEATH MONTH DAY YEAR 06/10/1999 | 4. SEX F | |
| 5A. CITY OF DEATH LA MESA | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO | 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN R. STEGMULLER: P.O.A. 7120 PRAIRIE RIDGE DRIVE OLYMPIA, WA 95816-1133 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843 | 6A. SIGNATURE OF APPLICANT—If not taking permit <i>Sennika Pryor</i> | | | 6B. DATE SIGNED 06/15/1999 |
| 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 7105 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED VICTORIA MEZA 06/17/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</i> 9909509 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> - | | |

| | |
|---|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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 | 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 MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-22-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | 12B. DATE CREMATED 6/21/99 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>S. Carr</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

Pierced Lot

Date: 6-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Doryle & Maida Gosper

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 14 Grave 2 Row _____ Section 1 Division/Block 11

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

PAID
MAR 07 2003
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA
256005

Total Due 995.00
500.00
Balance due 495.00

Paid receipt number 51241

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

see contract

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 15096

Acct. # _____

GASPER, ASUNCION

4242 LEMONSEED DRIVE SD 92154

| | | | | | |
|----------|------------------------------------|-----------------|-----|--------|--------------|
| 6-16 99 | PRE NEED LOT OPENED (14-2-1-11) | | | 995.00 | |
| 6-16 99 | R 51241 | 20% | 199 | 500.00 | 495.00 |
| 8-9 99 | R 51422 <i>opp 1</i> | 80% | 796 | 20.00 | 475.00 |
| 9-13 99 | R 51527 #2 | | | 20.00 | 455.00 |
| 10-13 99 | R 51612 | | | 20.00 | 435.00 |
| 11-10-99 | R 51673 | | | 20.00 | 415.00 |
| 12-22-99 | R | 3 x 6 | | 40.00 | 375.00 |
| 3-8-00 | R- 52200 | 7 x 8 | | 40.00 | 335.00 |
| 5-15-00 | R - 52429 | 9 x 10 | | 40.00 | 295.00 |
| 7-12-00 | R- 32665 | 11 x 12 | | 40.00 | 255.00 |
| 9-13-00 | R- 52869 | 13 x 14 | | 40.00 | 215.00 |
| 11-15-00 | R- 53064 | 15 x 16 | | 40.00 | 175.00 |
| 01-28-01 | R- 53234 | 17 x 18 | | 40.00 | 135.00 |
| 03-20-01 | R- 53474 | Coupons 19 x 20 | | 40.00 | 95.00 |
| 05-14-01 | R- 53684 | 21 x 22 | | -40.00 | 55.00 |
| 2-28 03 | Mailed delinquent notice | | | | |
| 3-7 03 | R 56005 | | | 55.00 | 0 |

Rem: to
20%

PAID

MAR 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

GASPER, ASUNCION

(PRE NEED LOT)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53684

MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 14th, 2001From: Asuncion Gaspar Address: 4242 Lemonseed Dr., S. Diego, 92154

Forty and no/100 Dollars (\$ 40.00)
 In -part Payment of Pre-Need LOT

Lot 14 Grave 2 Row — Section 1 Division 11
 Break 40 00

Invoice No. Acct. No. W.O. E-15096BALANCE DUE 55.00Coupon 21 + 22Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94) # 3898NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.**PAID**

MAY 14 2001

MT. HOPE CEMETARY

~~CITY OF SAN DIEGO, CA~~ISSUED BY [Signature]

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| 77184 | | |
| Opening/Closing | 100 | |
| 77181 | | |
| Burial Containers | 100 | |
| 77182 | | |
| Handling Fee | 100 | |
| 77185 | | |
| Recording & Misc. Fees | 100 | |
| 77183 | | |
| Pre-Need Trust | 63033 | |
| 9022 | | |
| Sales Tax | 60101 | |
| 78390 | | |
| TOTAL PAID | \$ | <u>40 00</u> |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51612



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 10-13, 1999

From: Asuncion Gaspar Address: 4242 Lemonseed Dr. SD
Twenty and 00/100 Dollars (\$ 20.00)

In part Payment of pre need lot

Lot 14 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E15096

BALANCE DUE 435.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3575

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>20</u> | <u>00</u> |
| 77164 | | | |
| 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>20</u> | <u>00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56005

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 7, 2003

From: A. Gaspar Address: 4242 Lemonseed Dr. SD 92154
Fifty five dollars & 00/100 Dollars (\$ 55.00)

in Full Payment of pre paid lot
 Lot 14 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. E 15096
 Acct. No. _____
 W.O. _____
 BALANCE DUE 0

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE
PAID
 MAR 07 2003
 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA
 ISSUED BY Ram Hefel

| | | | |
|-------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>55</u> | <u>-</u> |
| 80% Sales of Lots | 100 | | |
| Opening/ | 77184 | | |
| Closing | 100 | | |
| Burial | 77181 | | |
| Containers | 100 | | |
| Handling Fee | 77182 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>55</u> | <u>00</u> |

4151

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-16-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George Riley 6-18

in a liner Funeral, date, time Friday 10:30

Church, Chapel, Graveside delivery : Guadalupe 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 101 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 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 Credit card 1564.73

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 _____

X
Signature _____

Address 14330 Hilltop Dr. NE

City Bemidji, MI 56601 Zip Code _____

Telephone (218) 586-2811

Work Order # E 15097

Invoice # _____

Acct. # _____

E15097

INTERMENT ORDER

Order No.

on 6-16-99

The interment is to be performed on _____ at _____
 of George R. Lee
 of San Jose County, California
 On the _____ day of _____, 1999.
 All funeral expenses were paid by _____
 and he is hereby released from all obligations.

| | |
|--|----------------|
| Lot <u>101</u> over <u>9</u> Row _____ Section <u>3</u> Dimensions <u>12</u> | |
| Grave space & cove fee | 795.00 |
| Additional space and care fund | — |
| Due to interment & setup | 375.00 |
| Burial container | 190.00 |
| Handling Fee | 145.00 |
| Flower cases - Memorializing fee | — |
| Reading and singing fee | 45.00 |
| Service fee | 14.75 |
| Total Due | 1564.75 |
| Received with <u>check</u> | <u>1564.75</u> |
| Balance Due | — |

PAID
 JUN 16 1999
 MT. HOPE CEMETERY
 1770 CALIF.

I hereby certify that the above is a true and correct copy of the original order and that the same has been filed in the office of the County Clerk of the County of _____ California.

Funeral Director: Patricia Shelby
 1430 Hillside St.
 San Jose, CA 95128
 Tel. (408) 298-2511

Order No. E 15097



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E15097

56

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

| | | | | | | |
|--|-----------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGE | 1B. MIDDLE - | 1C. LAST (FAMILY) RILEY | 2. DATE OF BIRTH MONTH DAY YEAR 10/16/1942 | 3. DATE OF DEATH MONTH DAY YEAR 06/11/1999 | 4. SEX M | |
| 5A. CITY OF DEATH SPRING VALLEY | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PATRICK RILEY—BROTHER 14330 HILTON DRIVE NE BEMIDJI, MN 56601 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY 2601 IMPERIAL AVE. SAN DIEGO, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425 | 8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i> | | | 8B. DATE SIGNED 06/17/1999 |

| | | | | | |
|--|---|---|--|---|--|
| ACKNOWLEDGMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED L. LIZARRAGA 06/17/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9909463 | |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

| | |
|--|---|
| 10. AUTHORIZED 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 MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-13-99 | 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 6-16-99

Pin # 186630

*ok for foot
marker foot
center left
see tom*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy Johnson 3:00 AVD

in a ash vault Graveside THUR. JUNE 24

Church, Chapel, Graveside delivered; 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 1 Grave 5 Row _____ Section 4 Division/Block 6

Grave space & Care Fund 0002467 _____

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-51245 269.26

Balance due 0

PAID
JUN 16 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

setting fee paid (Clemens)
R 51245 6/22/99

I hereby certify I am the X Grandson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Mike John
Signature
X 7985 Dormouse Ct
Address
X San Diego 92129
City 76 Code
X (858) 484-1740
Telephone

Signature of recorded holder of deed _____

Work Order # E 15098

Invoice # _____
Acct. # _____

E15098

800

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|----------------------|--|---|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHY | 1B. MIDDLE EVELYN | 1C. LAST (FAMILY) JOHNSON | 2. DATE OF BIRTH MONTH DAY YEAR 06/14/1913 | 3. DATE OF DEATH MONTH DAY YEAR 06/15/1999 | 4. SEX F |
| 5A. CITY OF DEATH Poway | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Michael E. Johnson - Grandson 7985 Dormouse Court San Diego CA 92129 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911-1125 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | | 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 10175 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 06/17/1999 | | |

| | | | | |
|--|--|---|--------------------------------------|--|
| 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 06/17/1999 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King |
| | 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 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 Street San Diego CA 92102 | 11B. DATE BURIED 6-24-99 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory - 1625 Gisler Ave. Costa Mesa CA 92626-5554 | 12B. DATE CREMATED JUN 19 1999 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

COPY 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**

disinter / Reinter 1st burial Date 6-16-99
T.S. vault

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles Harvey Koether

In a T.S. vault (D.I.P.) Funeral, date, time Fri 6-18-99

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. _____

FR: 1177

10

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

T02 219

100F 42

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ disinterment fee 1000.00

Sales taxes _____

Total Due 1000.00

PAID
 JUN 16 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO CALIF

Paid receipt number R 51248

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.

220175

Charles H. Koether

Signature _____

1987 Cinnabar Dr.

Address _____

La Mesa, Calif 91941

City _____ Zip Code _____

619-463-7833

Telephone _____

Signature of recorded holder of deed _____

Work Order # **E 15099**

Invoice # _____

Acct. # _____

E15099



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

6 99
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Charles Harvey Koether

from Lot 1177 Grave _____ Section _____ Row _____ Block _____

Division 10 and to remove the same to and reinter said remains

in Lot 219 Grave _____ Section _____ Row _____ Block 42

Division 100F 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>Charles Glen Koether</u> | <u>son</u> | <u>7987 Cinnabar Dr. L.M.</u> |
| <u>Ray J Koether</u> | <u>son</u> | <u>Box 255, Erskine, AB T0L 2C0</u> <u>Canada</u> |
| _____ | _____ | _____ |
| Signature | Relation to deceased | Address |

I hereby authorize the above disinterment:

Charles Glen Koether
(Lot owner must sign if not legal custodian)

6-16-99
Date

Send or bring one coupon with each remittance.

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PBE NEED LOT** **RL5096**

ASUNCION GASPER

4242 LEWENSED DRIVE

SAN DIEGO CA 92154

(14-2-1-11)

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



20.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Preneed Lot**

E15098

ASUNCION GASPER
4242 LEMONSEK DRIVE
SAN DIEGO CA 92154
(14-2-1-11)

Month and Day Due Indicated Below

| APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-----|-----|-----|-----|-----|-----|---------|-----|-----|-----|-----|-----|
| | | | | | | 7 10 | 10 | | | | |

Amount due when paid on, or before,
due date above.



\$ 20.00

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

E15096

ASUNCION GASPER

4242 LEMONSEED DRIVE

SAN DIEGO CA 92154

(14-7-1-11)

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



20.00

\$

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. **Prepaid Lot**

E15096

ASUNCION GASPÉR
4242 LEMONSEED DRIVE
SAN DIEGO CA 92154
(14-2-1-11)

Month and Day Due Indicated Below

| JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
|-----|-----|-----|-----|-----|-----|-----------|-----------|-----|-----|-----|-----|
| | | | | | | 15 | 10 | | | | |

Amount due when paid on, or before,
due date above.



\$ 20.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Must bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

PRE NIKED LOT

E15096

ASUNCION GASPER

4242 LEMONSEED DRIVE

SAN DIEGO CA 92154

(14-7-1-11)

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.



20.00

\$ _____

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**

NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pressed Lot**

E15096

ASUNCION GASPER

4242 LEMONSEED DRIVE

SAN DIEGO CA .92154

(14-2-1-11)

Month and Day Due Indicated Below

| AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL |
|-----|-----|-----|-----|-----|-----|-----------|-----------|-----|-----|-----|-----|
| | | | | | | 27 | 10 | | | | |

Amount due when paid on, or before,
due date above.

\$ **20.00**

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

E15096

ASUNCION GASPER

4242 LEMONHED DRIVE

SAN DIEGO CA 92154

(14-1-1-11)

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.



20.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**



DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Franeed Lot**

E15096

ASUNCIÓN GASPER
4242 LEMONSEED DRIVE
SAN DIEGO CA 92154
(14-2-1-11)

Month and Day Due Indicated Below

| OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP |
|-----|-----|-----|-----|-----|-----|-----------|-----------|-----|-----|-----|-----|
| | | | | | | 10 | 10 | | | | |

Amount due when paid on, or before,
 due date above.



\$ 20.00

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 SEED LOT** **E15096**

ASUNCION GASPER
4242 LEHONSEED DRIVE
SAN DIEGO CA 92154
(14-2-1-11)

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.



20.00

\$ _____

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Present Lot**

E15096

ASSUNCIÓN GASPER . . .
4242 LEONSEKED DRIVE
SAN DIEGO CA. 92154
(14-2-1-11)

Month and Day Due Indicated Below

| DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV |
|-----|-----|-----|-----|-----|-----|-----------|-----------|-----|-----|-----|-----|
| | | | | | | 15 | 10 | | | | |

Amount due when paid on, or before,
due date above.



\$ 20.00

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. **PNE NEED LOT R15096**

**ASUNCION GASPER
4242 LEONARDO DRIVE
SAN DIEGO CA 92154
(14-2-1-11)**

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



20.00
\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON



DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pressed Lot**

E15096

**UNION GASPEX
4242 LEMONSEED DRIVE
SAN DIEGO CA • 92154
(14-2-1-11)**

Month and Day Due Indicated Below

| FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN |
|-----|-----|-----|-----|-----|-----|-----------|-----------|-----|-----|-----|-----|
| | | | | | | 10 | 10 | | | | |

Amount due when paid on, or before,
due date above.



\$ **20.00**

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 R15096**

ASUNCION GASPER

4742 LIMONSEED DRIVE

SAN DIEGO CA 92154

(14-2-1-11)

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.



20.00
\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

bring one coupon with each remittance

COUPON

1

NOT MAIL ENTIRE BOOK

ACCOUNT No.

Printed Lot

E15096

ASUNCION GASPIC

4742 LEMONSHED DRIVE

SAN DIEGO CA 92154

(14-2-1-11)

Month and Day Due Indicated Below

| APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | 15 | 10 | | | | |

Amount due when paid on, or before,
due date above.



\$ 20.00

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 MKRD LOT** **E15096**

ANUNCION GASPAR

4242 LEMMISEED DRIVE

SAN DIEGO CA 92154

(16-1-1-11)

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.



\$ 20.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Anuncion L. Gaspar
4242 Lemmisseed Dr.

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

bring one coupon with each remittance

COUPON

NOT MAIL ENTIRE BOOK

ACCOUNT No.

FRANKS 101

EL5096

AGUNCION GASPAR
4142 LEMONHED DRIVE
SAN DIEGO CA 92154
(14-2-1-11)

Month and Day Due indicated Below

| JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | 10 | 10 | | | | |

Amount due when paid on, or before,
due date above.



\$ 10.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME

Aguncion L. Gaspar
4142 Lemonhede Dr.
San Diego, CA 92154

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 R15096**

ASTORION GASPER

4742 LEMOSSED VALVE

SAN DIEGO CA 92154

(14-2-1-11)

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.



\$

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

NOT MAIL ENTIRE BOOK

ACCOUNT No.

STYRING LAC
BISHOP
ANTHONY GASTER
4242 LEONARD DRIVE
SAN DIEGO CA 92154
(14-2-1-11)

Month and Day Due Indicated Below

| AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | 10 | 10 | | | | |

Amount due when paid on, or before
due date above.



\$ 20.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **THE NEED LOY 81304**

**FRANCIS CASPER
4242 LEONARDO DRIVE
SAN DIEGO CA 92154
(14-2-1-11)**

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



\$ _____

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

COUP

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

STANLEY LAY

813096

ASUNCION GASTEN

4242 LEWISLAND DRIVE

SAN DIEGO CA 92154

(14-2-1-11)

Month and Day Due Indicated Below

| OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | 8 | 10 | | | | |

Amount due when paid on, or before,
due date above.



\$ 20.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address