

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-4-00

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

of FLOY P. BAZAN
in a T.S. VAULT Funeral, date, time Wed 5-10 2:00

Church, Chapel, Graveside Mortuary, GOODBODY

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 177 Grave 6 Row _____ Section 2 Division/Block 13
Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees MAY 04 2000 185.00

Flower vases - Marker setting MT. HOPE CEMETERY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-52390 1769.38

Balance due 0

I hereby certify I am the X Rainelda B. 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 Rainelda B Jones
Signature
X 13299 Nineback St.
Address
X Moreno Valley Ca 92553
City Zip Code
X 909-485-1559
Telephone

Work Order # **E** 15700

Invoice # _____

Accl # _____

E-15700

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | | | | | | | | | |
|---|---|--|--|--|------------------------------------|---|---|---|---|--------------------|--|--------------------------------------|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ELOY | | 1B. MIDDLE PALACIOS | | 1C. LAST (FAMILY) BAZAN | | 2. DATE OF BIRTH MONTH DAY YEAR 09/24/1921 | | 3. DATE OF DEATH MONTH DAY YEAR 05/03/2000 | | 4. SEX M | | | |
| 6A. CITY OF DEATH SAN DIEGO | | | | 6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | | 6C. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEASED ELOY BAZAN, JR —SON 4046 47TH STREET SAN DIEGO, CA 92115 | | | | | | | |
| 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 FD-790 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i> | | | | 8B. DATE SIGNED 05/09/2000 | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/10/2000 | | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2008088 | | | | | |
| 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 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 5-10-00 | | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. [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 5-4-00

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

of ELEANOR KESSELL

in a Double Depth Funeral, date, time Mon, 5-8 12:00

Church, 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.

Lot 21 Grave 4 Row _____ Section MAS Division/Block J

Grave space & Care Fund Pre-Paid E-5034

Additional spaces and care fund **PAID**

Opening/Closing & Setup MAY 15 2000 375.00

Burial Container 380.00

Handling Fees MT. HOPE CEMETERY 320.00

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 1149.45

Paid receipt number R-52398 1149.45

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 _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 15701 Acct. # _____

E-15701

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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|---|---------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ELEANOR | 1B. MIDDLE JEAN | 1C. LAST (FAMILY) KESSELL | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/04/1927 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/03/2000 | 4. SEX F |
| 5A. CITY OF DEATH HEMET | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE RIVERSIDE | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LUTHER KESSELL - HUSBAND 40576 WINDSOR ROAD TEMECULA, CA 92591 | | |
| 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-043 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria May</i> | | 8B. DATE SIGNED 05/06/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | | | | |

| | | | | | |
|--|--|--|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 05/08/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>684320/cm</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 RIVERSIDE COUNTY HEALTH DEPT. P.O. BOX 7600, RIVERSIDE, CA 92102 | 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 92186-5222 | | FOR CORONER'S USE ONLY <input type="checkbox"/> DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) |
| 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 | | |

| | | | | |
|-------------------------------|---|--|-----------------------------------|--|
| 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 5-8-00 | 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 5-5-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JEROME STANTON PA 20001398

in a DOUBLE DEPTH Type of Burial Container Funeral, date, time WED 5-10 9:30

Church, Chapel, Graveside DELIVERY ONLY; S. D. MEMORIAL 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 2 Grave 5 T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 165.00

Burial Container JUN 27 2000 50.00

Handling Fees _____

Flower vases - Marker setting fee MT. HOPE CEMETARY CITY OF SAN DIEGO, CA _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

*REBECCA BARR
PUBLIC ADMINISTRATOR*

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 # 331604

Acct. # 000952

Work Order # E 15702

E-15702

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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|---|------------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JEROME | 1B. MIDDLE WILLIAM | 1C. LAST (FAMILY) STANTON STANTON | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/19/1931 | 3. DATE OF DEATH MONTH, DAY, YEAR 04/28/2000 | 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 THOMAS V. STANTON - SON 2970 MARKET ST. 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>John B. 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 05/05/2000 | | | |

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|--|--|--|--|--|
| 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 05/09/2000 <i>J. Johnson</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>J. Johnson</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 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 MC HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 5-10-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Neil F. Johnson</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
Lots + Trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-8-00

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

of Marilyn Davis

in a Bell Heir 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 \$ 150.00 will be applied and billed to undersigned.

| | | | | | |
|-----------------------------------|------------------|-----------|------------------|---------------------------|----------------|
| ✓ Lot <u>169</u> | Grave <u>526</u> | Row _____ | Section <u>2</u> | Division/Block <u>12</u> | |
| Grave space & Care Fund | | | | <u>2</u> at <u>895.00</u> | <u>1790.00</u> |
| Additional spaces and care fund | | | | | |
| Opening/Closing & Setup | | | | <u>2</u> at <u>375.00</u> | <u>750.00</u> |
| Burial Container | | | | <u>2</u> at <u>190.00</u> | <u>380.00</u> |
| Handling Fees | | | | <u>2</u> at <u>145.00</u> | <u>290.00</u> |
| Flower vases - Marker setting fee | | | | <u>2</u> at <u>23.78</u> | <u>47.56</u> |
| Recording and filing fee | | | | <u>2</u> at <u>45.00</u> | <u>90.00</u> |
| Sales taxes | | | | <u>2</u> at <u>11.73</u> | <u>39.46</u> |
| Total Due | | | | | <u>3377.02</u> |
| Paid receipt number | | | | <u>R-52402</u> | <u>1000.00</u> |
| Balance due | | | | | <u>2377.02</u> |

PAID IN FULL
3-6-01

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Manly Din
 Signature _____
 X 3677 45th ST. #A
 Address _____
 X S.D. CA 92106
 City _____ Zip Code _____
 X 619 584 0546
 Telephone _____

Work Order # **E 15703**

Invoice # _____
Accl. # _____

DAVIS, MARILYN 3677 45th Street #A San Diego 92105

| | | 358 20 ⁰ / ₁₀ | DEBIT | CREDIT | BALANCE |
|----------|---|--------------------------------------|---------|---------|---------|
| 5-08-00 | Opened Pre-need Lots & Trust. | 1432 80 ⁰ / ₁₀ | | | |
| | Lot 169, Grave 5 & 6, Sec 2 Div 12 | | 1790.00 | | 1790.00 |
| | Trust includes 2 openings/closings, 2 bell liners, 2 handling fees, 2 flower cans, 2 recording fees, 2 tax on liners. | | 1587.02 | | 3377.02 |
| 05-08-00 | Receipt 52402 | | | 1000.00 | 2377.02 |
| 6-6-00 | R- 52534 Coupon 1 & 2 | | | 198.00 | 2179.02 |
| 7-6-00 | R- 52637 3 & 4 | | | 198.00 | 1981.02 |
| 8-8-00 | R- 52745 5 & 6 | | | 198.00 | 1783.02 |
| 8-21-00 | R- 52788 7 & 8 | | | 198.00 | 1583.02 |
| 9-7-00 | R- 52833 9 | | | 99.00 | 1484.02 |
| 10-11-00 | R- 52960 10+11+12 | | | 297.00 | 1187.02 |
| 11-7-00 | R- 53038 13+14+15+16+17 | | | 495.00 | 692.02 |
| 12-5-00 | R- 53116 18 | | | 99.00 | 593.02 |
| 1-3-01 | R- 53201 19 | | | 99.00 | 494.02 |
| 2-6-01 | R- 53326 20 | | | 99.00 | 395.02 |
| 3-6-01 | R- 53429 | | | 397.02 | 0 |

DAVIS, MARILYN Pre-need Lots & Trust

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 1 |
| Payment Due Date | July-00 |
| Payment Amount Due | 99.00 |
| Balance Due | 2,278.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|-----------|
| Payment NO. | 2 |
| Payment Due Date | August-00 |
| Payment Amount Due | 99.00 |
| Balance Due | 2,179.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|--------------|
| Payment NO. | 3 |
| Payment Due Date | September-00 |
| Payment Amount Due | 99.00 |
| Balance Due | 2,080.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|------------|
| Payment NO. | 4 |
| Payment Due Date | October-00 |
| Payment Amount Due | 99.00 |
| Balance Due | 1,981.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 5 |
| Payment Due Date | November-00 |
| Payment Amount Due | 99.00 |
| Balance Due | 1,882.02 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 6 |
| Payment Due Date | December-00 |
| Payment Amount Due | 99.00 |
| Balance Due | 1,783.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|------------|
| Payment NO. | 7 |
| Payment Due Date | January-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 1,684.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 8 |
| Payment Due Date | February-01 |
| Payment Amount Due | 99.00 |
| Balance Due - | 1,585.02 |

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

E 15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 9 |
| Payment Due Date | March-01 |
| Payment Amount Due | 98.00 |
| Balance Due | 1,486.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 10 |
| Payment Due Date | April-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 1,387.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 11 |
| Payment Due Date | May-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 1,288.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 12 |
| Payment Due Date | June-01 |
| Payment Amount Due | 99.00 |
| Balance-Due | 1,189.02 |

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

E 15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 13 |
| Payment Due Date | July-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 1,090.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|-----------|
| Payment NO. | 14 |
| Payment Due Date | August-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 991.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|--------------|
| Payment NO. | 15 |
| Payment Due Date | September-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 892.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|------------|
| Payment NO. | 16 |
| Payment Due Date | October-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 793.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 17 |
| Payment Due Date | November-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 694.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 18 |
| Payment Due Date | December-01 |
| Payment Amount Due | 99.00 |
| Balance Due | 595.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|------------|
| Payment NO. | 19 |
| Payment Due Date | January-02 |
| Payment Amount Due | 99.00 |
| Balance Due | 496.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 20 |
| Payment Due Date | February-02 |
| Payment Amount Due | 99.00 |
| Balance Due | 397.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 21 |
| Payment Due Date | March-02 |
| Payment Amount Due | 99.00 |
| Balance Due | 298.02 |

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

E-15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 22 |
| Payment Due Date | April-02 |
| Payment Amount Due | 99.00 |
| Balance Due | 199.02 |

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

E 15703

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|--------|
| Payment NO. | 23 |
| Payment Due Date | May-02 |
| Payment Amount Due | 99.00 |
| Balance Due | 100.02 |

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

E 15103

Mt. Hope Cemetery Prepayment Plan Record

Marilyn Davis
3677 45th Street #A
San Diego, CA 92105
619 584-0546

0

Preneed for:
Marilyn Davis & Walter G. Gist III

Lot 169 Grave 5 & 6 Sec 2 Div 12

| | |
|--------------------|---------|
| Payment NO. | 24 |
| Payment Due Date | June-02 |
| Payment Amount Due | 100.02 |
| Balance Due | 0.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52637

From: Marilyn Davis Date: 7-6 00
One Hundred Ninety Eight Address: 3677 45th St # A San Diego 92105
part Dollars (\$ 198.00)
 Payment of Pre-Need Site - Trust

Lot: 169 Grave 526 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-15703
 BALANCE DUE 1981.02

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

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Cars | 77184 | |
| 80% Sales of Lots | 100 | <u>198 00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>198 00</u> |

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

ISSUED BY D. Schubert

1142

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52534

From: Marilyn Davis Date: 6-6 00
 Address: 3677 - 45th St. Apt A San Diego 92105
One Hundred Ninety Eight Dollars (\$ 198.00)
 In part Payment of Pre-need lots & trust

Lot: 169 Grave 5 & 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15703

BALANCE DUE 2179.02

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

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 77184 | <u>198 00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 77182 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| Sales Tax | 60101 | |
| | 78380 | |
| TOTAL PAID | \$ | <u>198 00</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1127
1130

ISSUED BY [Signature]

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

52745

From: Marilyn Davis, Address: 3677 45th St #A San Diego 92105 Date: 8-8 80
One hundred ninety eight Dollars (\$ 198.00)
 In part Payment of Pre-Need Lots & Trust.

Lot 169 Grave 5 + 6 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-15703
 BALANCE DUE 1783.02

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

AC-212 (Rev. 5-94)

1148

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

ISSUED BY J. Schubert

| | | |
|------------------------|--------|---------------|
| CREDIT | 67007. | |
| 20% Sales Care | 77184 | <u>194.00</u> |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 77182 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| Sales Tax | 60101 | |
| | 78380 | |
| TOTAL PAID | \$ | <u>194.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52833

MOUNT HOPE CEMETERY

(619) 527-3400

From: Marilyn Davis Date: 9-7
Nancy Rene Address: 3677 - 45th St Apt A San Diego .20 00
 In part Payment of Re-Need Lots & Trust Dollars (\$ 99.00) 92105

Lot 169 Grave 5 x 6 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-15703
 BALANCE DUE 1404.02

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

ISSUED BY J. Schell

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 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 | 100 | |
| Sales Tax | 77183 | |
| | 63033 | <u>99 00</u> |
| | 8022 | |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>99 00</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
1163

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52960

From: Marilyn K. Davis Date: Oct. 11 - 20 00
 Address: 3677 45th STREET, APT. A. S.D. CA 92105
two hundred ninety seven 00/100 Dollars (\$ 297.00)
 In part Payment of Pre-Need & Trust for (Marilyn Davis)

Lot 169 Grave 5 & 6 Row — Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-15703

BALANCE DUE \$ 1187.02

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

Marilyn Davis

| | | |
|------------------------|-------|---------------|
| 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>297.00</u> |
| 9022 | | |
| Sales Tax | 80101 | |
| 78390 | | |
| TOTAL PAID | \$ | <u>297.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53038

Date: Nov - 7 - , 20 00

From: _____ Address: 3677-45th STREET, Apt. A SAN DIEGO CA.

Four Hundred Ninety Five ^{00/100} Dollars (\$ 495.00) 92105

In PART Payment of OPEN PRE-NEED LOTS & TRUST FOR
(DAVIS, MARILYN)

Lot 169 Grave 5 & 6 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-15703

BALANCE DUE \$ 692.02

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

PAID

NOV 07 2000

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY [Signature]

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Cars | 77184 | |
| 90% Sales of Lots | 100 | |
| Opening/Closing | 77184 | |
| Burial Containers | 100 | |
| | 77181 | |
| | 100 | |
| | 77182 | |
| Handling Fee | 100 | |
| Recording & Misc. Fees | 77185 | |
| Pre-Need Trust | 100 | |
| Sales Tax | 77183 | |
| | 83033 | <u>495.00</u> |
| | 9022 | |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>495.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53116

Date: Dec. 5, 2000

From: MARILYN K. DAVIS Address: 3677 - 45th ST. Apt. A, SAN DIEGO, 92105

NINETY - NINE and NO/100 Dollars (\$ 99.⁰⁰~~XX~~)

In - PART Payment of PRE-NEED TRUST for:
DAVIS + GIST III

Lot 169 Grave 5 & 6 Row - Section 2 Division 12
 Block

Invoice No. _____

Acct. No. _____

W.O. E-15703

BALANCE DUE 593.⁰²

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1195

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

PAID

DEC 15 2000

MT. HOPE CEMETARY
 CITY OF SAN DIEGO

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 | |
| Pre-Need | 83033 | <u>99 00</u> |
| Trust | 9022 | |
| Sales Tax | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>99 00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53201

MOUNT HOPE CEMETERY

(619) 527-3400

From: Marilyn Davis Date: 1-3 2001
Nancy Neve Address: 3677 45th Street Apt A San Diego 92105
 In part Payment of Pre-Need Lots - Trust Dollars (\$ 99.00)

Lot 169 Grave 5 & 6 Row _____ Section a Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15703

BALANCE DUE 494.02

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1209

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

ISSUED BY J. Schubert

| | | |
|------------------------|-------|-------|
| CREDIT | 57007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| Pre-Need Trust | 77183 | 99.00 |
| Sales Tax | 63033 | |
| | 9022 | |
| | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | 99.00 |

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53326

MOUNT HOPE CEMETERY

(619) 527-3400

From: Marilyn Davis Date: 2-6 ²⁰⁰¹
Nancy Address: 3677 - 45th Street Apt A San Diego 92105
 In part Payment of Pre-Need Lots & Trust Dollars (\$ 99.00)

Lot 169 Grave 5 x 6 Row _____ Section 2 Division Block 13

Invoice No. _____

Acct. No. _____

W.O. E-15703BALANCE DUE 395.02Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1221

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

| | | |
|----------------|-------|-------|
| 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 | 99 00 |
| Trust | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | 99 00 |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-8-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSA LEE WONG

in a LINER Funeral, date, time FRI 5-12 12:00

Church, Chapel, Graveside Mortuary, LEWIS COLONIAL

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 147 Grave 4 Row _____ Section 2 Division 11

Grave space & Care Fund Pre-need

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker 45.00

Recording and filing fee 14.73

Sales taxes 769.73

Total Due 769.73

Paid receipt number MIC 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.

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

Signature of recorded holder of deed _____

X [Signature]
Signature
X 131 Carthage St
Address
X San Francisco 94112
City Zip Code
X (415) 587-2931
Telephone

Work Order # **E 15704**

Invoice # _____

Acct. # _____

E-1570A

MOUNT HOPE CEMETERY

29 June 1939

The undersigned hereby requests and authorizes the interment of the remains of
Mr. Wong, Rosa Lee in Lot #147 Gr #3 Row #4 Sec. #11
 Block CHINESE
 Division CHINESE in accordance with and subject to the rules and regulations
 governing said interment in Mount Hope Cemetery, and certifies and represents
 that he or she has the legal right to make such authorization and agrees to
 hold Mount Hope Cemetery harmless from any and all liability on account of said
 authorization and interment.



Signature of relative or legal representative

Albert Wong, Court Clerk

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc, owners.

Witness

Witness



E-15704

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--------------------------|--|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROSA | 1B. MIDDLE LEE | 1C. LAST (FAMILY) WONG | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/25/1925 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/05/2000 | 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 MIGUEL WONG - SON 131 CORDOVA ST SAN FRANCISCO, CA 94112 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - BEMBROUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>Parlette Valle</i> | | | 6B. DATE SIGNED 05/09/2000 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 103275 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 05/09/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008051 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

| | |
|--|---|
| <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 checked="" 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 5-12-00 | 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 5-8-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DENISE BOWIE-GILGARD 11 AM

in a LINER Funeral, date, time Wed, May 10th
Type of Burial Designator
 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 <u>106</u> Grave <u>10</u> Row _____ Section <u>2</u> Division/Block <u>12</u> | |
| Grave space & Care Fund | <u>895.00</u> |
| Additional spaces and care fund | <u>PAID</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>45.00</u> |
| Recording and filing fee | <u>14.73</u> |
| Sales taxes | <u>1664.99</u> |
| | Total Due |
| | <u>1664.73</u> |
| | Paid receipt number <u>R-52411</u> |
| | Balance due <u>0</u> |

MAY 09 2000

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

*Mort.
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 Mary West
 Signature
5880 El Cajon Blvd
 Address
San Diego, CA 92115
 City
(619) 234-5272 Zip Code
 Telephone

Work Order # E 15705

Invoice # _____
 Acct. # _____

E 15705

44

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-----------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DEWISE | 1B. MIDDLE ELAINE | 1C. LAST (FAMILY) GILLARD | 2. DATE OF BIRTH MONTH DAY YEAR 12/21/1955 | 3. DATE OF DEATH MONTH DAY YEAR 05/05/2000 | 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 BOWIE-FATHER 6642 RADIO DR. 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>Math Mitchell</i> | | 8B. DATE SIGNED 05/09/2000 |

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 05/10/2000 N. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008087 |
| | | 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

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

FOR CORONER'S USE ONLY

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

| | | | | |
|-------------------------------|---|---|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 5-10-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

1st BURIAL
CHARLES JOHNSON

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-8-00

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

of Hannah Johnson
in a Double Depth Funeral, date, time MON 5-15 11:00

Church, Chapel, Graveside Delivery Only; Denise 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 40 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Pre-Paid

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container _____

Handling Fees MAY 08 2000 _____

Flower vases - Marker setting fee _____

Recording and filing fee **MT HOPE CEMETARY** 45.00
CITY OF SAN DIEGO, CA

Sales taxes _____

Total Due 420.00

Paid receipt number M/C 420.00

Balance due 0

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

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

Signature of recorded holder of deed _____

X Charlene J. Barnett
Signature
X 8708 Summercrest Lane
Address
X San Diego Calif 92071
City Zip Code
X (619) 562-5987
Telephone

Work Order # **E** 15706

Invoice # _____

Acct. # _____

E-15706

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|---------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HANNAH | 1B. MIDDLE LONG | 1C. LAST (FAMILY) JOHNSON | 2. DATE OF BIRTH MONTH DAY YEAR 08/20/1921 | 3. DATE OF DEATH MONTH DAY YEAR 05/06/2000 | 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 CHARLENE J. RAHET - DAUGHTER 8708 SUMMERCREST LANE SANTEE, CA 92071 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - BENDOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>▶ Permittente</i> 05/09/2000 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/09/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008007 F 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 ITEM(S) | 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 5 15 00 | 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 5-8-00

*Pre-Need
 LOTS*

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

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 \$ 150.00 will be applied and billed to undersigned.

✓ Lot 1 Grave 12 x 13 Row _____ Section 4 Division/Block 6
 Grave space & Care Fund 1595 + 2 3190.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup

Burial Container MAY 08 2000

Handling Fees

Flower vases, Marker setting fee, **MT. HOPE CEMETERY**
CITY OF SAN DIEGO

Recording and filing fee

Sales taxes

Total Due 3190.00
 Paid receipt number R-52404 3190.00
 Balance due 0

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

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

X [Signature]
 Signature
 X 3336 RUSSELL ST.
 Address
 X SAN DIEGO CA 92106
 City Zip Code
 X 619-222-3405
 Telephone

Signature of recorded holder of deed _____

Work Order # **E 15707**

Invoice # _____
 Acct. # _____

CARE BROWN
P.A.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-10-00

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

of BEULAH STEVENS
in a LINER Type of Burial Container Funeral, date, time THUR 5-11 11:00

Church, Chapel, Graveside DELIVERY ONLY ; MAYER 308W 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 46 Grave 4 Row _____ Section 1 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 14.73

Total Due 1664.73

MORTUARY CHECK TO BRING

Paid receipt number R-57426 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

City Zip Code

Telephone

Signature of recorded holder of deed _____

Work Order # E 15708

Invoice # _____

Acct. # _____

E 15708

E-15708

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Beulah | 1B. MIDDLE Johanna | 1C. LAST (FAMILY) Stevens | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/29/1928 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/06/2000 | 4. SEX F |
| 6A. 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 Greg Brown, PA 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 Av. San Diego, CA | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424 | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED John Mayer 05/10/2000 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/10/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008156 |
| | | 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 Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 5-11-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL William F. [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 5-10-00

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

in a LINBA Funeral, date, time Mon 5-15 1:00
Type of Burial Container
 Church, Chapel Graveside; Greenwood Mortuary.
Funeral Home

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. 4 ppb

Lot 125 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-Paid E-1517 0

Additional spaces and care fund

Opening/Closing & Setup..... Pre-Paid E-9625 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 0

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

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

Signature of recorded holder of deed

X ppbalane
Signature
X 2125 Paisley St.
Address
X Chula Vista 91911
City Zip Code
X (619) 422-7197
Telephone

Work Order # E 15709

Invoice # _____

Acct. # _____

E-15709

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) NICOLASA | 1B. MIDDLE PUZON | 1C. LAST (FAMILY) BALANE | 2. DATE OF BIRTH MONTH DAY YEAR 02/20/1911 | 3. DATE OF DEATH MONTH DAY YEAR 05/08/2000 | 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 ROCKLIE BALANE: SON 212 EAST PAISLEY STREET CHULA VISTA, CA 91911 | | |
| 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 18870 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | 8B. DATE SIGNED 05/12/2000 | | | |

| | | | | |
|--|---|---|---|--|
| 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 05/12/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2008321 |
| | | 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 5.15.00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Victor F. ...</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 5-10-00

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

in a LINER Funeral, date, time MON 5-15 11:00
Type of Burial Container
 Church Chapel Graveside Mortuary: S.D. MEMORIAL MARK

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 56 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees MAY 12 2000 145.00

Flower vases - Marker setting fee MT. HOPE CEMETERY

Recording and filing fee CITY OF SAN DIEGO, CA 75.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 52427 1664.73

Balance due 0

MORTUARY TO BRING CHECK.

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

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

Signature of recorded holder of deed _____

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

Work Order # E 15710 Invoice # _____
 Acct. # _____



THE CITY OF SAN DIEGO



E-15710

FAX TRANSMISSION

Date 5-10-00

To MARK - S.D. MEMORIAL

Telephone _____

Fax _____

Subject BEVERLY PARKER

From SUE

Telephone 527-3400

Fax 527-3403

Pages: including this cover sheet 2

COMMENTS

PLEASE SIGN INTERMENT ORDER.

HAVE CHECK TO US BY FRIDAY A.M.

SO WE CAN OPEN THE GRAVE.

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

Mt. Hope Cemetery

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



E-15710

| NO. | DATE | ST. | RE. | TH. | W. |
|-----|------|-----|-----|-------|----|
| 592 | 1912 | 13 | 1 | 20-11 | 12 |

INTERNET ORDER

E-15710

du 5-10-00

BEVERLY PARKER
LINER
S.P. MEMORIAL
DARK

| | |
|----|---------|
| 56 | 12 |
| | 895.00 |
| | 375.00 |
| | 170.00 |
| | 145.00 |
| | 15.00 |
| | 14.73 |
| | 1664.73 |

MORTUARY TO BRING CHECK.

Paid receipt number _____ Balance due _____

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

X Mark Parker
University Ave.
1000
1000

E 15710

E-19710

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

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

| | | | | | |
|---|---|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BEVERLY | 1B. MIDDLE LOUISE | 1C. LAST (FAMILY) PARKER | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/02/1940 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/08/2000 | 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 CONSTANCE L. SMITH - SISTER 1113 WOODROW 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-1575 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Johnson</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 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 05/11/2000 | | | |

| | | | | |
|---|--|---|---|--|
| 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 05/11/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. JOHNSON |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS; P.O. BOX 6222 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 92102 | 11B. DATE BURIED 5-15-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [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 5-10-00

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

In a Home Funeral, date, time Mon 5-15 11:00
Type of Burial Container
Church, Chapel, Graveside ; La Bernal 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 111 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 52423 1000.00

Balance due 664.73

PAID

MAY 11 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 Daron Fleury
Signature
X 12235 Madrid way #134
Address
X Spring Valley, CA 91977
City Zip Code
(619) 662-2941
Telephone

Signature of recorded holder of deed _____

Work Order # E 15711

Invoice # _____

Acct. # _____

E-15711

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|--|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) OMECTIA | 1B. MIDDLE - | 1C. LAST (FAMILY) TODD | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/29/1932 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/07/2000 | 4. SEX F |
| 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 DAWN FLOURNOY—DAUGHTER 10235 MADRID WAY #134 SPRING VALLEY, CA 91977 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 3880 EL CAJON BLVD., SAN DIEGO, CA 92115 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Martin 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 7109 of the Health and Safety Code. | | | 8B. DATE SIGNED 05/15/2000 | | |

| | | | | |
|--|--|---|---|---|
| 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 05/15/2000 M. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008342 |
| 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 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.

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT MARK WHIPPLE PA#20006586

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3 0 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 138 Grave 4B Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund DISINTERMENT FEE 1000.00

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 1000.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

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

Work Order # E 15712

Invoice # _____

Acct. # _____

Mr. Spinkbarney
20 S. Wilmer
Oceanside 92054

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-11-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yasmeen M. I. Evans ⁵⁻¹
 in a liner _{Type of Burial Container} Funeral, date, time Monday 9:00 ^{leaving LA!}
 Church, Chapel, Graveside _____: Leggett & King 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 <u>113</u> Grave _____ Row _____ Section <u>3</u> Division/Block <u>9</u> | |
| Grave space & Care Fund | <u>195.00</u> |
| Additional spaces and care fund | _____ |
| Opening/Closing & Setup | PAID <u>195.00</u> |
| Burial Container | <u>95.00</u> |
| Handling Fees | <u>MAY 11 2000</u> <u>50.00</u> |
| Flower vases - Marker setting fee | <u>45.00</u> |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>7.34</u> |
| | Total Due |
| | <u>587.36</u> |
| Paid receipt number <u>52419</u> | <u>587.36</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 Charlyn Sale
 Address 4800 Pacific Highway #1441
Las Vegas, NV 89121
 City _____ Zip Code _____
 Telephone (502) 860-0020
(502) 860-1440

Work Order # **E 15713**

Invoice # _____

Acct. # _____

E-15713

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | | | | | | |
|--|---|--|---|---|--|---|------------------------------------|---|--|---|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) YASHEEN | | 1B. MIDDLE MICKAEL-IMANI | | 1C. LAST (FAMILY) EVANS | | 2. DATE OF BIRTH MONTH DAY YEAR 05/03/1994 | | 3. DATE OF DEATH MONTH DAY YEAR 05/06/2000 | | 4. SEX F | | |
| 5A. CITY OF DEATH LOMA LINDA | | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN BERNARDINO | | 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INCEMENT CHANTRELLE COLE-MOTHER 28485 PUJOL ST. #105 TEMECULA, CALIF. 92590 | | | | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEGGETT & KING FUNERAL HOME-1870 ATLANTIC AVE., LONG BEACH, CALIF. | | | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1340 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>D. Leggett</i> | | 8B. DATE SIGNED 05/11/2000 | | |
| 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 05/12/2000 | | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald A. ...</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 351 MT. VIEW AVE., SAN BERNARDINO, CA. | | | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CALIF. 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 STREET, SAN DIEGO, CALIF. 92102 | | | | 11B. DATE BURIED 5-15-00 | | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walter F. ...</i> | | | |
| | CREMATION | | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY _____ | | | | 12B. DATE CREMATED | | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>...</i> | | | |
| | SCIENTIFIC USE | | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS _____ | | | | 13B. DATE RECEIVED | | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | | | |
| | TRANSIT | | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED _____ | | | | 14B. DATE SHIPPED | | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | | | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION _____ | | | | 15B. DATE OF DISPOSITION | | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE | |

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

PAR-NEED
TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-15-00

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 29 Grave _____ Row 4 Section 3 Division/Block 3

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

MAY 21 2001

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

375.00

190.00

145.00

45.00

14.73

Total Due 769.73

Paid receipt number R-52431 192.00

R-53710 Balance due 577.73

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Esther Erdell
Signature
X 3201 APACHE AV.
Address
X SAN DIEGO, CAL 92117
City Zip Code
X 619-276-6486
Telephone

Work Order # E 15714

Invoice # _____

Acct. # _____

DEBIT

CREDIT

BALANCE

| 05-15-00 | Opened Pre-need Trust. Trust includes Opening/Closing, liner, handling fee, recording fee, tax on liner. | | | | | | | 769.73 | 769.73 |
|----------|--|---------|--|--|--|--|--|---------|--------|
| | (Lot 29, Row 4, Sec 3, Div 2 | | | | | | | | |
| 05-15-00 | Receipt 52431 | | | | | | | 192.00 | 577.73 |
| 7-14-00 | R-52671 | 1 + 2 | | | | | | 48.00 | 529.73 |
| 8-9-00 | R-52756 | 3 + 4 | | | | | | 48.00 | 481.73 |
| 8-31-00 | R-52812 | | | | | | | 48.00 | 433.73 |
| 10-11-00 | R-52963 | 7 + 8 | | | | | | 48.00 | 385.73 |
| 11-17-00 | R-53071 | 9 + 10 | | | | | | 48.00 | 337.73 |
| 12-12-00 | R-53143 | 11 + 12 | | | | | | 48.00 | 289.73 |
| 1-2-01 | R-53199 | 13 + 14 | | | | | | 48.00 | 241.73 |
| 3-6-01 | R-53430 | 15 + 16 | | | | | | 48.00 | 193.73 |
| 3-23-01 | R-53494 | 17 + 18 | | | | | | 48.00 | 145.73 |
| 05-21-01 | R-53710 | 19-24 | | | | | | -145.73 | 0 |

all to trust

PAID

MAY 21 2001

MT. HOPE GEMETARY
CITY OF SAN DIEGO, CA

D.I.P. -
Jewel WILLS
<LINER ?

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-15-00

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

in a LINER Funeral, date, time FRI 5-19 11:00

Church Chapel Graveside : RAGSDALE Mortuary.
SHIPPER

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 1715 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund See-Need 0-4729 0

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees MAY 18 2000 145.00

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO, CA.

Sales taxes 14.73

MORTUARY TO Total Due 769.73

BRING CHECK Paid receipt number R-52446 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.

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

Signature of recorded holder of deed _____

Work Order # E 15715

Invoice # _____
Acct. # _____

V.I.P.
SOME 4-15
SUMMER 7

INTERMENT ORDER E-15715

City of ...

DATE 5-15-63

The interment authorized by this order shall be for the body of ...
of CORA WILLS

aka L. VOR

Funeral date time FRI 5-19 1:30

Place of interment RAGSDALE

Final cost of care including delivery of casket to place of interment and other expenses 150.00

When authorized and subject to availability of casket 10

Gravestone See Recd 0-4729

Additional expenses including ...

Casket (including tax) 112.00

Funeral home 190.00

Recording and filing fee 145.00

Sales taxes 45.00

177.73

MORTUARY TO

BRING CHECK

Pad receipt number

I hereby certify I am the X Niece of the above named decedent and that I have the right to make disposition of the body of said decedent and to have the body of said decedent interred in the cemetery named herein and to have the body of said decedent delivered to the place of interment named herein.

I have authorized the mortuary named herein to have the body of said decedent delivered to the place of interment named herein.

Signature [Signature]

Signature [Signature]

With Order # E 15715

REC'D BY

This order is valid only if it is signed by the mortuary.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15715

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

92

| | | | | | |
|--|------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Cora | 1B. MIDDLE | 1C. LAST (FAMILY) Wills | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/18/1907 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/13/2000 | 4. SEX F |
| 5A. CITY OF DEATH National City | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Louise E. Pearson, Niece 3569 Doveview Ct. Spring Valley, CA 91977 | |
| 7A. TYPE, NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 3030 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 100726 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>Patricia Williams</i> | |
| | | | | 8B. DATE SIGNED 05/16/2000 | |

| | | | | |
|--|---|--|---|---|
| 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 05/18/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Patricia Williams</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 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 5-19-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Pergaman</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 TRUST

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-16-00

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 47 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund PRE-need D-6862 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container PAID PRE-need E-11652 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes MT. HOPE CEMETARY _____ 0

CITY OF SAN DIEGO

Total Due _____ 420.00

Paid receipt number R-52435 420.00

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 15.16

Invoice # _____

Acct. # _____

E-15715

MESSAGE CONFIRMATION
TRANSMISSION

MAY-16-'00 TUE 11:59

TERM ID: MT HOPE CEMETERY
TEL NO. :

P-9399

| NO. | DATE | ST. TIME | TOTAL TIME | ABBR/SBD | ID | DEPT CODE | #PGS |
|-----|-------|----------|------------|----------|------------|-----------|---------------|
| 696 | 05-16 | 11:58 | 00°00'43 | | 6192631507 | | OK- 1 NG- 0 |

PRE-NEE

LOT & TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-17-00

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

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

Church, Chapel, Graveside _____; MAJER Mortuary.

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.

✓ Lot 58 Grave 3 Row _____ Section 1 Division 13

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 MT. HOPE CEMETARY.....

Recording and filing fee CITY OF SAN DIEGO..... 45.00

Sales taxes..... 14.73

Total Due..... 1664.73

**IRENE PRENTICE
PUBLIC GUARDIAN**

Paid receipt number R-52454 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 of recorded holder of deed _____

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

Work Order # E 15717

Invoice # _____

Acct. # _____

E-15717

Public Guardian

Irene ~~P. [unclear]~~
Prentice

* Helen B. Alter

1664.73

Mayer

084-07-6989

Public

5201-A Ruffin Rd

SD 92123

858

FMT

495 5127

858

694-3522 pick out box

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

TEL NO:

#697 P01

Date 5-17-00

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

In a LINER Funeral, date, time _____
Church, Chapel, Graveside _____ Mortuary, MAYER

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

Lot 58 Grave 3 Row _____ Section 1 Division 13

| | |
|-----------------------------------|----------------|
| Grave space & Care Fund | 875.00 |
| Additional spaces and care fund | |
| Opening/Closing & Setup | 375.06 |
| 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 |

**IRENE PRNTICE
PUBLIC GUARDIAN**

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 recipient holder of deed _____

PUBLIC ADMINISTRATOR/GUARDIAN
 PERSONAL ESTATE OF HELEN ALTER
 BY Irene M. Prntice
 Address _____
 Public Administrator
 City _____ Public Guardian Zip Code _____
 5201-A Ruffin Road
 San Diego, California 92123

Work Order # E 15717

Invoice # _____
Acct. # _____ 5/17/00

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

04

E 15717

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):
 IF RECORDED RETURN TO:
 JOHN J SANSONE, COUNTY COUNSEL
 By Cheryl K Carter, Deputy (SBN 125540)
 5201-A Ruffin Rd
 San Diego CA 92123-1699

TELEPHONE AND FAX NOS.:
 619-694-3500

ATTORNEY FOR (Name): Don Billings, Public Guardian

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

STREET ADDRESS: CENTRAL COURT
 MAILING ADDRESS: 220 W BROADWAY
 CITY AND ZIP CODE: SAN DIEGO CA 92101-3409
 BRANCH NAME: PROBATE DIVISION

CONSERVATORSHIP OF (Name): HELEN ALTER, AKA'S: HELEN B. ALTER, HELEN BERNICE ALTER, CONSERVATEE

FOR RECORDER'S USE ONLY

LETTERS OF CONSERVATORSHIP
 Person Estate Limited Conservatorship

CASE NUMBER:
 P171601

1. (Name): PUBLIC GUARDIAN is the appointed conservator limited conservator of the person estate of (name): HELEN ALTER, AKA HELEN B. ALTER, HELEN BERNICE ALTER,
2. (For conservatorship that was on December 31, 1980, a guardianship of an adult or of the person of a married minor) (Name): was appointed the guardian of the person estate by order dated (specify): and is now the conservator of the person estate of (name):
3. Other powers have been granted or conditions imposed as follows:
- a. Exclusive authority to give consent for and to require the conservatee to receive medical treatment that the conservator in good faith based on medical advice determines to be necessary even if the conservatee objects, subject to the limitations stated in Probate Code section 2356.
 - (1) This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of the conservatorship.
 - (2) (If court order limits duration) This medical authority terminates on (date):
 - b. Authority to place conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
 - c. Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
 - d. Powers to be exercised independently under Probate Code section 2590 as specified in Attachment 3d (specify powers, restriction, conditions, and limitations).
 - e. Conditions relating to the care and custody of the property under Probate Code section 2402 as specified in Attachment 3e.
 - f. Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358 as specified in Attachment 3f.
 - g. (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section 2351.5 as specified in Attachment 3g.
 - h. (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section 1830(b) as specified in Attachment 3h.
 - i. other (specify):

FOR COURT USE ONLY

ALTER,

F I L E D
 PROBATE DIVISION
 By: _____ Deputy
JUL 28 1998
 KENNETH E. MARTONE
 CLERK-SUPERIOR COURT
 SAN DIEGO COUNTY, CA

(SEAL)

4. The conservator is not authorized to take possession of money or any other property without a specific court order.

5. Number of pages attached: 0

WITNESS, clerk of the court, with seal of the court affixed.
 Date: **JUL 28 1998**

Clerk, by GABRIELA CARRILLO, Deputy

(Continued on reverse)

CONSERVATORSHIP OF (Name): HELEN ALTER, AKA'S: HELEN B. ALTER,
HELEN BERNICE ALTER,

CASE NUMBER:
P171601

CONSERVATEE

LETTERS OF CONSERVATORSHIP

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of conservator limited conservator.

Executed on (date): 6/24/98

, at (place): SAN DIEGO, CA

[Handwritten Signature]

(SIGNATURE OF APPOINTEE)

PUBLIC GUARDIAN

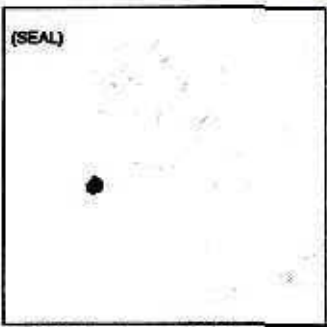
CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Date: JUL 28 1998

Clerk, by *[Handwritten Signature]*, Deputy

GABRIELA CARRILLO



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-18-00

TRANSFER OF LOT

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
FROM Lillian M. Kennedy

in a _____ Funeral, date, time _____
Type of Burial Container _____
Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of \$ 150⁰⁰
will be applied and billed to undersigned.

Lot 13 Grave _____ Row 13 Section 1 Division/Block 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15718**

REA-104 (7-96)

This informs _____ in request.

via Hicks E-15718

\$1,454.82

5 P Memorial Due

*2 yrs - NON-REP
Elcaon ~~REP~~ Liner*

E-15718

| | | | | |
|-----|------|------|------|-------|
| NO. | NAME | DATE | TIME | PLACE |
| 1 | ... | ... | ... | ... |
| 2 | ... | ... | ... | ... |
| 3 | ... | ... | ... | ... |
| 4 | ... | ... | ... | ... |
| 5 | ... | ... | ... | ... |



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

D H H D

OWNERSHIP AND INTERMENT PRIVILEGES

E-15718

TO MARCELLA M. FRENKEN for the sum of \$ _____ (DOLLARS)

LEGAL DESCRIPTION DIVISION 5 - SECTION 1 - ROW 13 - LOT 13

AS DESCRIBED ON PURCHASE ORDER NUMBER E-15718

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:

John Waits
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director

LOT OWNER

E-15718

KENNEDY, Lillian M., 3026 Lincoln St., SD 4,

NAME

ADDRESS

LOT 13-14 GR. Row 13 Sec. 1 Div. 5

15
Deed #6638

W.O. 30-A-585 8/19/1949 \$150.00

8 Receipts for []
at specific locations and locations

have been filed with the court for deposit in a blocked account

E-15718

Date 12-30-91

(SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

DECLARATION OF PROBATE REFEREE

8 I have truly, honestly, and impartially appraised to the best of my ability each item set forth in attachment 2
10 A true account of my commission and expenses actually and necessarily incurred pursuant to my appointment is

Statutory commission: \$ 77.63
Expenses (specify): \$ 2.50 (2 copies - 4.50 Travel)
TOTAL \$ 104.13

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date JAN 06 1992

JOHN McEVOY

(PRINT OR TYPE NAME)

(SIGNATURE OF REFEREE)

(Instructions on reverse)

Form Approved by the
Judicial Council of California
DE-150 GC-040 (Rev. January 1, 1989)

INVENTORY AND APPRAISEMENT
(Probate)

Pub. C. 500-511
2410 2510

E-15718

LAST WILL AND TESTAMENT

OF

LILLIAN M. KENNEDY
also known as LILLIAN MAUDE KENNEDY
and LILLIAN ANDRE KENNEDY

I, LILLIAN M. KENNEDY, also known as LILLIAN MAUDE KENNEDY and LILLIAN ANDRE KENNEDY, a resident of San Diego, California, hereby make and declare this to be my Last Will revoking all previous Wills and codicils.

FIRST: I declare that I am a widow. I have one (1) child, namely, my daughter, MARCELLA M. FRENKEN. I have no deceased children.

SECOND: I direct my Executor to pay my just debts and expenses of my last illness, funeral and burial, if any.

THIRD: I give the sum of Five Thousand Dollars (\$5,000.00) to each of the following names of my grandchildren who are living at the time of my death: KAY L. FRENKEN, DONALD W. FRENKEN and BETH A. FRENKEN.

FOURTH: I give, devise and bequeath all of the rest and residue of my estate, of whatever kind and wherever situated, to my daughter, MARCELLA M. FRENKEN; if she should predecease me, then to her children who are living at the time of my death in equal shares.

FIFTH: I appoint my daughter, MARCELLA M. FRENKEN, to act as Executrix of this Will, to serve without bond. If she is unable or unwilling to act for any reason whatsoever, then I appoint WILLIAM P.

MARCELLA M. FRENKEN

E-15718

PERSON to act as alternate Executor, also to serve without bond. I authorize my Executrix or alternate to sell any property belonging to my estate, subject to such approval as may be required by law.

THIS WILL was signed by me on the 14 day of October, 1976, at San Diego, California.

Lillian M. Kennedy

THE FOREGOING INSTRUMENT, consisting of two (2) pages, including this one, was at the date hereof, by the said LILLIAN M. KENNEDY, also known as LILLIAN MAUDE KENNEDY and LILLIAN ANDRE KENNEDY, signed, sealed, published as and declared to us to be her Last Will and Testament, in the presence of us, who at her request, and in her presence, and in the presence of each other, have signed our names as witnesses thereto.

L. S. Jacob

Residing at 5550 CAMBRIDGE CT

Lillian J. Pim

Residing at SAN DIEGO, CAL
52 Milan Ct
Chula Vista, Ca

E-15717

MAY-17-1980 WED 08:23

ISSUE CONFIRMATION
PROVISION

TRM ID: MT HOPE CEMETERY

TEL. NO.:

| NO. | DATE | ST. TIME | TOTAL TIME | ISSR | SEC | DEPT CODE | HFCS |
|-----|-------|----------|------------|------|-----|--------------|------------|
| 857 | 05-17 | 08:23 | 08:30 | | | 858 495 5127 | 0 - 1 00 0 |

TRION
VASF

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-15-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of D. Forrest Richardson 1100
in a LINER Funeral, date, time Sat, May 20th
Church Chapel Graveside : Ragsdale Mortuary.
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 <u>64</u> Grave <u>12</u> Row _____ Section <u>3</u> Division/Block <u>12</u> | |
| Grave space & Care Fund | <u>795.00</u> |
| Additional spaces and care fund <u>Saturday Overtime</u> | <u>600.00</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>MAY 15 2000</u> | |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>14.73</u> |

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 2,164.73

Paid receipt number R-52428 2164.73

Balance due 0

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

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

Signature of recorded holder of deed

X 3193 Webster ave
Signature
X San Diego CA 92115
Address
X
City
Ellie R. Primas
Telephone Zip Code

Invoice # _____

Acct. # _____

Work Order # E 15719

S-19-00 Told Skipper set-up would
be 30 to 40 feet away - ground
is soft and curved in.

E- 15719

| | |
|------|------|
| NOV | DATE |
| 1951 | DEC |

E-15719

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

86

| | | | | | |
|--|-----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) D. | 1B. MIDDLE Forest | 1C. LAST (FAMILY) Richardson | 2. DATE OF BIRTH MONTH DAY YEAR 01/28/1914 | 3. DATE OF DEATH MONTH DAY YEAR 05/10/2000 | 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 Efise R. Primas, Sister 3193 Webster Ave. San Diego, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mgmt.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Abbe Williams</i> | | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 05/15/2000 | |

| | | | | |
|---|---|--|---|--|
| 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 05/18/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008607 |
| | | 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 5-20-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William F. ...</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 5-18-00

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

of MARIA GALVAN PA 20001463
In a Double Death Funeral, date, time MON 5-22 1:00

Church, Chapel, Graveside _____; AZTLAN 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 3 Grave 1B Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund PA 1 D

Opening/Closing & Setup 165.00

Burial Container 7-20-00 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

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 15720

Invoice # 331968

Acct. # 000952

E-15720

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARIA | 1B. MIDDLE ANA | 1C. LAST (FAMILY) GALVAN | 2. DATE OF BIRTH MONTH DAY YEAR 02/17/1920 | 3. DATE OF DEATH MONTH DAY YEAR 05/16/2000 | 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 REBECCA BARR—DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA ASLAN 2436 MARKET ST., SAN DIEGO, CA 92012 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658 | 8A. SIGNATURE OF APPLICANT—Person taking permit Nancy Lopez | | 8B. DATE SIGNED 05/19/2000 |
| 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 05/19/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008733 |
| | | 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 5-23-00 | 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 |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 5-19-00

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

in a Double Death Funeral, date, time Tues 5-23 11:00

Type of Burial Graveside Mortuary La Bernal

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. AGWS

Lot 103 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup **PAID** 375.00

Burial Container 380.00

Handling Fees MAY 19 2000 320.00

Flower vases - Marker setting fee MT. HOPE CEMETARY —

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number R-52450 2044.45

Balance due 0

I hereby certify I am the X Brother-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 Jay D. ...
Signature
X 5880 EL CAJON BLVD.
Address
X SAN DIEGO, CA 92115
City Zip Code
X (619) 334-3272
Telephone

Work Order # **E** 15721

Invoice # _____
Acct. # _____

E-15721

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) CYNTHIA | | 1B. MIDDLE ANN | 1C. LAST (FAMILY) CALVIN | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/07/1954 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/16/2000 | 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 SHARENDA EDWARDS—DAUGHTER 661 49TH 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>[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 05/22/2000 | | | |

| | | | | | |
|--|--|---|---|---|--|
| 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 05/23/2000 M. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008810 | |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 05222 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 | 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 23 00 | 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 CHARGE OF DISPOSING OF THE CREMATED REMAINS.

5/22/2008
ID by ME
VICTOR
BUSTAMANTE
VARGAS
DOB 9/16/1960
Pin 148164

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE PA 20001482 ME 60-00051

In a Double Depth Funeral, date, time WED 5-24 9:00

Church, Chapel, Graveside Delivery only 50 memorial 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 3 Grave 1T Row _____ Section _____ Division/Block 13

| | |
|---|---------------|
| 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 | <u>7.20</u> |
| Flower vases - Marker setting fee | |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | |

REBECCA BARR

Total Due.....386.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E** 15722

Invoice # 332370

Acct. # 000952

E-15722

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND 01-06-2

| | | | | | |
|---|-----------------|--|--|--|------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN | 1B. MIDDLE - | 1C. LAST (FAMILY) DOE | 2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN | 3. DATE OF DEATH MONTH, DAY, YEAR 06/2000 | 4. SEX M |
| 5A. CITY OF DEATH CARLSBAD | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REBECCA BARR—PUBLIC ADMINISTRATION 5201-A RUFFIN RD. SAN DIEGO, CA 92123 | | |
| 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 05/22/00 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/23/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. JOHNSON | 2008813 |
| | | 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"/> 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 5-24-00 | 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.

E-15722



County of San Diego

GLENN N WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER
6565 Overland Ave., Suite 1411, San Diego, California 92123-1270
TEL: (619) 694-2805 FAX: (619) 694-8975

May 22, 2008

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego CA 92102

Attn: Cemetery Records – Maria 619-527-3403

Re: John Doe (Medical Examiner Case #00-0051)

Ladies and Gentlemen:

This letter is to inform you of the identification of John Doe, Medical Examiner case number 00-0051. The date of death of John Doe was 01/06/2000. He was positively identified on 05/21/2008 through a fingerprint comparison and investigation.

The decedent's identity has been established as: Victor Bustamante Vargas with date of birth of 09/16/1960. His next of kin could not be determined or located. Could you please respond to this notice and provide this decedent's plot location?

Thank you for your assistance in this matter.

Sincerely,

Gretchen B. Geary
Medical Examiner John/Jane Doe Investigator

Public Administrator number : unavailable

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-22-00

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

of DELFINO MIRAMONTES
 in a Double Death Funeral, date, time Tues 5-23 10:00
Type of Burial/Disposition
Church Chapel Graveside : GUADALUPE Mortuary.

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.

Lot 177 Grave a Row _____ Section a Division/Block 12

| | | |
|---|--|---------------|
| Grave space & Care Fund | PAID | <u>895.00</u> |
| Additional spaces and care fund | | <u>—</u> |
| Opening/Closing & Setup | MAY 22 2000 | <u>375.00</u> |
| Burial Container | | <u>380.00</u> |
| Handling Fees | MT. HOPE CEMETARY CITY OF SAN DIEGO, CA | <u>320.00</u> |
| Flower vases - Marker setting fee | | <u>—</u> |
| Recording and filing fee | | <u>45.00</u> |
| Sales taxes | | <u>29.45</u> |

Total Due 2044.45

Paid receipt number R-52451 1044.45
R-52452 1000.00

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.

JOSE MIRAMONTES

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

Signature of recorded holder of deed _____

X 331 RENAISSANCE DR
IRACH. CA. 95376
 City 209 839-0777 Zip Code

Work Order # E 15723

Invoice # _____
 Acct. # _____

E-15723

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

58

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

| | | | | | | |
|---|--|-----------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DELFINO | | 1B. MIDDLE - | 1C. LAST (FAMILY) MIRAMONTES-CRUZ | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/06/1941 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/19/2000 | 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 JOSE MIRAMONTES-SON 531 RENAISSANCE DR TRACY, CA, 95376 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUDDALUPANA MORTENY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jose Chavez</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 05/23/2000 | | |

| | | | | |
|--|--|---|---|--|
| 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 JOSE CHAVEZ 05/23/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008807 |
| | | 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 MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102 | 11B. DATE BURIED 5-23-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. [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 5-22-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARGARET MILLER ^W

in a LINER Funeral, date, time 5-26-00 9:30

Church, Chapel Graveside : FEATHERINGILL Mortuary.
ELMER

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. _____

Lot 12 Grave 3 Row _____ Section 3 Division/Block 5

Grave space & Care Fund PRE-NEED C-6264 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container _____ 190.00

Handling Fees MAY 23 2000 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes _____ 14.73

will bring check Total Due _____ 769.73

Paid receipt number R-52457 769.73

Balance due 0

I hereby certify I am the SON James F. Tomson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 F. Tomson
Signature
X 6801 NEWBERY ST.
Address
X SAN DIEGO CA. 92120
City Zip Code
619 X 287-7395 / 531-2296 w
Telephone

Work Order # **E** 15724

Invoice # _____

Acct. # _____

E-15724

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) Margaret | 1B. MIDDLE C. | 1C. LAST (FAMILY) Miller | 2. DATE OF BIRTH MONTH DAY YEAR 12/08/1916 | 3. DATE OF DEATH MONTH DAY YEAR 05/20/2000 | 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 Jim Tomsovil, son 6801 Newberry St. San Diego, CA 92120 | | |
| 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> | | |

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 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 05/23/2000 T. Truesdale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008840 |
| 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

| | | |
|--|--|---|
| <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 Cem., 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 5-26-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-22-00

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

In a Funeral Funeral, date, time Thurs 5-25 10:00

Church Chapel, Graveside Type of Burial Container; Guadalajara 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 132 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container MAY 24 2000 190.00

Handling Fees 145.00

Flower vases - Marker setting **MT. HOPE CEMETARY
CITY OF SAN DIEGO** 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

~~MORTUARY to
Bank check~~

Paid receipt number R-52461 1664.73

Balance due 0

I hereby certify I am the X.W.FE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Rosa Q. Soguer Signature
X 122-S. Wensley Address
X S. A. Cal 92113 City
X 619 235-9017 Telephone Code

Work Order # **E 15725**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15725

03-28-33

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

| | | | | | |
|---|-----------------|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BAUDEL | 1B. MIDDLE - | 1C. LAST (FAMILY) LAGUNA-COLLAZO | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/28/1933 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/21/2000 | 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 ROSA LAGUNA-WIFE 122 S. HENSLEY ST SAN DIEGO, CA, 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AV SAN DIEGO, CA, 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joe Chavez</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 05/24/2000 | | |

| | | | | |
|----------------------------------|---|---|---|---|
| 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 JOSE CHAVEZ 05/24/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008977 |
| 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 MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102 | 11B. DATE BURIED 5-25-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William F. ...</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 5-23-00

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

of Maria Ruiz

In a urn Funeral, date, time Tue 5-26 1100

Church Chapel Graveside Guadalupe Mortuary.

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

will be applied and billed to undersigned. _____

Lot 200 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

Total Due 1664.73

Paid receipt number R-52768 1664.73

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 Maria Ruiz
Signature
X 300 Greely AVE
Address
X San Diego CA 92103
City Zip Code
X (619) 532-2594
Telephone

Work Order # E 15726 Invoice # _____

Acct. # _____

E 15726

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

25

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

FOUND

| | | | | | |
|---|-----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARIA | 1B. MIDDLE TERESA | 1C. LAST (FAMILY) RUIZ-HARO | 2. DATE OF BIRTH MONTH DAY YEAR 07/30/1974 | 3. DATE OF DEATH MONTH DAY YEAR 05/22/2000 | 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 JOSE RUIZ—FATHER 3120 GREELY AVE SAN DIEGO, CA, 92113 | | |
| 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>Jose Chavez</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 05/24/2000 | | |

| | | | | |
|---|--|---|---|--|
| 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 05/24/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008957 |
| | | 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 MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102 | 11B. DATE BURIED 5-26-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. [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.

PRE-NEED
Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-23-00

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

of Clemente & Margaret Figueroa

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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. _____

Lot 25 Grave 2 Row _____ Section MAS Division/Block J

Grave space & Care Fund PRE-NEED 0

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 3 PAID 750.00

Burial Container _____ 380.00

Handling Fees MAY 23 2001 320.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO 90.00

Sales taxes _____ 29.45

Total Due 1569.45

Paid receipt number 52460

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 _____

Margaret Figueroa
Signature
3818 Pershing St
Address
San Diego Ca 92104
City Zip Code
619 2951229
Telephone

Work Order # E 15727

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-23-00

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

of FROM John + Irene Burden

in a _____ Funeral, date, time date of interment

Church, Chapel, Graveside _____ Mortuary, _____

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. _____

Lot 25 Grave 2 Row _____ Section MAS Division/Block J

Grave space & Care Fund TO Clemente + Margaret Figueroa

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____ Transfer fee 45.00

Handling Fees _____

Flower vases - Max per time fee _____

Recording and filing fee _____

Sales taxes MAY 23 2000 _____

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due _____

Paid receipt number R-52459 45.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 15728

Invoice # _____

Acct. # _____

E-15728

POWER OF ATTORNEY SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That (I/We), Linda M. Sanders

the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March, Jr. d.b.a. James A. March Associates, Inc. principal's true and lawful attorney to act for principal's name, place and stead for the principal's use and benefit:

- (a) To perform and sign in (his/her/their) place in all matters pertaining to
The sale, disposal, use, or to give burial rights to any party or parties
To that certain parcel of Cemetery Property described as:

Grave 2, Lot 25, Division J, Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving
Ten days written notice to James A. March Associates, Inc., provided no
Sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

X Linda M. Sanders

STATE OF CALIFORNIA

COUNTY OF ORANGE } ss.

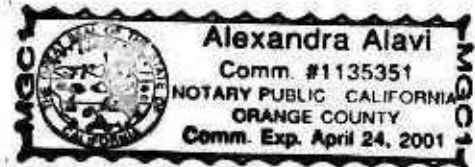
On this 2nd day of NOV, in the year ~~1998~~ 1999, before me, the undersigned, a Notary Public in and for said State, personally appeared

Linda M Sanders

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal.

Alexandra Alavi
Notary Public in and for said State.



TRUST OF IRENE M. BERDEEN

ARTICLE 1
DECLARATION OF TRUST

1.1.1

Trust Establishment: Irene M. Berdeen, SSN# 004-03-5722 as settlor, will deliver to the trustee without consideration the property described in attachment "Trust Estate."

1.2.1

Trust Particulars: For convenient reference, the following information applies:

Settlor: Irene M. Berdeen

10,000-61 Buena Vista Avenue
Santee, CA 92071

Name of trust: The Irene M. Berdeen Trust

Date established: January 29, 1991

First trustee: Irene M. Berdeen

Federal I.D. number: 004-03-5722

Minor children living: None

Adult children living:

- (1). Joanne M. Berdeen SSN# 564-56-4813
10,000-61 Buena Vista Avenue, Santee, CA 92071
- (2). Linda M. Sanders SSN# 557-060-5951
31596 Brentwood Drive, So. Laguna, CA 92677
- (3). John C. Berdeen SSN# 546-68-8256
77709 Center Street, Cottage Grove, OR 97424

Deceased children:

Grandchildren:

- (1). Lori Root
4307 Andalusia Street, Austin, TX 78759
- (2). Gregory McAuley
1806A Atomic Place, College Station, TX 77840
- (3). Bryan Berdeen
10,000-61 Buena Vista Avenue, Santee, CA 92071
- (4). Jeffrey Taylor
3680 Avocado Valley Street, La Mesa, CA 92041
- (5). Ryan Berdeen
77709 Center Street, Cottage Grove, OR 97424
- (6). Emily Berdeen
77709 Center Street, Cottage Grove, OR 97424

Great-Grandson: Christopher Root

Andalusia Street, Austin, TX 78759

1.3.7

Property of Settlor - Separate Trust Estate: The property transferred is the settlor's separate property and shall be known as the "separate trust estate."

11.31.1

Allocation of Trust Estate: The trustee shall initially allocate the trust estate as follows:

Beneficiary: Trust During Settlor's Life

END OF ARTICLE

ARTICLE 2
TRUST DURING SETTLOR'S LIFE

14.1.1

Introduction: The trustee shall hold, administer, and distribute all property allocated to the "Trust During Settlor's Life" as follows:

TRUST OF IRENE M. BERDEEN

ARTICLE 4
OFFICE OF TRUSTEE

10.1.1

Nomination of Trustees for All Trusts: For all trusts under this instrument, the trustee and successor trustees shall be those persons named below. Each successor trustee shall serve in the order designated if the prior trustee fails to qualify or ceases to act.

- Trustee: Irene Miriam Berdeen
- Successors
- First: Linda M. Sanders
- Second: Joanne M. Berdeen
- Third: Wells Fargo Bank

10.2.4

Trustee May Appoint Cotrustee: Any trustee, sole, cotrustee, or special may appoint a cotrustee, individual or corporate. If the appointing trustee ceases to act, the appointed cotrustee may also exercise this power. Such appointments shall supersede any successor trustee designated in this instrument.

10.2.3

Individual Trustees Cease - Corporate Trustee Acts Alone: If all individual trustees cease to act, the corporate trustee shall serve as sole trustee with all the rights, powers, titles, and immunities specified under this instrument.

10.6.4

Cotrustee May Allocate Duties: Any cotrustee may allocate duties between those serving by a written agreement and concurrence by a majority of the adult income and principal beneficiaries. After such delegation, any one trustee may unilaterally revoke such delegation at will and without cause by written notice to the other trustees and adult income and principal beneficiaries. The trustee may, for example, exercise this power to delegate several actions for bank and securities brokerage transactions.

10.1.4

Court-Appointed Trustee: If all designated trustees fail to qualify or cease to act, a court of competent jurisdiction shall appoint a trustee or cotrustees, individual or corporate, after consideration of the preference of the current income beneficiaries of the trust.

10.2.1

Resignation - Designated Successors: Any trustee may resign at any time from any trust under this instrument. The resigning trustee shall give written notice of the resignation by personal delivery or registered mail to all current income beneficiaries. The resignation shall be effective on the qualification of a designated successor trustee. The designated successor trustee shall act as trustee on acceptance of the appointment.

10.3.1

Individual Trustee's Disability - Successor Trustee Acts: If any individual trustee is unable to participate in trust activities because of illness, disability, or any other reason, the designated successor trustee may act as cotrustee during any such incapacity. In determining the disability of the individual trustee, the successor trustee may rely on written statements from two licensed physicians who have examined the trustee. In the absence of such a statement, the successor trustee shall petition the court having jurisdiction over this trust for authority to proceed as successor trustee. The successor trustee shall incur no liability to any beneficiary of the trust or to the replaced trustee as a result of any action taken under this provision.

TRUST OF IRENE M. BERDEEN

other designated beneficiaries in the class.

Clause headings are for reading convenience and shall be disregarded when construing this instrument.

END OF ARTICLE

ARTICLE 9
EXECUTION AND ACKNOWLEDGMENT

8.1.2

Signature Clause - Settlor: The settlor certifies that the settlor has read the foregoing Declaration of Trust and that it correctly states the terms and conditions under which the trustee is to hold, manage, and distribute the trust estate. The settlor approves the Declaration of Trust in all particulars and requests that the trustee sign it.

Dated: January 29, 1991.

Irene M. Berdeen
Irene M. Berdeen-Settlor

The trustee accepts this appointment.

Dated: January 29, 1991.

Irene M. Berdeen
Irene M. Berdeen-Trustee

The settlor's attorney approves this Declaration of Trust.

Dated: January 29, 1991.

Charles T. Phillips
Attorney for settlor

8.2.2

Acknowledgment for Settlor

ACKNOWLEDGMENT FOR SETTLOR

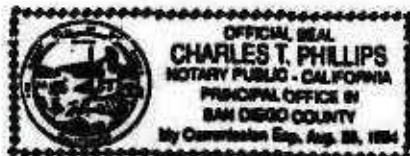
COUNTY OF SAN DIEGO _____)
STATE OF CALIFORNIA _____)

On January 29, 1991, before me, the undersigned, a Notary Public for this State, personally appeared Irene M. Berdeen personally known to me or proved to me on the basis of satisfactory evidence to be the settlor of the trust created by this instrument and to be the person whose name is subscribed to this instrument and who acknowledged its signing as the settlor.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Charles T. Phillips
Notary Public

(Seal)



OFFICIAL RECEIPT

E-15728

WHITE TO CUSTOMER
 BLUE CEMETERY
 PINK AUDITOR
 YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA

PARK DEPARTMENT CEMETERY DIVISION

No 12154

MOUNT HOPE CEMETERY

DATE 8-10 1963

FROM Irene M. Berdeen
 Three (3) no
 ADDRESS 4460 Dayton St.
 DOLLARS (\$ 300)

IN full PAYMENT OF Recording Fee

LOT 25 GRAVE 102 ROW SECTION MAS DIVISION BLOCK J

INVOICE NO Cash Sale

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

AUG 10 1963

MT. HOPE CEMETERY
 CITY of SAN DIEGO, CALIF.

| | | |
|--------------------|------|-----|
| CREDIT | 306 | |
| SALES CARE | 951 | |
| HALF SALES OF LOTS | 100 | |
| | 7784 | |
| OPENINGS | 100 | |
| | 7781 | |
| BOXES | 100 | |
| | 7782 | |
| REMOVALS | 100 | 300 |
| FOUNDATIONS | 7783 | 300 |

UNPAID BALANCE
 AFTER THIS PAYMENT

ISSUED BY

TOTAL PAID \$

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name Mrs. John C. Berdeen
 Street Address 4460 Dayton Street
 City & State San Diego 15, California

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged

Miss Lela J. Titus do es hereby

REMISE, RELEASE AND FOREVER QUITCLAIM to

John and/or Irene Berdeen

the real property in the State of California, described as:

County of San Diego

Mount Hope Cemetery: Lot 25, Division J
Lots 1 & 2

Dated: August 9, 1963

Lela J. Titus

Recorded
MT. HOPE CEMETERY
Hewell
 8-10-1963

State of California, }
 County of San Diego } ss

On 8/9/63 before me, the undersigned, a Notary Public in and for said County and State,
 personally appeared Lela J. Titus

known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

Witness my hand and official seal.

(Seal) John J. Keane
John J. Keane

NAME (TYPED OR PRINTED)
 Notary Public in and for said County and State
 Comm Exp 9/21/65

Title Order No. _____

Escrow or Loan No. _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-24

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

of Dean Dean-Hell
in a 0.5 T.S. Vault Funeral, date, time Fri 5-26 11:00

Church, Chapel, Graveside : de Burial Mortuary.

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.

Lot 130 Grave 2 Row _____ Section 2 Division/Block 13

| | | |
|---|------------------------------------|-------------------|
| Grave space & Care Fund | | <u>895.00</u> |
| Additional spaces and care fund | PAID | <u> </u> |
| Opening/Closing & Setup | | <u>375.00</u> |
| Burial Container | <u>MAY 25 2000</u> | <u>525.00</u> |
| Handling Fees | MT. HOPE CEMETARY | <u>200.00</u> |
| Flower vases - Marker setting fee | CITY OF SAN DIEGO, CA | <u> </u> |
| Recording and filing fee | | <u> </u> |
| Sales taxes | | <u>41.00</u> |
| | Total Due | <u>2036.00</u> |
| | Paid receipt number <u>R-52469</u> | <u>2036.00</u> |
| | Balance due | <u>0</u> |

I hereby certify I am the X unice of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Maurice Williams
Signature
X 3075 "L" STREET
Address
X SAN DIEGO CA 92102
City Zip Code
X (619) 232-1092
Telephone

Work Order # E 15729

Invoice # _____
Acct. # _____

REA-104 (7-96)

This information is available in alternative format upon request.

Printed on recycled paper

E-15729
Maurice Williams
232-1092
652-0580

E-15729

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

24

| | | | | | |
|--|----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DEON | 1B. MIDDLE LAMAR | 1C. LAST (FAMILY) DEAN | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/23/1976 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/21/2000 | 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 DANITHA DAVIS—MOTHER 4762 SOLOLA AVENUE #206 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 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Martin Mitchell</i> | | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 05/24/2000 | |

| | | | | | |
|--|--|--|---|---|---|
| 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 05/24/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222 |
| | 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 92102 | 11B. DATE BURIED 5-26-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</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.

Inter set of David Roth

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret E. Morris in a ash vault Funeral, date, time AYD 6-7 Church, Chapel, Graveside St Cajon Mortuary. 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.

Lot 1748 Grave Row Section 3 Division/Block 8 Grave space & Care Fund Pre-Paid P-873

Table with 2 columns: Description and Amount. Rows include Opening/Closing & Setup (105.00), Burial Container (55.00), Handling Fees (60.00), Flower vases - Marker setting fee (MAY 24 2000), Recording and filing fee (45.00), Sales taxes (4.26), and Total Due (269.26). A large 'PAID' stamp is overlaid on the table.

Paid receipt number 52466 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 Enact Mortuary Signature X 970 W. GROVE CENTER ST. Address X COLINA CA 91705 City X (626) 339-5337 Telephone

Work Order # E 15730

Invoice # Acct. #

pre-me
not a trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-24-00

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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.

✓ Lot 75 Grave 7 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees MAY 24 2000 145.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY** 45.00
CITY OF SAN DIEGO, CA

Recording and filing fee 14.73

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-52467 391.00

Balance due 1173.00

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 Roman Pugh
Signature
X 938 63rd St
Address
X San Diego Ca 92112
City Zip Code
X 619 262 8743
Telephone

Work Order # **E 15731**

Invoice # _____

Acct. # _____

10 " #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-24-00

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

of ORVILLE O. DEAN ~~AT~~ SAT.
in a Ash vault Funeral, date, time Aug 12th 2:00

Church, Chapel, Graveside : _____ Mortuary.

All Funeral cars must arrive before 3.0 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. _____

Lot 6 Grave 6 Row _____ Section MAS Division/Block H

Grave space & Care Fund PRE-NEED 0

Additional spaces and care fund 0

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee SATURDAY OVERTIME 210.00

Recording and filing fee 45.00

Sales taxes 4.24

Total Due 479.26

Paid receipt number VISA 479.26

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 _____

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

Work Order # E 15732

Invoice # _____
Acct. # _____

GARTH DEAN
PO BOX 91083
AUSTIN TX 78709
512 288-0899

PHYLLIS JO DEAN
556 E. CHARLOTT
SPRING CREEK NV 89815
775 753-6657

6-27-00 M.O. 542 to do foundation
12 x 36 5 x 5
8-15-00 M.O. 634 to ~~order~~ order

URN SIZE

10" H
W
L

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-24-00

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

of ORVILLE O. DEAN
in a Ash Vault Funeral, date, time Aug 12th 2:00

Church, Chapel Graveside Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.

Lot 6 Grave 6 Row _____ Section MAS Division/Block H

Grave space & Care Fund PRE-NEED

Additional spaces and care fund

Opening/Closing & Setup..... 105.00

Burial Container..... 55.00

Handling Fees..... 60.00

Flower vases - Marker setting fee SATURDAY OVERTIME 210.00

Recording and filing fee..... 45.00

Sales taxes..... 4.26

Total Due..... 479.26

Paid receipt number VISA 479.26

Balance due 0

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

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

Signature of recorded holder of deed _____

X Lance J. Dean
X Signature
X 556 E. Chardwood Ct.
X Address
X Spring Creek, NV. 89815
X City Zip Code
X 775-753-6657
X Telephone

Work Order # E 15732

Invoice # _____

Acct. # _____

E-15732

542

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY - WORK REQUEST

Date: 6-27-00 Submitted By: SUE

Name of Contact Person: GARTH DEAN

Address: _____ Apt. / Space: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship to Deceased: _____

Name of Deceased(s): ORVILLE DEAN

LOCATION:

Lot: 6 Grave: 526 Row: _____ Sect: MAS Div: H

- Raise / Level / Reseed / Resod Grave
- Raise / Lower / Level Marker
- Install Galvanize Flower Can
- Install Trion Flower Vase
- Install Foundation with Border ~~without Border~~ 12 x 36
- Install Foundation with Border and Flower Can(s) side x side
- Install Border with Flower Can(s)
- Install Government Marker - Bronze / Granite
- Install Marker(s) - as indicated below
- Other Special Instructions: SAVE MARKER FOR BEVERLY DEAN

Seaman Poe

To bring upright 8-9

Work Completed By: DJ Date: 7-12-00

Work Signed Off By: _____ Date: _____

E-15732

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

55

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

| | | | | | |
|--|---------------------------|----------------------------------|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Orville | 1B. MIDDLE Otis | 1C. LAST (FAMILY) DEAN | 2. DATE OF BIRTH MONTH, DAY, YEAR 11 5 '14 | 3. DATE OF DEATH MONTH, DAY, YEAR 4 14 00 | 4. SEX M |
|--|---------------------------|----------------------------------|---|--|--------------------|

| | | |
|----------------------------------|--|--|
| 5A. CITY OF DEATH EIKO | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Nevada | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lance L. Dean - son 556 E. Charwood Ct. Spring Creek NV. 89015 |
|----------------------------------|--|--|

| | | | |
|--|---|--|-----------------------------------|
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LANCE L. DEAN 556, E. Charwood Ct., Spring Creek, NV. 89015 | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE — | 8A. SIGNATURE OF APPLICANT—Person taking permit. Lance L. Dean | 8B. DATE SIGNED 6/12/00 |
|--|---|--|-----------------------------------|

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/22/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT George R. [Signature] |
|--|--|--|---|---|

| | | |
|--|---|---|
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA — | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222 |
|--|---|---|

| | | | |
|--|--|--|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | 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 LOCAL (Name and Address) | |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT | | |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA | | |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | | |

| | | | | |
|-------------------------------|---|--|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETARY 3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED 8-18-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 5-25-00

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

of KATHERINE HOWELL
In a ASH VAULT Funeral, date, time MON 6-5 2:00

Church, Chapel, Graveside : NEPTUNE Mortuary.

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.

✓ Lot 197 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Nud C-7072 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____ 55.00

Handling Fees MAY 26 2001 60.00

Flower vases - Marker setting fee _____

Recording and filing fee **MT. HOPE CEMETARY
CITY OF SAN DIEGO** 45.00

Sales taxes _____ 4.26

Total Due 269.26

Paid receipt number R-82472 269.26

Balance due 0

Coby Patterson

I hereby certify I am the Grand 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.

Coby Patterson
Signature
4821 Appleton St.
Address
San Diego 92117
City Zip Code
858-278-4361
Telephone

Signature of recorded holder of deed _____

Work Order # **E 15733**

Invoice # _____
Acct. # _____

E-15733

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

102

| | | | | | |
|---|--|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) KATHERINE | 1B. MIDDLE H | 1C. LAST (FAMILY) HOWELL | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/17/1897 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/25/2000 | 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 CORRINE PATTERSON—GRANDDAUGHTER 4621 APPLETON ST SAN DIEGO, CA 92117 | | |
| 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>[Signature]</i> | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 05/31/2000 | |

| | | | | |
|---|---|--|---|---|
| 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 06/01/2000 VINCE ALARI | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009320 |
| | 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 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 MC HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92108 | 11B. DATE BURIED 6-5-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON, CA 92021 | 12B. DATE CREMATED 6-2-00 | 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 5-26-00

PA. Need lot

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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: _____

✓ Lot 35 Grave 17 Row _____ Section 17 Division/Block 7

Grave space & Care Fund 1395.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

See E-16095

VISA Total Due 1395.00
Paid receipt number 1012 349.00
Balance due 1046.00

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 _____

Linda Burroughs
Signature
7126 Tether Way
Address
San Diego Ca. 92114
City
619/263-7285 Zip Code

Work Order # E 15734

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-26-00

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

of WILLIAM O'DONNELL &

in a ASH VAULT Funeral, date, time THUR 6-1 2:30

Church, Chapel Graveside Mortuary Humphrey

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.

✓ Lot 61 Grave _____ Row 8 Section 6 Division/Block 7

Grave space & Care Fund Re-Inst 8

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container **PAID** 55.00

Handling Fees 60.00

Flower vases - Marker setting fee MAY 26 2000 —

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-52473 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.

JAMES JO'DONNELL
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X James J O'Donnell
Signature
X 3821 UTAH ST #6
Address
X SAN DIEGO, CA 92104
City Zip Code
X 619-298-2203
Telephone

Work Order # E 15735

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-15735

4/24/81

DEED

No 10672

OWNERSHIP AND INTERMENT PRIVILEGES

TO William O'Donnell for the sum of \$ 525.00 (DOLLARS)

LEGAL DESCRIPTION Lot 61, Row 8, Section 6, Division 7 (D.I.P.)

AS DESCRIBED ON PURCHASE ORDER NUMBER E-2301

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 memorial only

Robert M. Sutton
Cemetery Manager

Martha B. [Signature]
Property Director

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15735
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USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM | 1B. MIDDLE - | 1C. LAST (FAMILY) O'DONNELL | 2. DATE OF BIRTH MONTH DAY YEAR 02/06/1914 | 3. DATE OF DEATH MONTH DAY YEAR 05/24/2000 | 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 James J. O'Donnell—Son 3821 Utah Street #6 San Diego, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary—753 Broadway Chula Vista CA 91910 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8. 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 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 05/25/2000 | | | |

| | | | | |
|---|--|--|---|---|
| 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 05/26/2000 D.R. Williams | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009092 |
| | 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 Street San Diego CA 92102 | 11B. DATE BURIED 6-1-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601-D Crane St. Lake Elsinore CA 92530 | 12B. DATE CREMATED 5-30-00 | 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 5-26-00

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

of Wilfredo Vazquez
 in a liner Funeral, date, time Wed 5-31 10:00
Type of Burial Container
Church Chapel, Graveside Mortuary: Leathinzell

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 181 Grave 7 Row _____ Section 2 Division/Block 12

| | |
|-----------------------------------|----------------|
| Grave space & Care Fund | <u>895.00</u> |
| Additional spaces and care fund | PAID |
| 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>14-75</u> |
| Sales taxes | <u>1664.73</u> |

Total Due 1664.73
 Paid receipt number R-52474 1664.73
 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 Wilfredo Vazquez
X 12808 1/2 Ct
 Address _____
X San Diego CA 92102
 City _____ Zip Code _____
X (619) 233-0590 - (619) 823-1299
 Telephone _____

Work Order # **E 15736**

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

52474



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

MOUNT HOPE CEMETERY
527-3400

From: 7th Day Adventist Spanish Church Date: 5-26 00
Address: 2411 E. Broadway St
In full Payment of Interest of Wilfredo Vazquez Dollars (\$ 1664.73),

Lot 181 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-15736
BALANCE DUE _____

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

NOT VALID FOR PURPOSES UNLESS STAMPED
"PAID" IN THIS SPACE. **PAID**
MAY 26 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA
ISSUED BY D. Schell

| | | | |
|---------------------------|-------|------|----|
| CREDIT | 67007 | 179 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | 716 | 00 |
| of Lots | 77184 | | |
| Opening/ Closing | 100 | 375 | 00 |
| Burial Containers | 77181 | | |
| | 100 | 190 | 00 |
| Handling Fee | 77182 | | |
| Recording & Misc. Fees | 100 | 145 | 00 |
| Pre-Need Trust | 77185 | | |
| Sales Tax | 100 | 45 | 00 |
| | 77183 | | |
| | 63033 | | |
| | 9022 | | |
| | 60101 | 14 | 73 |
| | 78390 | | |
| TOTAL PAID | \$ | 1664 | 73 |

E-15736

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|------------------------|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Wilfredo | 1B. MIDDLE - | 1C. LAST (FAMILY) Vazquez | 2. DATE OF BIRTH MONTH DAY YEAR 06/27/1977 | 3. DATE OF DEATH MONTH DAY YEAR 05/13/2000 | 4. SEX M |
| 5A. CITY OF DEATH Honolulu | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE HI | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jose Luis Vazquez, brother 2828 1/2 C St. San Diego, CA 92002 | | |
| 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>Jose Vazquez</i> | | 8B. DATE SIGNED 05/24/2000 |
| 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 71900 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 05/24/2000 T. Trussdale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2008935 |
| | | 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 PO Box 85222 San Diego, CA 92186-5222 | | FOR CORONER'S USE ONLY | |

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 Mt. Hope Cemetery 3751 Market ST. San Diego, CA 92102 | 11B. DATE BURIED 5-31-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William F. [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 5-30-00

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

in a T.S. VAULT Funeral, date, time THUR 6-1 10:30

Church/Chapel/Graveside PACIFIC BEACH 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 75 Grave 4 Row _____ Section 2 Division/Block 7

Grave space & Care Fund PRE-NEED B-2624 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container 250.00

Handling Fees MAY 30 2000 185.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 45.00

CITY OF SAN DIEGO, CA 19.38

Sales taxes _____

Total Due 874.38

Paid receipt number 52502 W

Balance due 0

I hereby certify I am the X 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 [Signature]
Signature _____
X 4715 LONS VALLEY RD
Address _____
X San Diego CA 91935
City _____ Zip Code _____
X 619-669-1981
Telephone _____

Work Order # E 15737

Invoice # _____

Acct. # _____

E-15737

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|--|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) GLADYS | 1B. MIDDLE LEON | 1C. LAST (FAMILY) PRITCHARD | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/07/1906 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/29/2000 | 4. SEX F |
| 5A. CITY OF DEATH EL CAJON | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | | B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JANICE KIRVIN - GRANDDAUGHTER 14715 LYONS VALLEY RD JAMUL, CA 91935 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - PACIFIC BEACH CHAPEL 4710 CASS ST, SAN DIEGO, CA 92109 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-816 | | BA. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i> | |

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

BB. DATE SIGNED: **05/30/2000**

| | | | | |
|---|--|--|--|---|
| 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 05/31/2000 P. Valentine | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009261 |
| | 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"/> 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 06-1-00 | 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 5-30-00

Mortuary to bring casket

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

of DAVID GRIMES
 in a Casket Vault Funeral, date, time AYD WED 6-21
 Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

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.

Lot 35 Grave 9 Row _____ Section 17 Division/Block 7

Grave space & Care Fund Pre-Paid

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____ 55.00

Handling Fees MAY 31 2000 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO 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 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 dead _____

Andy Burroughs
 Signature 226 10th St
 Address SA CA 94114
 City 614 263-1285 Zip Code
 Telephone

Work Order # **E 15738**

Invoice # _____
 Acct. # _____

6-20-00
AYP per Linda Burroughs

544-9334

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-30-00

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

of Maria Vazquez

In a Funeral Funeral, date, time FRI 6-2 11:00

Church Chapel, Graveside Mortuary: Guadalupe

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.

Lot 128 Grave 7 Row _____ Section 3 Division/Bleek 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY** _____

Recording and filing fee **CITY OF SAN DIEGO, CA** 45.00

Sales taxes 14.73

Total Due 1364.73

Paid receipt number 52520 1564.73

Balance due 0

I hereby certify I am the X Father 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 Asento Lopez 2
X Guadalupe
X ALB 10 21 P L
X 210 S 28 2
X SD CA 22113
X 23805-71

Work Order # **E** 15739

Invoice # _____

Acct. # _____

E-15739

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

39

| | | | | | | |
|--|----------------------------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARIA | 1B. MIDDLE DEL REFUGIO | 1C. LAST (FAMILY) VAZQUEZ-LUNA | 2. DATE OF BIRTH MONTH DAY YEAR 09/23/1960 | 3. DATE OF DEATH MONTH DAY YEAR 05/30/2000 | 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 ALBERTO LOPEZ-HUSBAND 210 29th ST SAN DIEGO, CA, 92113 | | | |
| 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 06/02/2000 |
| 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 06/02/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JOSE CHAVEZ 2009396 |
| | 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 MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102 | 11B. DATE BURIED 6-2-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

Will be early
to PAR-SEP

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-30-00

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

in a Lin Funeral, date, time THUR 6-1 2:30

Church, Chapel Graveside; Mankley Mitchell Mortuary.

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

will be applied and billed to undersigned.

Lot 6 Grave 9 Row _____ Section 3 Division Block 13

Grave space & Care Fund Pre-Paid _____

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees MAY 30 2000 145.00

Flower vases - Marker setting fee _____

Recording and filing fee **MT. HOPE CEMETARY** 45.00

Sales taxes **CITY OF SAN DIEGO, CA** 14.73

Total Due 769.73

Paid receipt number R-52503 769.73

Balance due 0

Sister -
Alice Stockwell
626 335-9863

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 R. Green
Signature
X Mankley Mitchell Mort
Address
X 2055 5th Ave 5092103
City
X 619-295-2177 Zip Code

Work Order # **E 15740**

Invoice # _____

Acct. # _____

E-15740

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ELMER | 1B. MIDDLE MORRIS | 1C. LAST (FAMILY) NELSON | 2. DATE OF BIRTH MONTH DAY YEAR 10/01/1914 | 3. DATE OF DEATH MONTH DAY YEAR 05/28/2000 | 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 ALICE STOCKMELL - SISTER 240 N. WABASH AVENUE, #B-102 GLENORA, CA 91741 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HEWLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE 340 FD-119 | 8A. 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 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 06/01/2000 | | 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009342 | |

| | | | | |
|---|--|--|---|--|
| 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 06/01/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009342 |
| | | 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 (SAN DIEGO COUNTY) | 11B. DATE BURIED 6-1-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>V. I. 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.

4 10 " L
2 1 " W
1 17 " H

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-30-00

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

In a #2 LINER Funeral, date, time THUR 6-1 11:00

Church, Chapel, Graveside Mortuary.

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.

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

| | |
|---|--------|
| 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 _____

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 15741**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-30-00

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

in a liner Funeral, date, time Fri 6-2 9:00

Church, Chapel, Graveside : St Cajon 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 1380 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre-Paid B-4238 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting MAY 21 2000 _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

PAID
MAY 21 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due _____ 769.73

Paid receipt number R-52509 769.73

Balance due 0

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

1601 Chalmers St
Address

San Diego Cal. 92103
City Zip Code

619 299 5707
Telephone

Work Order # E 15742

Invoice # _____

Acct. # _____

442-6677

9:00

msw

CLERK OF COURT

2510

E-15742

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|--|----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ANN | 1B. MIDDLE LAURA | 1C. LAST (FAMILY) GALE | 2. DATE OF BIRTH MONTH DAY YEAR 10/02/1907 | 3. DATE OF DEATH MONTH DAY YEAR 05/30/2000 | 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 GABRIEL JAUREGUI—CAREGIVER 1601 CHALMERS STREET SAN DIEGO, CA 92103 | | |
| 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>Jackie Kozica</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.

| | | | | |
|--|--|--|---|---|
| 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 06/01/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JACKIE KOZICA |
| 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

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

| | | | | |
|-------------------------------|---|--|-----------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST/SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-2-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Jackie Kozica</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

PRE-NEED ~~Tomb~~ & Lot Date 5-30-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LENGARD BAKER SR.

in a _____ Funeral, date, time _____

Type of Burial Container _____ Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 12 Grave 6 Row _____ Section 1 Division/Block 12

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

MAY 30 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 995 00

Paid receipt number 52505 995 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 _____

Leungard Baker
Signature
1217 San Jacinto Rd
Address
San Diego Calif 92114
City Zip Code
(619) 269-8389
Telephone

Work Order # **E 15743**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-30-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SCOTT CAVE ~~FR~~ FRI 7-14

in a AYD Funeral, date, time LAKESIDE / SANTEE
Church, Chapel, Graveside AYD Mortuary.

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.

Lot 254 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

PAID

JUN 19 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 450.00

Paid receipt number 52546 450.00

Balance due 0

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

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

Signature of recorded holder of deed

X Shirley R. Cave
9925 Channing Rd #4
Lakeside Cal. 92048
City 390-6257 Zip Code
Telephone

Work Order # **E** 15744

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-15744
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| | | | | | |
|--|----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SCOTT | 1B. MIDDLE ALLEN | 1C. LAST (FAMILY) CAVE | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/16/1961 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/18/2000 | 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 SHIRLEY R. CAVE: MOTHER 9725 CHANNEL ROAD, #41 LAKESIDE, CA 92040 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LAKESIDE-SANTRE FUNERAL CHAPEL: 9840 MAINE AVENUE, LAKESIDE, CA 92040 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-997 | 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 06/12/2000 | |

| | | | | |
|--|---|---|---|---|
| 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 06/13/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</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. 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 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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 7-14-00 | 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 5-31-00

*Pre-need
lot & tunnel*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LARS H. HELLBERG

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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. _____

Lot 78 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup..... 105.00

Burial Container..... MAY 31 2000

Handling Fees MT. HOPE CEMETARY

Flower vases - Marker setting fee CITY OF SAN DIEGO, C.

Recording and filing fee 45.00

Sales taxes..... _____

Total Due..... 450.00

Paid receipt number R-52510 450.00

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 Lars H. Hellberg
Signature
X 4993 Marfield St.
Address
X La Mesa CA 91944
City Zip Code
X 619-465-0250
Telephone

Work Order # E 15745

Invoice # _____

Acct. # _____

2nd & Trust

PRE-NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-31-00

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

of ALEXANDER BLACKMON

in a TS Vault Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ Mortuary, _____

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. _____

Lot 87 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container MAY 31 2000 250.00

Handling Fees 185.00

Flower vases - Marker setting fee **MT. HOPE CEMETERY** 125.00
CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1794.38

Paid receipt number VISA 1794.38

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.

Alexander Blackmon
Signature
741 Euclid Ave.
Address
S.D. CA 92114-1012
City Zip Code
619 263-2819
Telephone

Signature of recorded holder of deed

Work Order # **E 15746**

Invoice # _____

Acct. # _____

Pre-Need
Lot &
Trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-31-00

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

of Roosevelt & Kimberly Duggs

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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. _____

✓ Lot 118 Grave 2 Row _____ Section 2 Division/Block 11

| | |
|------------------------------------|---------|
| Grave space & Care Fund | 795.00 |
| Additional spaces into care fund | — |
| Opening/Closing & Setup | 375.00 |
| Burial Container | 190.00 |
| Handling fee | 145.00 |
| Flower vases Marker setting fee | 23.78 |
| Recording and filing fee | 45.00 |
| Sales taxes | 14.73 |
| Total Due | 1588.51 |
| Paid receipt number <u>R-52512</u> | 1588.51 |
| Balance due | 0 |

PAID

MAY 31 2000

MT. HOPE CEMETARY

CITY OF SAN DIEGO

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

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

Kimberly V. Duggs
 Signature
 X 207 Leghorn Ave
 Address
92114
 City Zip Code
 X 619 264 9166
 Telephone

Signature of recorded holder of deed _____

Work Order # **E 15747**

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-1-00

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

In a LIVER Funeral, date, time FRI 6-2 11:00

Church Chapel Graveside : S.D. MEMORIAL Mortuary.

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.

✓ Lot 162 Grave 2 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container JUN 01 2000 190.00

Handling Fees 145.00

Flower vases - Marker set **MT. HOPE CEMETERY CITY OF SAN DIEGO**

Recording and filing fee 45.00

Sales taxes 14.80

check for \$1664.50 NSF Ret'd for NSF Total Due 1664.50

Paid receipt number R-32523 1664.50

Balance due 0

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

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

Signature Kimberly Barnes
Address 402 Willow St
San Diego CA 92114
City San Diego, CA Zip Code
Telephone 469-4824

Signature of recorded holder of deed _____

Work Order # **E 15748**

Invoice # _____
Acct. # _____

REA-104 (7-95)

This information is available in alternative format upon request.

E-15748
New Address 5-2-01
for Kimberly Barnes
per Sheila at S.D. memorial
8515 Paradise Valley
Rd apt 205
San Diego 92139
~~619 470-1508~~

E-15748

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

43

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

| | | | | | |
|---|-----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SHARON | 1B. MIDDLE DENISE | 1C. LAST (FAMILY) SMITH | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/21/1956 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/24/2000 | 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 ETHEL BARNES - MOTHER 222 ELEANORE ST. NEW ORLEANS, LA 70115 | | |
| 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 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>Jeffrey 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 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 05/26/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. JOHNSON | 9D. DATE SIGNED 05/26/2000 |
| | | 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 6-2-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen F. Johnson</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 6-1-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sofia Hernandez Tue

in a Liner Funeral, date, time 6-6-00 9 AM

Church Chapel, Graveside ; Heath Mortuary.

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.

✓ Lot 68 Grave 10 Row _____ Section 1 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container JUN 01 2000 190.00

Handling Fees MT. HOPE CEMETERY 145.00

Flower vases - Marker setting fee City of San Diego, CA 148.78

Recording and filing fee gel/Flower Vase 45.00

Sales taxes marker pd 14.73

Total Due 1813.51

Paid receipt number VISA 1813.51

Balance due 0

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

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

Signature of recorded holder of deed _____
 Signature Jorge Munoz
 Address 3815 GAMMA ST
 City SAN DIEGO CA Zip Code 92113
 Telephone 264-2565

Work Order # E 15749 Invoice # _____
 Acct. # _____

E 15749

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) SOPIA | 1B. MIDDLE - | 1C. LAST (FAMILY) HERNANDEZ | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/20/1967 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/30/2000 | 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 Mora Flores - Granddaughter 3815 Gamma Street San Diego CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Heath Funeral Home, 611 Highland Ave., National City CA 91950 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 807 | 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 70376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8B. DATE SIGNED: **06/05/2000**

| | | | | |
|---|---|--|---|---|
| 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 06/05/2000 | 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

| | | |
|--|--|---|
| <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 LOGATED 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 St. Hope Cemetery, San Diego CA | 11B. DATE BURIED 6-6-00 | 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 6-2-00

PRE-NEED LOTS

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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. _____

Lot 1 Grave 2+3 Row _____ Section 4 Division/Block 6

Grave space & Care Fund 1595 X 2 3190.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

JUN 07 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 3190.00

Paid receipt number 52523 3190.00

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]
Signature
3336 RUSSELL
Address
x SAN DIEGO, CA. 92106
City Zip Code
x 619-222-3405
Telephone

Work Order # E 15750

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-2-00

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

of ALLEN L. HOY 10.00

in a T.S. VAULT Funeral, date, time Wed. 6-7

Church, Chapel Graveside : FEATHERINGILL Mortuary.

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.

✓ Lot 2414 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need E-17b3 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 M/C 874.38

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.

STEVE SWEED

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 (619) 261-2605 Zip Code _____
Telephone _____

Work Order # E 15751

Invoice # _____
Acct. # _____

HY 286-
3339

work 286-7502

cell 261-2605

E-15751

MESSAGE CONFIRMATION

TRANSMISSION

| Q | DATE | ST. | TIME | TOTAL TIME | QTY |
|-----|-------|-------|-------|------------|-----|
| 142 | 05-05 | 13:45 | 07:00 | 07:00 | 1 |

RECEIVED: 10 MAY 1952

10:00

10:00

10:00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-2-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALLEN L. HOY ^{10:00}
 in a T.S. VAULT Funeral, date, time Wed. 6-7
Type of Burial Container
 Church, Chapel, Graveside Graveside; FEATHERINGILL Mortuary.
 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.

Lot 2414 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Per-Need E-17b3 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 1250.00

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 M/C 874.38

Balance due 0

I hereby certify I am the STEVE SWAB of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 (619) 261-2605 Zip Code _____
 Telephone _____

Signature of recorded holder of deed _____

Work Order # **E 15751**

Invoice # _____
 Acct. # _____

430132215926700
 MT HOPE CEMETARY
 3751 MARKET STREET
 SAN DIEGO, CA 92102-4527
 619 527 3400

6/5/05/00 14:18:15 1

MAIL/PHONE

ACCOUNT NUMBER EXP.
 5414413139845167 0501

TRAN CODE AUTH. REF #
 22 070545 001001

AMOUNT \$ 874.38

DESC E-15751 Interment
of ALLEN HOY

X PHONE ORDER

I AGREE TO PAY ABOVE TOTAL AMOUNT
 ACCORDING TO CARD ISSUER AGREEMENT
 MERCHANT AGREEMENT IF CREDIT VOUCHER

E-15751
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) Allen | 1B. MIDDLE Leroy | 1C. LAST (FAMILY) Hoy | 8-29-21 | 2. DATE OF BIRTH MONTH DAY YEAR 08/29/1921 | 3. DATE OF DEATH MONTH DAY YEAR 06/01/2000 | 4. SEX M |
| 5A. CITY OF DEATH La Mesa | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Steve Sneed, grandson 4513 55th St. 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 FD1083 | | 8B. DATE SIGNED 06/02/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | | | <i>[Signature]</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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/02/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Maggard | |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA PO Box 83222, 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 6-7-00 | 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 trust

Date 6-6-00

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

of Carie Selva

in a Urn Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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. _____

Lot 81 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Pre-need E-14331 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ —

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

**PAID
MAY 15 2002**

R-498 PAID in FULL Total Due 769.73
Bal. of 73.73 R- 52540 192.00
Paid receipt number _____

Balance due 577.73

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.

X Carie Selva
X 4233 Chamouni Ave #228
X San Diego CA 92115
X (619) 528-1349

Zip Code
Telephone

Signature of recorded holder of deed _____

Work Order # **E 15752**

Invoice # _____
Acct. # _____

E-15752

Mt. Hope Cemetery Prepayment Plan Record

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

E-15752 Pre-need Trust

Preneed for:
Carrie Selvage

Lot 81, Gr 1, Sec 3, Div 12

| | |
|--------------------|-----------|
| Payment NO. | 1 |
| Payment Due Date | August-00 |
| Payment Amount Due | 24.00 |
| Balance Due | 553.73 |

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

● E-1575.2

Mt. Hope Cemetery Prepayment Plan Record

Carrie Selvage
4233 Chamouné 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. | 3 |
| Payment Due Date | October-00 |
| Payment Amount Due | 24.00 |
| Balance Due | 505.73 |

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

E-15752

Mt. Hope Cemetery Prepayment Plan Record

Carrie Selvage
4233 Chamouné 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. | 4 |
| Payment Due Date | November-00 |
| Payment Amount Due | 24.00 |
| Balance Due | 481.73 |

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

E-15752.

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. | 5 |
| Payment Due Date | December-00 |
| Payment Amount Due | 24.00 |
| Balance Due | 457.73 |

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

E-15752

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. | 6 |
| Payment Due Date | January-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 433.73 |

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

E-15752

Mt. Hope Cemetery Prepayment Plan Record

Carrie Selvage
4233 Chamouné 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. | 7 |
| Payment Due Date | February-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 409.73 |

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

E-15752

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. | 8 |
| Payment Due Date | March-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 385.73 |

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

E-15752

Mt. Hope Cemetery Prepayment Plan Record

Carrie Selvage
4233 Chamouné 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. | 9 |
| Payment Due Date | April-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 361.73 |

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

E-15752

**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. | 11 |
| Payment Due Date | June-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 313.73 |

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

E-15752.

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. | 12 |
| Payment Due Date | July-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 289.73 |

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

E-15752

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. | 15 |
| Payment Due Date | October-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 217.73 |

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

E-15752

**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. | 16 |
| Payment Due Date | November-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 193.73 |

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

E-15752

**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. | 17 |
| Payment Due Date | December-01 |
| Payment Amount Due | 24.00 |
| Balance Due | 169.73 |

**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**

E-15752

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. | 18 |
| Payment Due Date | January-02 |
| Payment Amount Due | 24.00 |
| Balance Due | 145.73 |

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

E-15752

Mt. Hope Cemetery Prepayment Plan Record

Carrie Selvage
4233 Chamouné 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. | 19 |
| Payment Due Date | February-02 |
| Payment Amount Due | 24.00 |
| Balance Due | 121.73 |

paid 2-8-02

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

E-15752

Mt. Hope Cemetery Prepayment Plan Record

Carrie Selvage
4233 Chamouné 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. | 20 |
| Payment Due Date | March-02 |
| Payment Amount Due | 24.00 |
| Balance Due | 97.73 |

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

E-15752

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. | 21 |
| Payment Due Date | April-02 |
| Payment Amount Due | 24.00 |
| Balance Due | 73.73 |

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



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53791

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 7, 20 01

From: Carrie Salvage Address: 4233 Chomoune Ave, #228, S.D., CA 92115

Twenty-Four and NO/100 Dollars (\$ 24.00)

In - part Payment of Pre-Need Trust

Lot 81 Grave 1 Row - Section 3 Division 12

Invoice No.

Acct. No.

W.O. E-15752

BALANCE DUE 313.73

Coupon 11

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

CK322

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

PAID

JUN 07 2001

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY *[Signature]*

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Tax | 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 | |
| | 100 | |
| | 77183 | |
| | 63033 | <u>24.00</u> |
| | 9022 | |
| | 60101 | |
| | 76380 | |
| | | <u>24.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53892

Date: 7-9, 2001

From: Margaret Roberson Address: 4233 Chamounelle Ave Apt 298 SD 92115

Twenty four Dollars (\$ 24.00)

In part Payment of Pre-Need Trust
Carrie Savage

Lot 81 Grave 1 Row _____ Section 3 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15752

BALANCE DUE 289.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

333

AC-212 (Rev. 5-84)

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

ISSUED BY J. Shultz

| | | | |
|------------------------|-------|----|----|
| 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 | 63033 | 24 | 00 |
| | 9022 | | |
| | 60101 | | |
| | 76360 | | |
| | | 24 | 00 |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54251

Date: 10/19, 2001

From: Carrie L. Selvage Address: On Record

Twenty - Four and 00 Dollars (\$ 24.00)

In part Payment of Pre-need Trust

Lot 81 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15752

BALANCE DUE \$ 217.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

356

AC-212 (Rev. 5-94)

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

ISSUED BY

P. Crawford

| | | |
|------------------------|-------|--------------|
| 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>24.00</u> |
| 9022 | | |
| Sales Tax | 60101 | |
| 78390 | | |
| TOTAL PAID | \$ | <u>24.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Nº 54880

Date: 4-17-02, 20

From: Margaret Roberson Address: On Record

Twenty Four Dollars (\$ 24.00)

In part Payment of Pre-need Trust

Lot 81 Grave 1 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-15752

BALANCE DUE 73.73

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 J. Schell

| | | | |
|------------------------|-------|-----------|-----------|
| 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>24</u> | <u>00</u> |
| | 9022 | | |
| Sales Tax | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>24</u> | <u>00</u> |

SELVAGE, CARRIE 4233 Chamoune Ave., #228 San Diego 92115 528-1349

E-15752

E-14331
15752

| | | | DEBIT | CREDIT | BALANCE |
|----------|---|-------------|--------|---------|---------|
| 06-06-00 | Opened Pre-need Trust Trust includes opening/closing, liner, handling fee, recording fee, tax on liner. | | 769.73 | | 769.73 |
| | (Lot 81, Gr 1, Sec 3, Div 12) | | | | |
| 06-06-00 | Receipt 52540 | | | 192.00 | 577.73 |
| 8-4-00 | R- 52736 | | | 24.00 | 553.73 |
| 9-14-00 | R- 52875 | | | 24.00 | 529.73 |
| 10-12-00 | R- 52968 | 3 | | 24.00 | 505.73 |
| 11-15-00 | R- 53066 | 4 | | 24.00 | 481.73 |
| 12-15-00 | R- 53158 | 5 | | 24.00 | 457.73 |
| 01-10-01 | R- 53243 | 6 | | 24.00 | 433.73 |
| 02-08-01 | R- 53334 | 7 | | 24.00 | 409.73 |
| 04-11-01 | R- 53566 | Coupons 8+9 | | 48.00 | 361.73 |
| 05-11-01 | R- 53678 | 10 | | - 24.00 | 337.73 |
| 6-07-01 | R- 53791 | 11 | | - 24.00 | 313.73 |
| 7-9-01 | R- 53892 | 12 | | 24.00 | 289.73 |
| 9-18-01 | R- 54142 | 13 & 14 | | 48.00 | 241.73 |
| 10-19-01 | R- 54251 | 15 | | 24.00 | 217.73 |
| 11-19-01 | R- 54355 | 16 | | 24.00 | 193.73 |
| 12-10-01 | R- 54451 | 17 | | 24.00 | 169.73 |
| 02-07-02 | SELVAGE, CARRIE Pre-need Trust 18 | | | 24.00 | 145.73 |

all to
Trust

Selvage, Carrie 4233 Chamoune Ave., #228 San Diego, CA 92115 619-528-1349

DEBIT

CREDIT

BALANCE

Pre-need trust.

145.73

2-8-02 (Lot #, Gr 1, Sec 3, Div 12) *coupon # 19*

- 24.00

121.73

3-6-02 R-54720 # 20

24.00

97.73

4-17-02 R-54880 # 21

24.00

73.73

5-16-02 R-54986 Paid-in-Full

73.73

0

E-15752

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

23 payments at 24.00
1 payment at 25.73

Name _____
Address _____

PURCHASER

Daughter

X Carrie Lee Selvage
Print Name Margaret Roberson

X Carrie Lee Selvage
Signature Margaret Roberson

X 4233 Chamouni Ave #228
Street Address (Mail)

X San Diego, CA 92115
City State Zip Code

(619) 528-1349

Margaret Roberson
7765 Hinthaven Rd
San Diego, CA 92114
(619) 466-6146

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Lucie Mitchell

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53678

Date: May 11th, 20 01
From: Margaret Roberson Address: 4233 Chamouné Ave. # 228, S.D. 92115

Dollars (\$ 24.00)

In - part Payment of Pre-Need Trust.

Lot 81 Grave 1 Row - Section 3 Division Block 12

Invoice No.
Acct. No.
W.O. E-157.52
BALANCE DUE 337.73
Coupon #10

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
PAID
MAY 11 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA
ISSUED BY M. Roberson

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77184 | |
| Burial Containers | 100 | |
| Handling Fee | 100 | |
| Recording & Misc. Fees | 77184 | |
| Pre-Need Trust | 63033 | <u>24.00</u> |
| Sales Tax | 9022 | |
| | 60101 | |
| | 78380 | |
| TOTAL PAID | \$ | <u>24.00</u> |

Lost: Coupon # 10 - family lost coupon book

STEVE SNEED E-15751
(619) 261-2605
Grand Sun

~~FEATHERINGILL~~
ALLEN L. Hoy

Div 10

2414

2415

10:00

Chapel

Wex.

5" x 5" x 7" T
repture to believe and a permit

family will leave and 1 witness to watch

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-5-00

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

of TERESA FANCHETTE DELGADILLO

in a ash vault Funeral, date, time SAT 6-24 10:00

Church, Chapel Graveside : repture Mortuary.

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.

Lot 25 Grave 3 Row _____ Section 100F Division/Block Q

Grave space & Care Fund Pre-Need

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container 55.00

Handling Fees JUN 7 2000 60.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO SAT. O.T. 4.26

Total Due 269.26

10 CHAIRS 210.00 PP 6-21-00 R-52533 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 Ray E. Liesgo
Signature
X 10362 Orozco Rd.
Address
X SAN DIEGO 92124
City Zip Code
(858) 279-1193
Telephone

Work Order # E 15753

Invoice # _____

Acct. # _____

E-15753

work
##

(858)

Roy
Riesgo

467-4026

- morning
- be there
- vault sealed

Theresa Delgadillo

Teresa Janette
same burial plot

very upset -

"Hispanic guy"

E-15753

from 10-79 on 6/19

6/19 - changed some
day from 10-79

Priest couldn't
come

Ray called

Norm Ferguson
confirmed on 6/21
for add'l
costs


Vault not sealed

E-15753

~~7~~

7-5-00

9:00


Dogpardo, 

E-15753

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

82

| | | | | | | | | | | |
|---|--|--------------------------------|--|--|---|---|--|---|-----------------------------------|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) TERESA | | 1B. MIDDLE PANCHETTE | | 1C. LAST (FAMILY) DELGADILLO | | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/02/1918 | | 3. DATE OF DEATH MONTH, DAY, YEAR 06/18/2000 | | 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 Roy Riego, Son 10362 Orozco Road San Diego, CA 92124 | | | | |
| 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  | | 8B. DATE SIGNED 6/19/00 | |

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| ACKNOWLEDGEMENT OF APPLICANT <small>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.</small> | | 9A. AMOUNT OF FEE PAID \$7.00 | | 9B. DATE PERMIT ISSUED 06/22/20002 R. Kerrigan | | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010543 | |
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN 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.</small> | | 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 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 92102 | 11B. DATE BURIED 6-24-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL  | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lenada Inc. 14065 Hwy 8 Bus. El Cajon, CA 92021 | 12B. DATE CREMATED 6/22/00 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION  | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-7-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN & MARGARET NIX

In a DOUBLE DEATH Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; MAYER Mortuary,
303W

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. _____

Lot 35 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID

Opening/Closing & Setup 2 at 375.00 750.00

Burial Container JUN 09 2000 380.00

Handling Fees (MT. HOPE CEMETERY) 320.00

Flower vases - Marker setting fee —

Recording and filing fee 2 at 45.00 90.00

Sales taxes 29.45

Total Due 2464.45

Paid receipt number R-52549 2464.45

Balance due 0

GREG BROWN -
PUBLIC GUARDIAN

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

Work Order # E 15754

Invoice # _____

Acct. # _____

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

E-15754

City of San Diego

Date 6-7-00

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

of JOHN & MARGARET NIX

in a DOUBLE DEPTH Funeral date, time

Church, Chapel, Graveside

MAYER

Monetary

All Funeral calls must arrive before 3:00 pm of regular work day or an extra charge of \$ 150.00 will be applied and billed to undesignated

Lot 35 Grave 2 Row Section 1 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Seivo 2 at 375.00 750.00

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

Total Due 2464.45

GREG BROWN
PUBLIC GUARDIAN

Paid receipt number

Balance due

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

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

Signature of interment holder or deed

Negoy A. D.
5201-A Ruffin Rd.
San Diego CA 92123
858 694-3508

Work Order # E 15754

Invoice #

Acct #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-7-00

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

of HASN AGTAS PA 20001530

in a DOUBLE DEPTH Funeral, date, time FRI 6-9 9:00

Church, Chapel, Graveside DELIVERY ONLY; MAYER Mortuary.

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

will be applied and billed to undersigned.

✓ Lot 3 Grave 2B Row _____ Section _____ Division/Block 13

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

P.A.
JOHN EDWARDS

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of dead _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 15755

Invoice # 332743

Acct. # 000952

E-15755

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08-30-2000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|--|---|---|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Hassan | | 1B. MIDDLE - | 1C. LAST (FAMILY) Aqtas | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/29/1923 | 3. DATE OF DEATH MONTH, DAY, YEAR 05/08/2000 | 4. SEX M |
| 5A. CITY OF DEATH Chula Vista | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards, PA 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 Av. San Diego, CA | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424 | | 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 06/08/2000 | |

| | | | | |
|--|--|---|--|---|
| 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 06/08/2000 <i>John Mayer</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009807 |
| | | 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 Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-9-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Neil F. [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.

LEFT

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-8-00

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

of Anthony C. Hensley

In a cash vault Funeral, date, time MON 8-14 11:00

Church, Chapel, Graveside : family Mortuary.

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.

Lot 281 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 105.00

Burial Container JUN 08 2000

Handling Fees MT. HOPE CEMETERY

Flower vases - Marker setting fee CITY OF SAN DIEGO 125.00

Recording and filing fee 45.00

Sales taxes _____

Total Due 575.00

Paid receipt number 52541 575.00

Balance due 0

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

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

Signature of recorded holder of deed _____

X Candy Hensley
Signature
X 1125 1/2 30th St.
Address
X San Diego CA. 92102
City Zip Code
619 239 2807
Telephone

Work Order # **E 15756**

Invoice # _____

Acct. # _____

E-15756

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) <i>Anthony</i> | 1B. MIDDLE <i>Cesar</i> | 1C. LAST (FAMILY) <i>Hensley</i> | 2. DATE OF BIRTH MONTH, DAY, YEAR <i>6-27-67</i> | 3. DATE OF DEATH MONTH, DAY, YEAR <i>5-13-00</i> | 4. SEX <i>M</i> |
| 5A. CITY OF DEATH <i>Honolulu</i> | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <i>Hawaii</i> | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <i>wife—Candy Hensley 1125 1/2 30th St. San Diego CA 92102</i> | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Candy Hensley 1125 1/2 30th St. San Diego, CA 92102</i> | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE <i>-</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 7180 of the Health and Safety Code. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Candy Hensley</i> | | |
| | | | 8B. DATE SIGNED <i>5-22-00</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 <i>\$7.00</i> | 9B. DATE PERMIT ISSUED <i>5/22/00</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. [Signature]</i> | |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <i>-</i> | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <i>PO BOX 85222 SAN DIEGO, CA 92156-5222</i> | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | FOR CORONER'S USE ONLY <input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOGATED 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 <i>Mount Hope Cemetery 4470 Hilltop Dr. San Diego 92102</i> | 11B. DATE BURIED <i>8-14-00</i> | 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 6-9-00

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

in a LINER Funeral, date, time MON 6-12 11:00

Church Chapel, Graveside : Rosedale Mortuary.

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.

Lot 39 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 53548 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 of recorded holder of deed

X M. Hugo Salazar
Signature
X 5050 FEDERAL BLD
Address
X SD 92102
City Zip Code
X (619) 208-3411
Telephone

Work Order # **E** 15757

Invoice # _____
Acct. # _____

E- 15757

| NO. | DATE | ET. | TIME | UTIME | TIME |
|-----|-------|-------|-------|-------|------|
| 745 | 05-12 | 07:23 | 08:00 | 08:11 | |

| | |
|----|----|
| 11 | 12 |
| 12 | 11 |

| | |
|----|----|
| 15 | 11 |
| 11 | 15 |

E-15757

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Fannie | 1B. MIDDLE - | 1C. LAST (FAMILY) Redmond | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/16/1902 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/07/2000 | 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 Wilbert Dotson, Brother 23917 Minnequa Dr. Diamond Bar, CA 91765 | | |
| 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>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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 06/09/2000 | | | |

| | | | | | |
|---|---|---|---|---|-----------------------------------|
| 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 06/12/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Debbie Williams</i> | 9D. DATE SIGNED 2009889 |
| | 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 6-12-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</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 6-9-00

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

in a N/A Funeral, date, time TUES 6-13 2:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 1351 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund _____

Opening/Closing PAID 125.00

Burial Container _____

Handling Fees _____

Flower vases _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number R-52550 270.00

Balance due 0

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

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

Signature of recorded holder of deed _____

LAURA TEPOSTE
Signature _____
X 3105 NATIONAL AVE
Address _____
X SAN DIEGO, CA 92113
City _____ Zip Code _____
X (619) 234-7224
Telephone _____

Work Order # E 15758

Invoice # _____

Acct. # _____

E-15758

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) Laura | 1B. MIDDLE Raquel | 1C. LAST (FAMILY) Perez | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/07/2000 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/07/2000 | 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 Laura R. Teposte, Mother 3101 National 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 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Debbie Williams</i> | | 8B. DATE SIGNED 06/12/2000 |
| 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 AUTHORITY 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 06/13/2000 <i>Williams</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009982 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

| | | | | |
|-------------------------------|---|--|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-13-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karl F. Johnson</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 6-9-00

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

of Augustus, Joseph

in a _____ Funeral, date, time FRI 6-30 10:00

Church, Chapel, Graveside WITNESS : HUMPHREY Mortuary.

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. _____

Lot 379 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 105.00

Burial Container

Handling Fees JUN 11 9 21 AM

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes

Total Due 450.00

Paid receipt number R-52551 450.00

Balance due 0

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

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

Signature of recorded holder of deed _____

X Cordelia G. Larry
Signature
X P.O. Box 371402
Address
X SAN DIEGO 92137
City Zip Code
X (619) 424-3085
Telephone

Work Order # E 15759

Invoice # _____

Acct. # _____

E-15759
85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPH | 1B. MIDDLE A. | 1C. LAST (FAMILY) AUGUSTUS | 2. DATE OF BIRTH MONTH DAY YEAR 12/03/1914 | 3. DATE OF DEATH MONTH DAY YEAR 05/31/2000 | 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 Cordelia Larry - Daughter 2372 Biola Avenue San Diego CA 92154 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | | |
| ACKNOWLEDGMENT OF APPLICANT <small>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.</small> | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i> | | 8B. DATE SIGNED 06/05/2000 |

| | | | |
|--|---|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/05/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2009551 J.E. King |
| 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"/> E. TEMPORARY ENVAULTMENT |
| <input checked="" type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

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

| | | | | |
|-------------------------------|---|--|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601-D Crane St. Lake Elsinore CA 92530 | 12B. DATE CREMATED 6-8-00 | 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 6-9-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NOU CHAN SAT 6-17 11:30

in a urn Funeral, date, time TUES 6-13 10:00

Church, Chapel Graveside FEATHERINGILL 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 155 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

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 600.00

SAT. OVERTIME 600.00 Total Due 1664.73

RECEIPT # 52571 Paid receipt number R-52553 1664.73

I hereby certify I am the Peter SIEV (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 _____
Address 4823 Nogal St
City SD Zip Code CA 92102
Telephone (619) 527-9819

Invoice # _____

Work Order # E 15760 Acct. # _____

E-15760

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) Ken | 1B. MIDDLE - | 1C. LAST (FAMILY) Chan | 2. DATE OF BIRTH MONTH DAY YEAR 04/03/1916 | 3. DATE OF DEATH MONTH DAY YEAR 06/08/2000 | 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 Peter Siev, son 4823 Nogal St. San Diego, CA 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featherhill 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> | | |
| 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 06/12/2000 | | | |

| | | | | |
|--|---|--|--|---|
| 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 06/16/2000 T. Truesdale | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010263 |
| 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

| | | |
|--|--|---|
| <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 Cem., 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-17-00 | 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 6-7-00

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

of JOHN DOE AA 20001540/ME 00-00364

in a DOUBLE DEPTH Funeral, date, time TUES 6/13 1:00
Type of Burial Container

Church, Chapel, Graveside DELIVERY ONLY: CONRAD Mortuary.

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. _____

Lot 3 Grave 2T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund PAID 00

Opening/Closing & Setup 7-20 165.00

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 _____

*P.A.
JOHN Edwards*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 15761

Invoice # 332916

Acci. # 000952

E-15761

APPLICATION 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) DOE | 2. DATE OF BIRTH MONTH, DAY, YEAR Unknown | 3. DATE OF DEATH MONTH, DAY, YEAR 02/18/2000 | 4. SEX M |
| 5A. CITY OF DEATH CAMERON CORNERS | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN L. EDWARDS - DEPUTY F.A. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 06/12/2000 | | |

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 06/12/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad 2009915 |
| 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 OFFICE OF HEALTH AND SAFETY SERVICES VITAL RECORDS - P.O. BOX 83222 SAN DIEGO, CA 92186-3222 | 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 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 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 ST. BONA CEMETERY 1751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-13-00 | 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 6-12-00

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

of DORIS MCKNIGHT
in a LINER Funeral, date, time Fri 6-16 / 1:00

Church Chapel Graveside : Ca Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X Jc

Lot 140 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases TRION VASE Marker setting fee **MT. HOPE CEMETARY** 171.93

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1736.66

Paid receipt number VISA 1736.66

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 DeChiel
Signature
X 11225 PALMONT LANE
Address
X SAN DIEGO CA 92126
City Zip Code
X 618 689-2077
Telephone

Work Order # **E 15762**

Invoice # _____
Acct. # _____

E-15762

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) DORIS | 1B. MIDDLE JEAN | 1C. LAST (FAMILY) MCKNIGHT | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/29/1949 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/11/2000 | 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 JORDAN CHILDS—SON 11225 PACEMONT LANE SAN DIEGO, CA 92126 | | |
| 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>Master Mitchell</i> | | 8B. DATE SIGNED 06/15/2000 |

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 06/15/2000 M. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010124 |
| | 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 6-16-00 | 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.

twins - 1 report would

CASKET MEASUREMENTS MT. HOPE CEMETERY
Regular 2' INTERMENT ORDER
City of San Diego

Date 6-12-00

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

of REGGIE 2 ROY WASHINGTON

in a _____ Funeral, date, time WED 6-14 2:00

Church, Chapel, Graveside _____ : Ingdale Mortuary.

All Funeral cars must arrive before 3:1 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. _____

Lot 674 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund PAID 100.00

Additional spaces and care fund _____

Opening/Closing & Setup JUN 13 2000 125.00

Burial Container _____

Handling Fees MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA _____

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-57561 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 _____

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

Work Order # E 15763

Invoice # _____

Acct. # _____

MESSAGE CONFIRMATION
TRANSMISSION

E-15763

JUN-12-1963 MON 12:56

TEXT ID: MT HOPE CEMETERY

P-9929

TEL NO.:

| DATE | ST. TIME | TOTAL TIME | HR/SEC | ID | DEPT CODE | NRG |
|--------|----------|------------|--------|------------|-----------|----------|
| JUN-12 | 12:56 | 00:01:23 | | 4122531537 | | D-5 1G-0 |

E-15763

two - 1 credit
2. ...

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-19-00

You are hereby authorized and requested, subject to your rights and regulations, to enter the remains

of REGGIE ROY WASHINGTON

in a _____ Funeral date, time WED 6-13
Church, funeral home, Reg. date _____ Mortuary

As full and complete payment for _____ of regular work day or an extra charge of \$ 100.00
will be applied and time is _____

| | | | | | |
|-----------------------------------|-------|-----|------------------|-------------------|---------------|
| Lot <u>674</u> | Grave | Row | Section <u>1</u> | Division <u>9</u> | <u>100.00</u> |
| Grave space & care fee | | | | | <u>125.00</u> |
| Additional space and care fee | | | | | <u>_____</u> |
| Spring cleaning & service | | | | | <u>_____</u> |
| Floral container | | | | | <u>_____</u> |
| Handling fee | | | | | <u>_____</u> |
| Flower cases - Marker setting fee | | | | | <u>15.00</u> |
| Recording and filing fee | | | | | <u>_____</u> |
| Other fees | | | | | <u>5.00</u> |
| Total Due | | | | | <u>270</u> |

MORTUARY TO
BRING CHECK.

Paid receipt number _____ Balance due _____

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

I hereby authorize the interment in lot _____ now under deed _____

[Signature]
Address 5050 Federal Blvd
San Diego, Ca 92112
62-3151

Work Order # E 15763 Invoice # _____ Amt # _____

15763

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|------------------------------|--|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Roy | 1B. MIDDLE Tiebout | 1C. LAST (FAMILY) Washington | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/04/2000 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/04/2000 | 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 Travonna N. Tiebout, Mother 1051 Broadway Ave. # 3 Chula Vista, CA 91911 | |
| 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 <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> | | | BA. SIGNATURE OF APPLICANT—Person taking permit: <i>Debbie Williams</i> BB. DATE SIGNED: 06/14/2000 | | |

| | | | | |
|--|---|---|--|---|
| 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 06/14/2000 <i>Williams</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010052 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>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 | 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 6-14-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. James</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-15763

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|------------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Reggie | | 1B. MIDDLE Tibbout | 1C. LAST (FAMILY) Washington | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/04/2000 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/04/2000 | 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 Travonna N. Tiebout, Mother 1051 Broadway Ave. #3 Chula Vista, CA 91911 | | |
| 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>Albee Williams</i> | | |

8B. DATE SIGNED
06/14/2000

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 7190 of the Health and Safety Code.

| | | | | | |
|---|--|--|---|---|---------|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/14/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Shelley</i> | 2010051 |
| | 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; 3851 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-14-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wm F. Jones</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 6-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NELSON TAVIER, PA # 20001441

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

Church, Chapel, Graveside _____: FEATHERINGILL Mortuary.

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.

Lot _____ Grave _____ Row _____ Section _____ Division/Block 13

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

REBECCA BARR - P.A.

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 #

Acct. #

Work Order # E 15764

ROBECCA BARR

TRAINER, ~~KATHY~~

NELSON -

CANCEL

E-15764

PAY TO THE CRY
BANK OF AM
SAN DIEGO, CA

▶ 122000

FOR DE

CITY OF
MT. HOPE
14506

2

subset

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-13-00

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

in a _____ Funeral, date, time Fri 6-16 2:30

Church, Chapel Graveside Mortuary. Regdale

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 1167 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 JUN 12 2000

Handling Fees

Flower vases - Marker setting MT HOPE CEMETARY
CITY OF SAN DIEGO 45.00

Recording and filing fee

Sales taxes

Total Due 270.00

Paid receipt number R-52566 270.00

Balance due 0

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

ANGELA

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

X Angela Clark
X 2636 Kari Ct #A
X Spring Valley CA 91977
X (619) 741-2860

Signature of recorded holder of deed

Work Order # E 15765

Invoice # _____
Acct. # _____

E 15765

JUN-13-1980 TLE 14154

F-9999

TEMP 101 AT WIFE CEMETERY

TEL 121

| NO. | DATE | ST. | TIME | TOTAL TIME | ARR-SID | ID | DEPT CODE | WPGS |
|-----|-------|------|------|------------|---------|-----------|-----------|-------------|
| 247 | 06-13 | 1453 | | 00'00"59 | | EXR651507 | | OK- 1 NG- 3 |

WIFE CONFIRMATION
TRANSMISSION

NEED CASKET MEASUREMENTS!

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-13-00

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

of George Wicker
In a _____ Funeral, date, time Thu 6-16 2:30

Church, Chapel Graveside Reginale 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 1167 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 JUN 13 2000

Handling Fees

Flower vases - Marker setting MT HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes

Total Due 270.00

Paid receipt number R-52566 270.00

Balance due 0

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

ANGELA

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

Signature of recorded holder of deed

X Angela Clark
X 2630 Kari Ct #A
X Spring Valley CA 91977
X (619) 741-2800

Work Order # E 15765

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15765

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) Deonie | 1B. MIDDLE Larry-Ann | 1C. LAST (FAMILY) Wicker | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/10/2000 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/10/2000 | 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 Angela J. Clark, Mother 2636 Keri Ct. #A Spring Valley, CA 91977 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragedale Mortuary; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>Daphne Weller</i> | | |
| ACKNOWLEDGEMENT 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 7109 of the Health and Safety Code. | | 6B. DATE SIGNED 06/14/2000 | | | |

| | | | | | |
|---|---|--|---|--|--|
| 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 06/14/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>D. Weller</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 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 (Name and Address) |

| | | | | | |
|-------------------------------|---|--|------------------------------------|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Rosa Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-16-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jones</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.

into GRAVE
of JOHN CROCKETT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-14-00

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

In a DOUBLE DEATH Funeral, date, time TRIA 6-15 1:00
Type of Burial Container: Church Chapel Graveside Mortuary: RAGSDALE

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

| | | | | | |
|-----------------------------------|----------------|-----------|------------------|--------------------------|----------|
| Lot <u>150</u> | Grave <u>3</u> | Row _____ | Section <u>1</u> | Division/Block <u>12</u> | |
| Grave space & Care Fund | | | | <u>PRE-NEED E-7259</u> | <u>0</u> |
| Additional spaces and care fund | | | | <u>1988</u> | |
| Opening/Closing & Setup | | | | <u>PRE-NEED E-0131</u> | <u>0</u> |
| Burial Container | | | | | <u>0</u> |
| Handling Fees | | | | | <u>0</u> |
| Flower vases - Marker setting fee | | | | | <u>0</u> |
| Recording and filing fee | | | | | <u>0</u> |
| Sales taxes | | | | | <u>0</u> |
| | | | | Total Due | <u>0</u> |

Paid receipt number _____

X 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 15766

Invoice # _____
Acct. # _____

E 15768

08-14-00 12:24

TRIP ID: MT HOPE CEMETERY

P-259

TEL. NO.:

| NO. | DATE | ST. TIME | TOTAL TIME | DEPT. SEC. | ID | TRIP CODE | #FCS |
|-----|-------|----------|------------|------------|------------|-----------|------------|
| 745 | 08-14 | 12:22 | 20' 20" 49 | | 6292631507 | | DAY-1/KG-U |

PLEASE SIGN AND RETURN !

into GRAVE of JOHN & ROCKETT

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-14-00

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

In a DOUBLE DEATH Funeral, date, time TRVA 6-15 1:00

Church/Chapel Graveside RAGSDALE Mortuary

All Funeral cars must arrive before 3:00p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

Lot 150 Grave 3 Row Section 1 Division/Block 12

Grave space & Care Fund PRE-NEED E-7259 0

Additional spaces and care fund

Opening/Closing & Setup PRE-NEED E-0131 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

X Signature
X Address
X City Zip Code
X Telephone

Work Order # E 15766

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-15766

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

82

| | | | | | | |
|--|---|---|--|--|--|------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Ellen | | 1B. MIDDLE M/ | 1C. LAST (FAMILY) Crockett | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/23/1917 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/09/2000 | 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 Madeline Fields, Sister 2201 Baily Ave. 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 71025 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 06/12/2000 | | | |
| 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 NEED NO ENTRY IF DISPOSAL OUTSIDE OF CALIFORNIA. | | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/14/2000 | 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 | | | | | | 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. SMP 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 6-15-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> | | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED - | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> | | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED - | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY - | | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED - | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER - | | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION - | 15B. DATE OF DISPOSITION - | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION - | 15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE - | |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-14-00

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

of CECELIA MAY PITTS

in a Liner Funeral, date, time FRI 6-16 11:00

Church Chapel Graveside RAGSDALE Mortuary.

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 244 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 filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52573 1664.73

Balance due X

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 _____
Y Telephone _____

Work Order # E 15767

Invoice # _____

Acct. # _____

PLEASE SIGN -
BRINGING CHECK

E 15767

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-14-00

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

of CECELIA MAY PITTS

in a LINER

Funeral, date, time FRI 6-16 11:00

RASSDALE (circled)

RASSDALE (circled)

at RASSDALE (circled) (Funeral home name)

will be interred and services performed As desired (circled)

Lot 244 Grave 9 Row 2 Division 12

| | |
|-----------------------------------|-----------------------|
| Grave space & Care Fund | <u>895.00</u> |
| Additional spaces and easements | |
| Opening/Closing & Setup | <u>375.00</u> |
| Burial Container | <u>190.00</u> |
| Handling Fees | <u>145.00</u> |
| Flower boxes - Marker setting fee | |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>14.73</u> |
| Total Due | <u>1664.73</u> |

Precedent number _____

Balance due _____

I hereby certify that I am the + next of kin of the above named decedent and that it is your authority to make changes in the above indicated funeral and interment that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability or demand of said authorization and interment.

I hereby authorize the interment in lot _____

[Signature]

X 9530 Dale Apt. 57

X San Diego, CA 92103

X 562-3322

Work Order # E 15767

E-15767

60

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|--------------------------|--|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Cecelia | | 1B. MIDDLE Ann | 1C. LAST (FAMILY) Pitta | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/17/1940 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/11/2000 | 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 Darrell Wade, Son 9830 Dale Ave. Apt. 57 Spring Valley, CA 91977 | | |
| 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 | | 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 Sections 103725 of the Health and Safety Code, and was authorized pursuant to Section 7160 of the Health and Safety Code. | | | | 8B. DATE SIGNED 06/15/2000 | | |

| | | | | | | |
|---|---|--|---|---|--|--|
| 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 RESPECTAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/16/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Debbie Williams</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

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

A. BURIAL (INCLUDES ENTOMBMENT)

B. CREMATION

C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY

D. SCIENTIFIC USE

E. TEMPORARY ENVAULTMENT

F. DISINTERMENT

G. SHIP IN TO CALIFORNIA

H. TRANSIT TO OUTSIDE OF CALIFORNIA

| | | | | |
|-------------------------------|---|--|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Ht. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 6-16-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [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 6-15-00

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

In a double Depth Type of Burial Container Funeral, date, time MON 6-19 11:00

Church, Chapel, Graveside ~~At Home~~ Mortuary, McLeod

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.

| | |
|--|-----------------------|
| Lot <u>11</u> Grave <u>3</u> Row _____ Section <u>100F</u> Division/Block <u>25</u> | |
| Grave space & Care Fund | <u>1595.00</u> |
| Additional space and care fund | |
| Opening/Closing & Setup | <u>750.00</u> |
| Burial Container <u>JUN 15 2000</u> | <u>380.00</u> |
| Handling Fees | <u>320.00</u> |
| Flower vases - marker setting fee | |
| Recording and filing fee <u>45.00</u> | <u>90.00</u> |
| Sales taxes | <u>29.45</u> |
| Total Due | <u>3164.45</u> |
| Paid receipt number <u>NISA</u> | <u>3164.45</u> |
| Balance due | <u>0</u> |

I hereby certify I am the [Signature] 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 ROLAND F. HANSON
Signature
X 17224 SAN PASQUAL VALLEY RD
Address
X ESCONDIDO CA 92027
City Zip Code
X 760-747-6611
Telephone


Work Order # **E 15768**

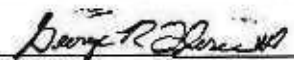
Invoice # _____
Acct. # _____

E-15768

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|------------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Rowena | 1B. MIDDLE Fielder | 1C. LAST (FAMILY) Hanson | 2. DATE OF BIRTH MONTH DAY YEAR 01/05/1936 | 3. DATE OF DEATH MONTH DAY YEAR 06/14/2000 | 4. SEX Fe |
| 5A. CITY OF DEATH Santa Monica | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Randy Hanson, Son 17224 San Pasqual Valley Road Escondido, CA 92027 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH McLeod Mortuary 1919 E. Valley Parkway, Escondido, CA 92027 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD299 | 8A. SIGNATURE OF APPLICANT—Person taking permit  | | 8B. DATE SIGNED 06/16/2000 |
| 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 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 06/19/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  | |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. Figueroa Street, Los Angeles, CA 90012 | 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 |
| <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 92002 | 11B. DATE BURIED 6-19-00 | 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 CREMA |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE 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 6-16-00

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

in a LINER Funeral, date, time WED 6-21 9:00

Church, Chapel, Graveside; BERG ROBERTS Mortuary.
RICHARD

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 78 Grave 4 Row _____ Section 17 Division/Bleek 7

Grave space & Care Fund See-need 0

Additional spaces and care fund _____

Opening/Closing **PAID** 375.00

Burial Container 190.00

Handling Fees JUN 19 2000 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-52579 769.73

Balance due 0

I hereby certify I am the X Brother 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 Vern P. Huffman
Signature
X 2137 Helix st
Address
X Spring Valley 91977
City Zip Code
X 619-464-6842
Telephone

Work Order # **E 15769**

Invoice # _____

Acct. # _____

E-15769

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|---------------------------|--|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN | 1B. MIDDLE JUNE | 1C. LAST (FAMILY) HUFFMAN | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/20/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/16/2000 | 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 VERN HUFFMAN, BROTHER-IN-LAW 2137 HELIX ST SPRING VALLEY, CA 91977 | | | |
| 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>Carlette</i> | | | 8B. DATE SIGNED 06/16/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | | | | | |

| | | | | |
|---|---|---|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/16/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2000248 P. Valentine |
| | | 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"/> 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 6-21-00 | 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.

grave of Henrietta Rand
 Family to bring casket + permit

**MT. HOPE CEMETERY
 INTERMENT ORDER**

City of San Diego

Date 6-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAGDALENE STEPHENS &

in a ash vault Funeral, date, time Thurs 6/29 10⁰⁰

Church, Chape Graveside : Amphney Mortuary.

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of \$ 150⁰⁰ will be applied and billed to undersigned.

Lot 291 Grave 2 Row _____ Section 11 Division Block 7

Grave space & Care Fund Pre-Paid 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____ 55.00

Handling Fees JUN 19 7:11 AM 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 45.00

Recording and filing fee CITY OF SAN DIEGO 4.26

Sales taxes _____ 269.26

Total Due 269.26

Paid receipt number R-52580 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 Joe Stephens
 Address 5034 High St
66 Mesa CA 91941
 Telephone 619-697-4901

Work Order # **E 15770**

Invoice # _____
 Acct. # _____

No foot marker allowed

E-15770

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) MAGDALENE | 1B. MIDDLE ESTELLE | 1C. LAST (FAMILY) STEPHENS | 2. DATE OF BIRTH MONTH DAY YEAR 06/08/1918 | 3. DATE OF DEATH MONTH DAY YEAR 06/18/2000 | 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 Joseph Stephens - Son 8034 High Street La Mesa CA 91941 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i> | | 8B. DATE SIGNED 06/28/2000 |
| 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 06/28/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King |
| | | 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 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 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 Mt. Hope Cemetery 3751 Market Street San Diego CA 92102 | 11B. DATE BURIED 6-27-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Person in charge</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 6-20-00

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

in a #6 LINER Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; RAGSDALE Mortuary.

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.

| | | | | | |
|-----------------------------------|----------------|-----------|------------------|--------------------------|----------------|
| Lot <u>46</u> | Grave <u>7</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>220.00</u> |
| Handling Fees | | | | | <u>145.00</u> |
| Flower vases - Marker setting fee | | | | | _____ |
| Recording and filing fee | | | | | <u>45.00</u> |
| Sales taxes | | | | | <u>17.05</u> |
| Total Due | | | | | <u>1697.05</u> |

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 15771

Invoice # _____
Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

*E-15771
expected to pass
anytime -
skipper to bring
check
6-29-00
over Burial
was 7-6-00
89-12-2-7*

outside

30 W

84 L

In room - outside

36 W

94 L

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-20-00

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

in a LINER Funeral, date, time Fri 6/23 1:30

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. X

Lot 139 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Pre-Paid E-5042 ⊗

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUN 22 2000 145.00

Flower vases - Marker setting —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-52590 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Signature See attached

X Address _____

X City _____ Zip Code _____

X Telephone _____

Work Order # **E** 15772

Invoice # _____

Acct. # _____

E-15772

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-20-00

You are hereby authorized and obligated, subject to your rules and regulations, under the terms

of PEARL FAIRLY

to LINEN

Funeral date: GRAVESIDE

Church, Chapel, Graveside 6/23/00 1:30PM RAGSDALE

All interment services must arrive before 3:00 p.m. of regular work day, or an earlier date, unless otherwise specified.

Services accepted and billed to undersigned Edward L. Brown

For 109 Grave 9 Row 1 Grave 13

Cemetery & Care Fund Edward E. Scott

| | |
|-------------------------------------|---------------|
| Casket, Casing & Setup | 375.00 |
| Final Disposition | 190.00 |
| Handling Fees | 145.00 |
| Home Visits - Marketing Setting fee | |
| Registry and Flowers | 45.00 |
| Grave Markers | 19.00 |
| Total Due | 769.00 |

Paid receipt number _____ Balance due _____

I hereby certify that the above of the above stated decedent and that it is your authority to make disposition or remain as above indicated. I permit and expressly grant you the right to make this authorization and agree to hold Mt. Hope Cemetery harmless for any liability on account of said authorization and statement.

I hereby authorize the interment of said body under said order

Edward L. Brown
 Signature
 3506 Tennessee Ave.
 Address
 Norfolk, VA 23502
 City
 757-461-2334
 Telephone
 Zip Code

Interment # E 15772

E-15772
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) Pearl | 1B. MIDDLE - | 1C. LAST (FAMILY) Fairley | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/24/1930 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/17/2000 | 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 Doris F. Brown, Niece 3566 Tennessee Ave. Norfolk, VA 23502 | |
| 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 | | |
| ACKNOWLEDGEMENT 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. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |
| | | | 8B. DATE SIGNED 06/22/2000 | | |

| | | | | |
|--|--|---|---|---|
| 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 06/23/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2010573 |
| 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 | <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 6-23-00 | 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 6-20-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEPHINE F. DOPUIS

in a LINER Funeral, date, time MON 6-26 10:00

Church, Chapel LAKESIDE - SANTEE Mortuary.

All Funeral cars must arrive before 2:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 36 Grave 3 Row _____ Section MAS Division/Block B

Grave space & Care Fund PRE-NEED A-1925 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container _____ 190.00

Handling Fees JUN 23 2000 145.00

Flower vases - *Marker setting fee _____

Recording and-filing fee MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO

Sales taxes _____ 14.73

Total Due 769.73

Paid receipt number VISA 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 dead.

Signature of recorded holder of deed _____

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

Work Order # E 15773 Invoice # _____
Acct. # _____

MESSAGE CONFIRMATION
TRANSMISSION

E-15773

JUL-20-'00 TUE 13:07

TEXT ID: PIT HOPE CEMETERY
TEL NO.:

P-3799

| NO. | DATE | ST. TIME | TOTAL TIME | 4580-580 | 10 | DEPT CODE | #PGE |
|------|-------|----------|------------|----------|--------------|-----------|-------------|
| 1754 | 06-20 | 13:05 | 00:00:42 | | 613-443-0215 | | OK-1 NG-0 |

MT. HOPE CEMETERY
INTERMENT ORDER

E-15773

City of San Diego

Date 6-20-00

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

of JOSEPHINE F. DUPUIS

in a LINER funeral date time MON 6-26 10:00

Funeral Home LAKESIDE-SANTEE Mortuary

All Funeral cars must arrive before 3:00pm. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 36 Grave 3 Row _____ Section MAS Division B

Grave space & Care Fund PRE-NEED A-1925 ⊕

Additional spaces and care fund _____

Coffin, Casket & Case _____ 375.00

Urn/Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Market pricing fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due 769.73

Pat# receipt number _____

Balance due _____

I hereby certify that the X SOU of the above named decedent and that I have the right to make this burial and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said interment and inurement.

I hereby authorize the interment to be held under dead.

X Wesley R. Fair

X 3943 MAPLE ST

X ST HELENS OR 97051

X 503-366-0429

Signature of interment order of inter 443-1825

Work Order # E 15773

Invoice # _____

Acct # _____

REG. 194 (7-80)

This information is available in alternative formats upon request.

4/99 and on funeral order

73

E-15773

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

95

| | | | | | | |
|--|--|---------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPHINE | | 1B. MIDDLE FAIR | 1C. LAST (FAMILY) DUPUIS | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/04/1904 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/20/2000 | 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 GEROLD R. FAIR: SON 34943 MAPLE STREET ST. HELENS, OR 97051 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LAKESIDE—SANTER FUNERAL CHAPEL: 9840 MAINE AVENUE, LAKESIDE, CA 92040 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-997 | 6A. SIGNATURE OF APPLICANT—Person taking permit; 6B. DATE SIGNED <i>Sister Mera</i> 06/23/2000 | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 GRANTS NO RIGHT OF REPEAL OUTSIDE OF CALIFORNIA. | 8A. AMOUNT OF FEE PAID \$7.00 | 8B. DATE PERMIT ISSUED 06/23/2000 | 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA HEZA 2010596 |
| 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

| | | |
|--|--|---|
| <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 6-26-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Lengua</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 6-21-00

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

in a T.S. VAULT Funeral, date, time FRI 6-23 1:00
Type of Burial Container
Church, Chapel, Graveside ; LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of \$ 150⁰⁰ will be applied and billed to undersigned.

Lot 18 Grave 28 Row _____ Section MAS Division M

Grave space & Care Fund PRE-NEED A-2385 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 52591 874.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Mary A Cherry
Signature
 3206 Crestline Rd.
Address
 Bakersfield CA 93306
City Zip Code
 (66) 872-3734
Telephone

Work Order # E 15774

Invoice # _____

Acct. # _____

E-15774

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

89

| | | | | | |
|---|---|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MILDRED | 1B. MIDDLE EMMA | 1C. LAST (FAMILY) ADAMSON | 2. DATE OF BIRTH MONTH DAY YEAR 09/13/1910 | 3. DATE OF DEATH MONTH DAY YEAR 06/19/2000 | 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 DONNA M. DOTSON - NIECE 3836 ALABAMA ST, #104 SAN DIEGO, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - BENBOUGH CHAPEL 3051 EL CAJON BLVD, SAN DIEGO, CA 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED Paulette Valle 06/21/2000 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/21/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT P Valentine |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...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 | | |

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 6-23-00 | 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 <i>[Signature]</i> |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i> |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> |
| | | | 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 6-22-00

EDWARD

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

in a ASH VAULT Funeral, date, time AYD 7-11

Church, Chapel, Graveside DELUSKEY ONLY; CONRAD Mortuary,

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.

✓ Lot 14 Grave 5 Row _____ Section MAS Division/Block G

Grave space & Care Fund PRE-NEEP

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container PAID 55.00

Handling Fees PAID 60.00

Flower vases - Marker setting fee PAID —

Recording and filing fee PAID 45.00

Sales taxes PAID 4.26

Total Due 269.26

Paid receipt number R-52594 269.26

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 deed _____

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

Work Order # E 15775

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-22-00

Edward
gas

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

of BEATRICE ANTHONY

In a ASH VAULT Funeral date, time _____

Church, Chapel, Graveside CONNAD Mortuary _____

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.

Lot 14 Grave 5 Row _____ Section MAS Division/Block G

Grave space & Care Fund PRE-NEEP 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

**MORTUARY to
BRING check**

Total Due 269.26

Paid receipt number _____

Balance due _____

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

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

Signature of nearest relative of decedent

X Julie A. Gold
X 3450 York Ave #203
X San Diego CA 92103
X 619-298-3407

Work Order # E 15775

Invoice # _____

Acct. # _____

MEA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15775

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

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| | | | | | |
|---|---------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) EDWARD | 1B. MIDDLE FARNSWORTH | 1C. LAST (FAMILY) ANTHONY | 2. DATE OF BIRTH MONTH DAY YEAR 12/24/1909 | 3. DATE OF DEATH MONTH DAY YEAR 06/21/2000 | 4. SEX M |
| 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 BERRICE K. ANTHONY - WIFE 2921 MURAT STREET SAN DIEGO, CA 92117 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LENON GROVE MORTUARY 7387 BROADWAY - LENON GROVE, CA 91945-1533 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | | |

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: *[Signature]* 8B. DATE SIGNED: **06/24/2000**

| | | | | |
|--|---|---|--|--|
| 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 08/29/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITTLBANNER 2010888 |
| 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> CO. 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 checked="" type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

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

| | | | | |
|-------------------------------|---|---|--------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 7-11-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. 601-D CRANE STREET LAKE ELSINORE, CA 92530 | 12B. DATE CREMATED 6-30-00 | 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 6-22-00

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

of SPENCER LEE ROGERS
 in a T.S. VAULT Funeral, date, time MON 6-26 1:00
Type of Burial Container
 Church, Chapel, Graveside : MERKLEY MITCHELL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned.

✓ Lot 71 Grave 5 Row _____ Section 5 ~~DIVISION~~ Block 2

| | |
|---|----------------------|
| Grave space & Care Fund | <u>1595.00</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 | |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>19.38</u> |
| | <u>2469.38</u> |
| | Total Due |
| Paid receipt number <u>VISA</u> | <u>2469.38</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 Janale Langston
Signature
 X 1404 Wymhurst Lane
Address
 X Alhambra VA 22182
City Zip Code
 X 703 757 1987
Telephone

Work Order # **E 15776**

Invoice # _____

Acct. # _____

E-15776

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 95

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

| | | | | | |
|---|--------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SPENCER | 1B. MIDDLE LEE | 1C. LAST (FAMILY) ROGERS | 2. DATE OF BIRTH MONTH DAY YEAR 03/28/1905 | 3. DATE OF DEATH MONTH DAY YEAR 06/21/2000 | 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 HELEN ROGERS - WIFE 920 MARTINEZ STREET SAN DIEGO, CA 92106 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HENLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FB-119 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria J. Mitchell</i> | | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 06/22/2000 | |

| | | | | |
|---|--|--|--|---|
| 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 06/22/2000 V. I. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010529 |
| | | 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 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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY) | 11B. DATE BURIED 6-26-00 | 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
Set & Trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-22-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN D. ROGERS

In a H.S VAULT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____: _____ Mortuary, _____

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.

✓ Lot 71 Grave 6 Row _____ Section 5 Division/Block 2

Grave space & Care Fund 1595.00

Additional spaces and care fund —

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees JUL 05 2006 185.00

Flower vases - Marker setting fees —

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes 19.38

Total Due 2469.38

Paid receipt number R-52622 2469.38

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 _____

Danielle Langston
Signature
1704 Wynnfield Lane
Address
Wrenn VA 22182
City Zip Code
703 757 1987
Telephone

Work Order # **E** 15777

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

INTERMENT ORDER

into grave of Anthony Prior

City of San Diego

Date 6-23-00

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

In a ASH VAULT Type of Burial Container Funeral, date, time AYD

Church, Chapel, Graveside S.I.D. MEMORIAL Mortuary.

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.

Lot 653 Grave Row Section Division/Block 10 Grave space & Care Fund PRE-NEED C-8964

Table with 2 columns: Description and Amount. Rows include Opening/Closing & Setup (PAID 105.00), Burial Container (35.00), Handling Fees (JUN 23 2000 60.00), Flower vases - Marker setting (45.00), Recording and filing fee (CITY OF SAN DIEGO, CA 4.26), Sales taxes (4.26).

Total Due 269.26 Paid receipt number R-52592 269.26 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: Alton Prior, Address: 424 E. St., City: S.D., Zip Code: 92113, Telephone: [blank]

Signature of recorded holder of deed

Work Order # E 15778

Invoice # [blank] Acct. # [blank]

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MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4/26/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YESENIA MARAVILLA TUES

in a INFANT Funeral, date, time 4/27 @ 2:30

Church, Chapel Graveside Cypress View Mortuary.

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.

Lot 896 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 VISA 270.00

Balance due 0.00

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 Jose A. Maravilla
Signature
X 670 Elizabeth St
Address
X SAN DIEGO CA 92103
City Zip Code
X (619) 527-9733
Telephone

Work Order # E 15779

Invoice # _____
Acct. # _____

E-15779

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) YREBIA | 1B. MIDDLE - | 1C. LAST (FAMILY) MARAVILLA | 2. DATE OF BIRTH MONTH DAY YEAR 06/24/2000 | 3. DATE OF DEATH MONTH DAY YEAR 06/24/2000 | 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 JOSE A. MARAVILLA - FATHER 690 ELIZABETH ST SAN DIEGO, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i> | | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 06/26/2000 | |

| | | | | |
|--|--|---|---|---|
| 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 06/26/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010675 P Valentine |
| | | 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"/> 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 6-27-00 | 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 OF
 City of San Diego

*Into grave
 of Louella
 Bayman*

Date 6-26-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
 of BLANCHE SESSIONS JAMAR

in a DOUBLE DEPTH Funeral, date, time WED 6-28 11:00

Church, Chapel, Graveside GRAVESIDE Mortuary, _____

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. _____

✓ Lot 93 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Pre-Paid E-12731 0

Additional spaces and care fund _____
 Opening/Closing & Setup **PAID** 375.00

Burial Container JUN 28 2000 _____

Handling Fees _____

Flower vases - Marker setting fee MT HOPE CEMETERY _____

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____

Total Due 420.00

Paid receipt number R-52602 420.00

Balance due 0

*Mortuary to
 bring check*

I hereby certify I am the X grand 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 Troy Simmons
 Signature
 X 2820 OCEAN VIEW
 Address
 X SANDIEGO O.C.A 92113
 City Zip Code
 Telephone 2350928

Work Order # **E 15780**

Invoice # _____

Acct. # _____

E-15780

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Blanche | 1B. MIDDLE Sessions | 1C. LAST (FAMILY) Jamar | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/09/1926 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/23/2000 | 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 Troy Simmons, Grandson 2820 Oceanview Blvd. San Diego CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mgmt.; 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 103775 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 06/27/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010767 |
| | | 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 6-28-00 | 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 6-26-00

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

of Rev Dr V. M. Blackman a:30

in a liner Funeral, date, time THUR 6-29

Church, Chapel Graveside Paysondale Mortuary,

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.

✓ Lot 115 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Re-Used E-4001 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup 1486 Re-Used E-6230 0

Burial Container " " 0

Handling Fees " " 0

Flower vases - Marker setting fee " " 0

Recording and filing fee " " 0

Sales taxes " " 0

Total Due 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

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

Work Order # E 15781

Invoice # _____

Acct. # _____

E-15781

INTERIM REPORT

1. General
 2. Materials
 3. Methods
 4. Results
 5. Conclusions

6. References
 7. Appendix
 8. Tables
 9. Figures

10. Summary
 11. Notes
 12. Comments

13. Discussion
 14. Recommendations
 15. References

16. Appendix
 17. Tables
 18. Figures

19. Summary
 20. Notes
 21. Comments

E-15781

E-15781

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | | | | |
|---|--|--|--|--|---|--|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Vernon | | 1B. MIDDLE Melvin | 1C. LAST (FAMILY) Blackman | | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/29/1937 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/25/2000 | 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 Floyd M. Harris, Friend 5050 Federal Blvd. 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-3329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | | 8B. DATE SIGNED 06/28/2000 |
| 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 AUTHORITY 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 06/29/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2010878 | | | |
| | 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 St. San Diego, CA 92102 | | 11B. DATE BURIED 6-29-00 | 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 <i>[Signature]</i> | | | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i> | | | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION - | | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> | 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 6-26-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MIKE COZ ~~A~~ 10:00

in a _____ Funeral, date, time Thurs 6-29

Church, Chapel ~~Cathedral~~ WITNESS : FAMILY Mortuary, _____

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: _____

Lot 356 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 1997 Pre-Need E-13966

Additional spaces and care fund Wife's body _____

Opening/Closing & Setup 7-11-00 " "

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 0

ERNESTINE
287-0876

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

X Ernestine Coz
Signature
X 6359 Newcome Dr
Address
X SD CA 92115
City Zip Code
X 287-0876
Telephone

Invoice # _____

Acct. # _____

Work Order # **E 15782**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15782

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

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| | | | | | |
|--|-----------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Mike | 1B. MIDDLE - | 1C. LAST (FAMILY) Coz | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/04/1913 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/20/2000 | 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 Ernestine Coz, Wife 6359 Newsome Drive San Diego, CA 92115 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams AV. San Diego, CA | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i> | | 8B. DATE SIGNED 06/23/2000 |

| | | | | |
|--|---|---|--|---|
| 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 06/23/2000 John Mayer | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010585 |
| 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 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 6-27-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PCI 601D Crane St. Lake Elsinore, CA92530 | 12B. DATE CREMATED 6-27-00 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-26-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID BLEVINS JR

in a LINER Funeral, date, time SAT 7-1 11:00

Church Chapel, Graveside : RAGSDALE Mortuary.

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, _____

Lot 181 Grave 5 **PAID** Section 2 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund JUN 21 2000

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

~~Flower vases - Marker setting fee~~ SATURDAY OVERTIME 600.00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 2264.73

Paid receipt number R-52609 2264.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Donna Barnes Blevins
Signature
X 6909 Milbrook Way
Address
X Sacramento CA 95823
City Zip Code
X 916 421-4218
Telephone

Work Order # **E** 15783

Invoice # _____

Accl # _____

E-15783

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | | |
|---|--|-----------------|---|--|--|---|-----------------------|---------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DAVID | | 1B. MIDDLE - | 1C. LAST (FAMILY) BLEVINS, JR. | | 2. DATE OF BIRTH MONTH DAY YEAR 05/04/1939 | 3. DATE OF DEATH MONTH DAY YEAR 06/25/2000 | 4. SEX Male | |
| 6A. CITY OF DEATH Sacramento | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Sacramento | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Donna M. BARNES-BLEVINS - (Wife) 6909 Milbrook Way Sacramento, CA 95823 | | | |
| 7A. TYPED 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 <i>[Signature]</i> | | 8B. DATE SIGNED <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. | | | | | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 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 Patricia JONES 06/28/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX AUTH# 7551 | |
| 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 Sacramento County Health Department, 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 San Diego County Health Department, 3851 Rosecrans Street, 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 | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102 | 11B. DATE BURIED 7-1-00 | 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 6-26-00

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

of FELIX CRIVER 1:00

In a LINER Type of Burial Container Funeral, date, time Fri 6-30 ~~2:00~~

Church, Chapel, Graveside RAGSDALE Mortuary.

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

will be applied and billed to undersigned. [Signature]

Lot 2387 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUN 28 2000 145.00

Flower vases - Marker setting for MT. HOPE CEMETARY 45.00

Recording and filing fee CITY OF SAN DIEGO 14.73

Sales taxes 1764.73

Total Due 500.00

Paid receipt number San R-52603 Balance due 0

*Manila
Poe*

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

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

FELIX CRIVER SA
Signature of recorded holder of deed

X Felix Criver SA
Signature
X 4165 FRANKLIN AV
Address
X SAN DIEGO 92113
City Zip Code
(619) 244-0928
Telephone

Work Order # E 15784

Invoice # _____
Acct. # _____

E-15784

88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|--|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Felix | 1B. MIDDLE - | 1C. LAST (FAMILY) Criner, Sr. | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/02/1911 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/23/2000 | 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 Felix Criner, Jr., Son 4165 Franklin 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 | 8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i> | | | 8B. DATE SIGNED 06/27/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103226 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 06/27/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010753 | |
| | 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 | 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 <i>[Signature]</i> |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i> |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-27-00

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

of ESTATE OF ROBERT HAMILTON

in a LINER Funeral, date, time MON 7-3 1:00

Church, Chapel, Graveside DELIVERY ONLY: CA BURIAL Mortuary.

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.

✓ Lot 141 Grave 4 Row _____ Section 3 Division 12

Grave space & Care Fund PRE-NEED

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container PAID 190.00

Handling Fees 143.00

Flower vases - Marker setting fee JUL 20 2000

Recording and filing fee 45.00

Sales taxes 14.73

GREG BROWN Total Due 769.73

P.G. to head Paid receipt number R-52692 769.73

check 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
Y _____
Telephone

Work Order # E 15785 Invoice # _____
Acct. # _____

*Lat 858 694-3987

Greg 850 654-3508

...

...

... ..

...

...

...

...

E-15785

JUL-27-68 TUE 1:02P

MESSAGE IDENTIFICATION
TRANSMISSION

TELETYPE UNIT
TEL. NO.

| NO. | DATE | ST. TIME | TOTAL TIME | AIR SER. | DEPT CODE | WAGE |
|----------|-------|----------|------------|-------------|-----------|---------|
| 15785-27 | 14:25 | 00:00:08 | | 51509640897 | | 0-110-0 |

E-15785



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/W. Sheila A. Williams DBA: S. D. Memorial Chapel

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to ROBERT HAMILTON

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 141 Grave 4 Row -- Section 3 Division/Block 12

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said ROBERT HAMILTON, its successors and assigns forever.

WITNESS my/our hand this 27 th day of June, 2000

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

D. MacLellan
Witnesses

b-27-00



DIVERSITY
BRINGS US ALL TOGETHER

E-15785

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|--|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT | 1B. MIDDLE - | 1C. LAST (FAMILY) HAMILTON | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/03/1903 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/19/2000 | 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 GREGORY BROWN—PUBLIC GUARDIAN 5201 -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 P-1357 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mark Mitchell</i> | | 8B. DATE SIGNED 06/27/2000 |
| NONKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/27/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL ▶ 2010719 | |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92196-5222 | 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"/> E. TEMPORARY ENVAULTMENT | | <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) | |
| <input checked="" type="checkbox"/> B. CREMATION | | <input type="checkbox"/> F. DISINTERMENT | | | |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA | | | |
| <input type="checkbox"/> D. SCIENTIFIC USE | | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | | | |

| | | | | |
|-------------------------------|--|---|-----------------------------------|---|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92103 | 11B. DATE BURIED 7-3-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Gregory Brown</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 6-27-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: ROBERT HAMILTON

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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. _____

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup FROM: SHEILA

Burial Container WILLIAMS

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____ 

GREG BROWN
PUBLIC GUARDIAN 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 15786

Invoice # _____

Acct. # _____

E-15786



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 Sheila A. Williams DBA: S. D. Memorial Chapel

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to ROBERT HAMILTON

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 141 Grave 4 Row - - Section 3 Division/Block 12

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said ROBERT HAMILTON, its successors and assigns forever.

WITNESS my/our hand this 27 th day of June, 2000

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

D. Mackelton
Witness

6-27-00



DIVERSITY
BRINGS US ALL TOGETHER

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-28-00

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

of BETTY WALTOWER

in a Urn Funeral, date, time MON 7-3

Church, Chapel, Graveside Hoodon / GARCIA / Bishop Mortuary, Palms

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 129 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUN 28 2000 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1664.73

Sister Law Total Due 1500.00

Paid receipt number MIC R-52600 Balance due 164.73

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

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

Signature of recorded holder of deed _____

J. Bouffette
Signature
X 1524 N. ALISO ST
Address
X S.B. 9310 S
City Zip Code
X 805-9629120
Telephone

Work Order # **E** 15787 Invoice # _____
Acct. # _____

JACQUELYN BOYETTE
524 N. A. 505 ST
SANTA BARBARA 93103
805 962-9120

E-15787

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

49

| | | | | | | |
|---|--|------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Betty | | 1B. MIDDLE Boyette | 1C. LAST (FAMILY) Waltower | 2. DATE OF BIRTH MONTH DAY YEAR 04/27/1951 | 3. DATE OF DEATH MONTH DAY YEAR 06/27/2008 | 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 Alfredo Waltower, Jr., Son 4325 33rd Street San Diego, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Bishop Mortuary 3293 Olive Street, Lemon Grove, CA 91945 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1673 | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Katherine Lomez</i> 07/03/2000 | | |

| | | | | |
|---|--|---|---|---|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 07/03/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011053 |
| 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 | | |
| 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 Mount Hope Cemetery 3751 Market Street, San Diego, CA 92102 | 11B. DATE BURIED 7-3-00 | 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.

E-15787

Date: 1-10-01

I Alfreds W. Waltower, legal owner and legal next of kin to the deceased, authorize Calvin Boyette to purchase an approved memorial marker for Betty Boyette Waltower and have said marker placed on the following grave site by Mt. Hope Cemetery staff:

Lot: 129 Grave: 11 Section: 2 Division: 12

Alfreds W. Waltower
Lot Owner, Legal Next of Kin to Deceased
(son)

ALL NEXT OF KIN ARE IN AGREEMENT
WITH THIS ARRANGEMENT

Calvin Boyette
01-05-01

Pre-NEED
Trust
2nd opening
& closing

MT. HOPE CEMETERY
INTERMENT ORDER

E-15788

City of San Diego

Date 6-28-00

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

of Louis A. Harrison

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

Church, Chapel, Graveside _____ Mortuary, _____

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. _____

Lot 133 Grave 3 Row _____ Section 14 Division/Block 7

Grave space & Care Fund Pre-NEED 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____

Total Due 420.00

Paid receipt number 52601 420.00

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 _____

Hucilla Davis
Signature
23776 Franklin Ave
Address
San Diego 92113
City Zip Code
615 520-8785
Telephone

Work Order # E

Invoice # _____
Acct. # 15788

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-28-00

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

in a LINER Funeral, date, time 7/5 Wed 11:00

Church Chapel Graveside : Calif Burial Mortuary.

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.

✓ Lot 8 Grave 10 Row _____ Section 1 Division/Block 11

Grave space & Care Fund PAID Pre-NEED

Additional spaces and care fund _____

Opening/Closing & Setup JUL 13 2000 375.00

Burial Container 190.00

Handling Fees MT. HOPE CEMETARY 145.00
CITY OF SAN DIEGO

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-52612 769.73

Balance due 796.00
26.27

I hereby certify I am the X Victoria Briggs of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 38726 31st St East
Address
X PALMDALE CA. 93550
City Zip Code
X (661) 266-4472
Telephone

Work Order # E 15789

Invoice # _____
Acct. # _____

E-1589

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

77

10-20-22

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

| | | | | | |
|--|-------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Vanderbilt | 1B. MIDDLE W. | 1C. LAST (FAMILY) Briggs | 2. DATE OF BIRTH MONTH DAY YEAR 10/20/1922 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/26/2000 | 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 Victoria Diane Briggs—daughter 38726 31st St. East Palmdale, CA 93550 | | |
| 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 P-1357 | | |

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

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]*

8B. DATE SIGNED: **07/03/2000**

| | | | | |
|---|--|--|---|---|
| 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 07/03/2000 M. Mitchell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011057 |
| | 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 L... 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 7-5-00 | 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

Date 6-28-00

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

of ROBERT LEE HILL
 In a Chapel Funeral, date, time MON 7-3 11:00

Church Chapel Graveside Mortuary. CA BURIAL

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.

Lot 144 Grave 7 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container JUN 29 4000 190.00

Handling Fees 145.00

Flower vases - Marker set MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO, CA

Recording and filing fee 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-52606 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 Chris Hill
 Signature
X 5458 Timothy Dr
 Address
X San Diego CA 92105
 City Zip Code
X (619) 263-0206
 Telephone

Work Order # **E 15790**

Invoice # _____
 Acct. # _____

E-15790

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) ROBERT | 1B. MIDDLE LEE | 1C. LAST (FAMILY) HILL, SR. | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/20/1925 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/26/2000 | 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 HATTIE MAE HILL-WIFE 6267 ALDERLY 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 R-1357 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Walter Mitchell</i> | | 8B. DATE SIGNED 06/28/2000 |

| | | | | |
|--|---|--|---|---|
| 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 06/29/2000 M. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010886 |
| 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 7-3-00 | 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 6-30-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FROM: CHRISTOPHER HILL

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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. _____

Lot 89 Grave 12 Row _____ Section 2 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup TO _____

Burial Container _____

Handling Fees _____

Flower vases - Mark _____ **PAID** _____

Recording and filing fee _____ 45.00

Sales taxes JUN 30 2000 _____

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

Total Due _____ 45.00

Receipt number R-52610 45.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 15791**

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E - 15791

DEED

7/29/60

OWNERSHIP AND INTERMENT PRIVILEGES

TO John AnnRhodes for the sum of \$ 125.00 (DOLLARS)

LEGAL DESCRIPTION Lot 89, Grave 12, Section 2, Divison 7

AS DESCRIBED ON PURCHASE ORDER NUMBER B-6319

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:

Monument or Flush Memorial

Raymond W. Eshne
Cemetery Manager

Arthur Park and Recreation Director
Park and Recreation Director

E-15791

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That _____

CHRISTOPHER HILL

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 CEMETERY

DIVISION 7 SEC 2 LOT 89/90 GR 1/2

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.

Fredric E. Zarse

Signature

Christopher Hill

Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of San Diego

On 3/2/2000 before me, the undersigned, a Notary Public in and for said State personally appeared, Christopher L. Hill

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 Terry Brunning
Notary Public Signature

(SEAL)



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney X
DATE OF DOCUMENT 3/2/2000 NUMBER OF PAGES 1
SIGNER(S) OTHER THAN NAMED ABOVE _____

E-15791

MARCH 2, 2000

TO WHOM IT MAY CONCERN:

I AM THE ONLY LIVING RELATIVE OF JOHN ANN RUDDES, AND I WISH
TO DISPOSE OF HER CEMETERY PROPERTY. (MALE NAME IS JOHN, BUT SHE
IS A FEMALE). I AM HER SON.

(MT. HOPE CEMETERY LOT 89 GRAVE 12, SECTION 2, DIVISION 7)
+ (MT. HOPE CEMETERY LOT 90 GRAVE 12, SECTION 2, DIVISION 7).

x Christopher Hill

CHRISTOPHER HILL
2551 WORDEN ST. #22.
SAN DIEGO, CA 92110
619-255-2482.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-30-00

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

of GLORIA JEAN SMITH

in a LINER Funeral, date, time THUR 7-6 1100

Church, Chapel Graveside : RAGSDALE Mortuary.

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. [Signature]

Lot 89 Grave 12 Row _____ Section 2 Division Block 7

Grave space & Care Fund Per. Mem _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container _____ 190.00

Handling Fees JUL 03 2000 _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETERY _____ 45.00
CITY OF SAN DIEGO, CA

Sales taxes _____ 14.73

Total Due _____ 769.73

Paid receipt number 52614 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Monetta Cook-William
Signature 2737 51st St
San Diego CA 92105
2019 264 2249 Zip Code

Work Order # E 15792

Invoice # _____

Acct. # _____

E-15792

58

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|---------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Gloria | | 1B. MIDDLE Jean | 1C. LAST (FAMILY) Smith | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/16/1941 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/29/2000 | 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 Glorietta Cook-Wilson, Daughter 2737 51st 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 07/05/2000 | | |

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 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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 07/06/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> | 2011166 |
| | 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 Makket St. San Diego, CA 92102 | 11B. DATE BURIED 7-6-00 | 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 6-30-00

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

In a LINER Funeral, date, time WED 7-5 1:00
Type of Burial Container
 Church, Chapel, Graveside Mortuary: RAGSDALE

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.

Lot 105 Grave 10 Row _____ Section 1 Division/Block 11

| | | |
|-----------------------------------|------------------------------------|----------------------|
| Grave space & Care Fund | PAID | 895.00 |
| Additional spaces and care fund | | |
| Opening/Closing & Setup | <u>JUN 30 2000</u> | 375.00 |
| Burial Container | <u>MT. HOPE CEMETARY</u> | 190.00 |
| Handling | <u>CITY OF SAN DIEGO</u> | 145.00 |
| Flower vases - Marker setting fee | <u>gals flower vase</u> | 23.78 |
| Recording and filing fee | | 45.00 |
| Sales taxes | | 14.73 |
| | Total Due | 1688.51 |
| | Paid receipt number <u>R-52611</u> | 1688.51 |
| | (Wife) | Balance due <u>0</u> |

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

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

Jean A. Hansbord
Signature
 1519 So. 42 St
Address
 San Diego, cal 92113
City Zip Code
 619 262-0919
Telephone

 Signature of recorded holder of deed

Work Order # **E 15793**

Invoice # _____
 Acct. # _____

E-15793

74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) William | 1B. MIDDLE Henry | 1C. LAST (FAMILY) Hansboro | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/01/1925 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/29/2000 | 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 Jean A. Hansboro, Wife 1519 S. 42nd 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>William</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: **06/30/2000**

| | | | | | | |
|--|--|---|---|---|--|--|
| 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 07/03/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>William</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 - |
| | ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | | | | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 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 7-5-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William</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-15794 is not included in
this spindle.

E-15700 to E-15799

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-3-00

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

of MINORU NAKAMURA

In a ASH VAULT Funeral, date, time FRI 8-4 3:00

Church, Chapel Graveside; EL CAMINO Mortuary.

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.

Lot 4956 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Paid D-2065 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 MIC 269.26

Balance due 0

PAID

JUL 03 2000

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

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

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

Signature of recorded holder of deed _____

X Jodi Hadden Signature

X 30031 WHITECAP Address

X LAGUNA NIGUEL, CA 92677 City Zip Code

X (310) 548-3554 Telephone

X (56) 278-7296 JPAK NAKAMURA (S.M.) Telephone

Work Order # **E 15795**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-3-00

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

of OLITA HONEA

in a LINER Funeral, date, time Thurs 7/6 1:00

Church: Chapel Graveside : Featheringill Mortuary.

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.

Lot 263 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-2803

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-52620 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Helen E. Graham
Signature
X 8734 Highwood Dr
Address
X San Diego, CA 92119
City Zip Code
X (619) 405-8246
Telephone

Work Order # E 15796

Invoice # _____

Acct. # _____

E-15796

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) Quita | 1B. MIDDLE Isolina | 1C. LAST (FAMILY) Honea | 2. DATE OF BIRTH MONTH DAY YEAR 04/12/1917 | 3. DATE OF DEATH MONTH DAY YEAR 07/02/2000 | 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 INDEMBANT 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>T. Truesdale</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.

DATE SIGNED
07/03/2000

| | | | | |
|---|--|--|---|--|
| 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 07/06/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Truesdale |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222 | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

| | | | | |
|-------------------------------|---|--|-----------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem., 3751 Market St., San Diego, CA 92102 | 11B. DATE BURIED 7-6-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Legue</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 7-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALBERT F. WILSON

in a LINER Funeral, date, time Thurs 7/6 10⁰⁰.

Church, Chapel, Graveside : RAUSDAL Mortuary.

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

will be applied and billed to undersigned. _____

J Lot 42 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Per Need E-5953

Additional spaces and care fund —

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUL 03 2000 145.00

Flower vases - Marker setting fee _____

Recording and filing fee **MT. HOPE CEMETARY** 45.00
CITY OF SAN DIEGO, CA

Sales taxes 14.73

Total Due 769.73

Paid receipt number 52615 769.73

Balance due 0

I hereby certify I am the X SOW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Albert F. Wilson
Signature
X 2293 Judson St
Address
X San Diego 92111
City
X 858 2924259
Telephone Zip Code

Work Order # **E 15797**

Invoice # _____

Acct. # _____

E-15797

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) Albert | | 1B. MIDDLE Franklin | 1C. LAST (FAMILY) Wilson, Sr. | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/18/1918 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/01/2000 | 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 Albert F. Wilson, Jr., Son 2293 Judson St. San Diego, CA 92111 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92103 | | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Albert F. Wilson, Jr.</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. **07/05/2000**

| | | | | | |
|---|--|--|---|--|-----------------------------------|
| 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 07/06/2000 | 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>William</i> | 8D. DATE SIGNED 2011160 |
| | | 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 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>William</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.

E-15798 is not included in
this spindle.

E-15700 to E-15799

**MT. HOPE CEMETARY
INTERMENT ORDER**

City of San Diego

Date 7-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLARD M. SISSON Am

in a liner Funeral, date, time 7-7-00 2:00 P.M.

Church, Chapel, Graveside GRAVESIDE; LEWIS Colonial Mortuary.

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. _____

✓ Lot 4397 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need R-2612 _____

Additional spaces and care fund _____

Opening/Closing & Setup PAID 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-52617 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Michael Sisson
Signature
3178 Vista Diego Rd.
Address
San Juan, CA 91935
Zip Code
(619) 669-1809
Telephone

Work Order # E 15799

Invoice # _____

Acct. # _____

E-15799

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|-----------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) WILLARD | 1B. MIDDLE MILLET | 1C. LAST (FAMILY) SISSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/07/1909 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/02/2000 | 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 MIKE SISSON—SON 3178 VISTA DIEGO JANUL, CA. 91935 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEM—BENBOUGH CHAPEL, 3051 EL CAJON BLVD., SAN DIEGO, CA. 92104 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480 | 8A. SIGNATURE OF APPLICANT—Person taking permit M. Marquez | | 8B. DATE SIGNED 07/06/2000 |

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 07/06/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MARQUEZ |
| 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 7-7-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Lequero</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 7-3-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BEULAH HARTMAN COOK

in a LIVER Type of Burial Container Funeral, date, time MON 7-24 1:00

Church, Chapel, Graveside Type of Burial Container : Comrad Mortuary.

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.

✓ Lot 7 Grave 4 Row _____ Section 100F Division/Block 13

| | |
|---|----------------|
| Grave space & Care Fund | <u>1595.00</u> |
| Additional spaces and care fund | |
| Opening/Closing & Setup | <u>375.00</u> |
| Burial Container | <u>190.00</u> |
| Handling Fees | <u>145.00</u> |
| Flower vases - Marker setting fee | <u>—</u> |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>14.73</u> |
| Total Due | <u>2364.73</u> |
| Paid receipt number <u>M/C</u> | <u>2364.73</u> |
| Balance due | <u>0</u> |

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

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

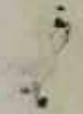
Signature of recorded holder of deed _____

✓ John M. Sutt Signature
✓ 12577 Jackson Hts Dr Address
✓ El Cajon Ca 92021 City Zip Code
✓ 619 390-0080 Telephone

Work Order # E 15800

Invoice # _____
Acct. # _____

E-15800



E-15800

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|-------------------------------|--|--|---------------------------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BEULAH | 1B. MIDDLE BEATRICE | 1C. LAST (FAMILY) COOK | 2. DATE OF BIRTH 02/15/1916 | 3. DATE OF DEATH 07/20/2000 | 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 JENNIFER L. MILLER - GRANDDAUGHTER 1489-C GUSTAVO STREET EL CAJON, CA 92019 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Conrad</i> | | 8B. DATE SIGNED 07/20/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code. | | | | | |

| | | | | |
|--|--|--|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 Grant K. Conrad 2012122 07/24/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012122 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 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 | 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 7-24-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jensen</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 7-3-00

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

in a LINER Funeral, date, time WED 7-5 2:30

Church, Chapel Graveside : FEATHERINGILL Mortuary.

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.

Lot 207 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund PAID 0

Additional spaces and care fund PAID —

Opening/Closing & Setup 375.00

Burial Container JUL 03 2000 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number M/C 769.73

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 Sandra Koff
Signature
X Carol Cameron Ct.
Address
X San Diego, Ca 92139
City Zip Code
(619) 479-8808
Telephone

Work Order # E 15301

Invoice # _____

Acct. # _____

E-15801

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) Virginia | 1B. MIDDLE Lee | 1C. LAST (FAMILY) Williams | 2. DATE OF BIRTH MONTH DAY YEAR 10/12/1920 | 3. DATE OF DEATH MONTH DAY YEAR 07/01/2000 | 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 Sundiata Kata, son 6060 Cameron Ct. San Diego, CA 92139 | | |
| 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>[Signature]</i> 07/03/2000 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 11376 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 07/05/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011094 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED 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"/> 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 7-5-00 | 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 7-3-00

FROM:

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

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 \$ ~~150.00~~

will be applied and billed to undersigned. _____

Lot 207 Grave _____ Row _____ Section **PAID** Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup TO _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 45.00

Paid receipt number M/C _____ 45.00

Balance due _____ 0

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

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

Signature of recorded holder of deed _____

Signature Martha E. Hornsby

Address _____

City _____ Zip Code _____

Telephone 619 287-3999

Work Order # **E** 15802

Invoice # _____

Acct. # _____

E-15802



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 MARTHA HORNSBY

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to _____
VIRGINIA WILLIAMS

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 207 Grave _____ Row _____ Section 3 Division/Block 8

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said
_____, its successors and assigns forever.

WITNESS my/our hand this 3RD day of JULY 2000

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

Martha E. Hornsby

Witnesses

Lucy Schellin



DIVERSITY
BRINGS US ALL TOGETHER

E15802

7359

5/1/1974



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Martha E. Hornsby for the sum of \$ 290.00 (DOLLARS)

LEGAL DESCRIPTION Lot 207 and Lot ~~208~~ Section 3 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER D-4413

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:

12" X 24" flush marker per grave

A. W. Rehn
Cemetery Manager

W. L. MacFarlane
Property Director

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-5-00

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

in a LINER Funeral, date, time WED 7-12 1:00

Church Chapel Graveside _____; CABORIAL 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 64 Grave 4 Row _____ Section 2 Division 11

Grave space & Care Fund 795.00

Additional spaces and care fund **PAID** -

Opening/Closing & Setup 375.00

Burial Container JUL 05 2000 190.00

Handling Fees **MT. HOPE CEMETERY** 145.00

Flower vases - Marker setting fee **CITY OF SAN DIEGO, CA** -

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-52631 1564.73

Balance due 0

I hereby certify I am the son 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.

Moses P. Celestine
Signature

7011 Boston Ave.
Address

San Diego 92113
City Zip Code

619.265.5038
Telephone

Signature of recorded holder of deed _____

Work Order # **E 15803**

Invoice # _____

Acct. # _____

E-15803

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

39

| | | | | | |
|---|------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MOSES | 1B. MIDDLE ANTHONY | 1C. LAST (FAMILY) CELESTINE, JR. | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/08/1960 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/08/2000 | 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 MOSES A. CELESTINE, SR.—FATHER 4011 BOSTON AVENUE 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 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Moses Celestine</i> | | |
| 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 7170 of the Health and Safety Code. | | 8B. DATE SIGNED 07/11/2000 | | | |

| | | | | |
|---|--|--|---|---|
| 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 07/11/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011442 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

| | | |
|--|--|--|
| <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 7-12-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jones</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Kim F. Jones</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 5-11-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DENNIS L. MOTZ

in a ASH VAULT Type of Burial Container Funeral, date, time Monday 5-22-00 11:00
 Church, Chapel, Graveside : CONRAD Mortuary.

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.

Lot 275 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund -

Additional spaces and care fund **PAID** -

Opening/Closing & Setup 105.00

Burial Container MAY 11 2000 55.00

Handling Fees MT. HOPE CEMETARY 60.00

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA -

Recording and filing fee 45.00

Sales taxes 4.26

Ashes + permit in office

Total Due 269.26

Paid receipt number 52420 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.

GUY ALBERT SEGGIE
Guy A Seggie

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

Signature of recorded holder of deed _____

Signature Guy A Seggie
 Address 744 GLENCOE DR
SAN DIEGO, CA 92114
 City (619) 462-5035 Zip Code _____
 Telephone _____

Work Order # **E 15804**

Invoice # _____
 Acct. # _____

E-15804

5/11/2000

To whom it may concern I give
you permission to put my son
on top of Clement Hugh mth it
will be with my conciet
to be top on the surd.

Dennis Lee mth, Conrad Mortuary

Mrs C. H. mth

469-8745

E-15804

4/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--------------------------|--|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DENNIS | 1B. MIDDLE LEE | 1C. LAST (FAMILY) MOTZ | 2. DATE OF BIRTH MONTH DAY YEAR 05/11/1954 | 3. DATE OF DEATH MONTH DAY YEAR 05/10/2000 | 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 BETTY L. MOTZ - MOTHER 722 SUNNYSIDE AVENUE SAN DIEGO, CA 92114 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD941 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | | 8B. DATE SIGNED 05/11/2000 |

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 05/16/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITTLEHAUSER 2008452 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. 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 | 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 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 5-23-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. 601-D CRANE STREET LAKE ELSINORE, CA 92530 | 12B. DATE CREMATED 5-18-00 | 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 6-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MERLE L. MEYERS **ST**

in a BELL LINCOLN Funeral, date, time 6-17-00 11:30AM.

Church, Chapel, Graveside ~~_____~~ : FEATHERING, LL Mortuary.

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. _____

Lot 31 Grave — Row — Section — Division/Block 10

Grave space & Care Fund E-537 _____

Additional spaces and care fund SATURDAY OVERTIME 600.00

Opening/Closing & Setup E-11410 _____

Burial Container BELL LINCOLN E-11410 _____

Handling Fees LI _____

Flower vases - Marker setting fee _____

Recording and filing fee E 11410 _____

Sales taxes _____

Total Due 600.00

Paid receipt number R-52569 600.00

Balance due 0

PAID
JUN 14 2000
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 record holder of deed _____

X Linda Finch
Signature
X 10085 El Capitan Road
Address
X El Cajon, Ca 92021
City
X (619) 390-4495
Telephone

Work Order # **E 15805**

Invoice # _____

Acct. # _____

E-15805
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) Merle | | 1B. MIDDLE Lester | | 1C. LAST (FAMILY) Meyers | | 2. DATE OF BIRTH MONTH DAY YEAR 09/08/1915 | | 3. DATE OF DEATH MONTH DAY YEAR 06/13/2000 | | 4. SEX M | |
| 5A. CITY OF DEATH Lakeside | | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Dorothy L Meyers, wife 10444 Paseo Park Dr. Lakeside, CA 92040 | | | | | |
| 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 06/13/2000 |
| 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 | | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 06/16/2000 | | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Truesdale | | |
| 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 | | | | | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | | | | | | | | | | |

| | | | | | | | | | | |
|--|--|--|--|---|--|------------------------|--|--|--|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | | | | | FOR CORONER'S USE ONLY | | | | |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | | <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) | | | | | | |
| <input 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 6-18-00 | | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> | | | |
| | CREMATION | | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | | 12B. DATE CREMATED | | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> | | | |
| | SCIENTIFIC USE | | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | | 13B. DATE RECEIVED | | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | | | |
| | TRANSIT | | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | | 14B. DATE SHIPPED | | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | | | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | | 15B. DATE OF DISPOSITION | | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE | |

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

MT. HOPE CEMETERY

INTERMENT ORDER

*copy of
lines*

10/10/2008
ID By Medical Examiner
City of San Diego
Pas Sarah Reyes Hernandez

Date 6-19-00

Pin: 205533 DOB 02/25/76 WFO 9-6 9:00

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

of JANE DOE PA 20001629

in a LINER Type of Burial Container Funeral, date, time ~~THUR 8-31~~ 9:00

Church, Chapel, Graveside DELIVERY ONLY; AZTLAN Mortuary.

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.

Lot 4 Grave 10 Row _____ Section _____ Division/Block 13

Grave space & Care Fund 12/17/2001 - E 16779 126.00

Additional spaces and care fund _____

Opening/Closing & Setup Disinterment / Court 165.00

Burial Container LINER 50.00

Handling Fees PA 1P order _____

Flower vases - Marker setting fee 9-20-00 _____

Recording and filing fee 45.00

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due 386.00

*DARREL
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 15806

Invoice # 336385

Acct. # 000952

7-14-00

E-15806

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND,

| | | | | | |
|--|--|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JANE | 1B. MIDDLE - | 1C. LAST (FAMILY) DOE | 2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN | 3. DATE OF DEATH MONTH, DAY, YEAR 02/14/2000 | 4. SEX F |
| 5A. CITY OF DEATH PALA | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DARNELL PRICE-DEMY PUBLIC GUARD \$201-A RUFFIN RD. 5251-A SAN DIEGO, CA 92102 | | |
| 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, George Lopez | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/23/2000 | |

| | | | | |
|--|--|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR 00-0342 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 06/23/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. Lopez</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 ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 1-6-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>George R. 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.

E-15806



County of San Diego

GLENN N WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER
5555 Overland Ave., Suite 1411, San Diego, California 92123-1270
TEL: (858) 694-2895 FAX: (858) 694-8975

November 17, 2008

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego CA 92102

Attn: Cemetery Records - Maria 619-527-3403

Re: Jane Doe (Medical Examiner Case #00-0343)

Ladies and Gentlemen:

This letter is to inform you of the identification of Jane Doe, Medical Examiner case number 00-0343. The date of death of Jane Doe was 02/14/2000. She was positively identified on 10/20/2008 through a dental comparison and investigation.

The decedent's identity has been established as Sarah Reyes Hernandez with date of birth 02/25/1976. Her next of kin is: (#1) her husband Israel Garcia and (#2) her parents Sarah and Pedro Reyes of California. Could you please respond to this notice and provide this decedent's plot location?

Thank you for your assistance in this matter.

Sincerely,

Gretchen B. Geary
Medical Examiner John/Jane Doe Investigator

Public Administrator number not available

E-15806

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-17-01

Disinterment

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANE DOE PA 20001629 00-0343

in a DOUBLE DEPTH Funeral, date, time THUR 12-20 11:00
Type of Burial Container

Church, Chapel, Graveside _____; AZTLAN 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 4 Grave 1T Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container COURT ORDER _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 0

Paid receipt number _____

Balance due 0

Box of bones

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

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

"KEEPING THE PEACE SINCE 1850"



GARY HAIGH
SERGEANT

Bill Kolerider
SHERIFF

HOMICIDE DETAIL
9621 RIDGEHAVEN COURT
SAN DIEGO, CA 92123
(858) 974-2321/PAGER (619) 969-8580
gary.haigh@sdsheriff.org

Zip Code _____

alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-20-00

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

in a LINER Funeral, date, time Thurs 6/29 10⁰⁰

Church Chapel Graveside : FEATHERINGILL Mortuary.

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

will be applied and billed to undersigned.

Lot 199 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 1664.73

Paid receipt number 52584 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 J K Chel
Signature

X 1103 Helix Ct #6
Address

X Spring Valley CA 91977
City Zip Code

X (619) 698-5624
Telephone

Work Order # E 15307

Invoice # _____

Acct. # _____

E-15807

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|-----------------------------|---|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Esther | 1B. MIDDLE Louise | 1C. LAST (FAMILY) Cheek | 2. DATE OF BIRTH MONTH DAY YEAR 05/19/1940 | 3. DATE OF DEATH MONTH DAY YEAR 06/24/2000 | 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 Esther Sachs, daughter 5202 Auburn Dr., San Diego, CA 92105 | | |
| 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>T. Truesdale</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. | | 9A. AMOUNT OF FEE PAID \$ 7.00 | | 9B. DATE PERMIT ISSUED 06/28/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010840 |
| 8B. DATE SIGNED 06/26/2000 | | | | | |

| | | | | | |
|--|--|--|--|---|---|
| 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 06/28/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010840 |
| | 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"/> 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 6-29-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Arman Leguina</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 6-26-00

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

of MEREDITH PRITCHARD

in a T.S. VAULT Funeral, date, time Thurs 6/29 10⁰⁰

Church, Chapel, Graveside : CONRAD Mortuary.

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.

Lot 75 Grave 1 Row _____ Section 2 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 874.38

Paid receipt number Visa 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 Samuel
 Signature
X 1715 W. Yonkers Valley Rd
 Address
X SAN DIEGO CA 92193
 City
X 619-669-1981 Zip Code
 Telephone

Work Order # **E 15808**

Invoice # _____
 Acct. # _____

E-15808

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|--------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HEREDITH | 1B. MIDDLE MAE | 1C. LAST (FAMILY) PRITCHARD | 2. DATE OF BIRTH MONTH DAY YEAR 09/25/1922 | 3. DATE OF DEATH MONTH DAY YEAR 06/25/2000 | 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 JANICE L. KIRVIN - DAUGHTER 14715 LYONS VALLEY ROAD JAMUL, CA 91935 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: *Conrad Lemon*

8B. DATE SIGNED: **06/28/2000**

| | | | | |
|---|--|---|---|--|
| 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 06/28/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010860 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED 6-29-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman P...</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 7-5-00

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

in a LINER Type of Burial Container Funeral, date, time MON 7-10 1:30

Church, Chapel, Graveside DELIVERY ONLY; CONRAD Mortuary.

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. _____

✓ Lot 1183 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre need C-8322 0

Additional spaces and care fund **PAID**

Opening/Closing & Setup _____ 375.00

Burial Container JUL 115 2000 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting **MT. HOPE CEMETARY
CITY OF SAN DIEGO** _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due 769.73

Paid receipt number R-52637 769.73

Balance due 0

mortuary to bring check

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

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

Signature of recorded holder of deed

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

See attachment

Work Order # **E 15809**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-5-00

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

of JOSEPHINE CRALLE

in a LINER Funeral, date, time _____

Church, Chapel, Graveside DELIVERY ONLY: CONRAD Mortuary

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.

Lot 1183 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund See memo C-8322

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

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

Signature of recorded holder of deed _____

X [Signature]
X 1134 ERANOW AVENUE
X SAN DIEGO, CA 92117
X 658/581-2091

Work Order # E 15809

Invoice # _____

Acct. # _____

E-15809

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|------------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPHINE | 1B. MIDDLE ARZELLA | 1C. LAST (FAMILY) CRALLE | 2. DATE OF BIRTH MONTH DAY YEAR 03/19/1917 | 3. DATE OF DEATH MONTH DAY YEAR 07/02/2000 | 4. SEX F |
| 5A. CITY OF DEATH SAN DIEGO | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., OTHER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KENNETH A. FULLER - GRANDSON 4134 EPANOW AVENUE SAN DIEGO, CA 92117 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | 8A. SIGNATURE OF APPLICANT (Person issuing permit) <i>M. Mithelhauser</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 07/07/2000 | | | |

| | | | | |
|--|--|--|---|---|
| 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 07/07/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITHELHAUSER 2011301 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. 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 | 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 7-10-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Fuller</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 7-5-00

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

of AUDREY LANE ^{THOR}
 in a LINER _{Type of Burial Container} Funeral, date, time ~~7-18~~ 7-18 11:00

Church, Chapel, Graveside DELIVERY ONLY: CA BURIAL Mortuary. ^{GARY}

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.

✓ Lot 229 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUL 17 2000 145.00

Flower vases - Marker MT. HOPE CEMETARY 45.00

Recording and filing fees CITY OF SAN DIEGO, CA 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-52659 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 of recorded holder of deed _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # E 15810

Invoice # _____
 Acct. # _____

E-15810

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) AUDREY | 1B. MIDDLE - | 1C. LAST (FAMILY) LANE | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/06/1923 | 3. DATE OF DEATH MONTH, DAY, YEAR 06/23/2000 | 4. SEX F |
| 5A. CITY OF DEATH CORONADO | 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 5201-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 | 6A. SIGNATURE OF APPLICANT—Person taking permit; 6B. DATE SIGNED <i>Martin Mitchell</i> 06/29/2000 | | |
| 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. | | | | | |

| | | | | |
|---|---|---|---|---|
| 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. | 8A. AMOUNT OF FEE PAID \$7.00 | 8B. DATE PERMIT ISSUED 06/29/2000 M. MITCHELL | 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2010940 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—D.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 7-13-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wanda F. ...</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.

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-00

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

in a T.S. VAULT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3: _____ p.m. of regular work day or an extra charge of \$ 150⁰⁰ will be applied and billed to undersigned.

Lot _____ Grave 27 Row 1 Section 1 Division/Block 2

Grave space & Care Fund _____ 1595.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ PAID 375.00

Burial Container _____ 250.00

Handling Fees _____ MAY 08 2012 185.00

Flower vases - Marker setting for MT. HOPE CEMETERY _____

Recording and filing fee _____ CITY OF SAN DIEGO, CA 45.00

Sales taxes _____ 19.30

Related E-19689 Total Due _____ 2469.30

Exchanging Pre-need Paid receipt number MIC _____ 600.00

TS vault for 3-cremains with 3 Ash vault difference in _____ Balance due 1869.30

I hereby certify I am the payment is \$109.98 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

approved exchange
Maria M. Marsh
Signature of record holder of deed

4-26-2006

X Maria M. Marsh
Signature
X 2031 FROUDE ST
Address
X SAN DIEGO CA 92107-2329
City Zip Code
X 619-224-2721
Telephone

Work Order # E 15811

Invoice # _____

Acct. # _____

Granddaughter
Zainab Cheeks

619 - 263-7031

VOID

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|---------------------------------------|
| | <i>1784.38</i> |
| Payment NO. | 2 |
| Payment Due Date | October-00 |
| Payment Amount Due | 78.00 |
| Balance Due | 1,713.38 <i>1699.38</i> |

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

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

Lot 27 Row 1 Sec 1 Div 2

| | | |
|--------------------|------------------------|---------|
| Payment NO. | | 1 |
| Payment Due Date | September-00 | |
| Payment Amount Due | 55.00 78.00 | |
| Balance Due | <i>paid</i> 1,791.38 | |
| | | 1784.38 |

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

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

1699.38

| | |
|--------------------|---------------------|
| Payment NO. | 3 |
| Payment Due Date | November-00 |
| Payment Amount Due | 78.00 |
| Balance Due | 1,635.38 |

1,600.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

Payment NO. 4
Payment Due Date December-00
Payment Amount Due ~~85.00~~ ~~78.00~~
Balance Due ~~4,557.38~~

1600.00

1515.01

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

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|------------|
| Payment NO. | 5 |
| Payment Due Date | January-01 |
| Payment Amount Due | 8500.78:00 |
| Balance Due | 1,479.98 |
| | 1430.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|---------------------------------|
| Payment NO. | 6 |
| Payment Due Date | February-01 |
| Payment Amount Due | 95.00 78.00 |
| Balance Due | 1,401.38 1,335.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|---------------------|
| Payment NO. | 7 |
| Payment Due Date | March-01 |
| Payment Amount Due | 78.00 |
| Balance Due | 1,323.38 |

1335.00
1250.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

1250.00

| | |
|--------------------|---------------------|
| Payment NO. | 8 |
| Payment Due Date | April-01 |
| Payment Amount Due | 78.00 |
| Balance Due | 1,245.38 |
| | 1150.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|------------------------------|
| Payment NO. | 9 |
| Payment Due Date | May-01 |
| Payment Amount Due | 78.00 |
| Balance Due | 4,167.38 10700 |

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

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

• 0

Lot 27 Row 1 Sec 1 Div 2

107000

| | |
|--------------------|-------------------------------|
| Payment NO. | 10 |
| Payment Due Date | June-01 |
| Payment Amount Due | 90.00 78.00 |
| Balance Due | 1,089.38 980.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

980.00

| | |
|--------------------|---------------------|
| Payment NO. | 11 |
| Payment Due Date | July-01 |
| Payment Amount Due | 78.00 |
| Balance Due | 1,011.38 |

900.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811.

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|------------------|
| Payment NO. | 12 |
| Payment Due Date | August-01 |
| Payment Amount Due | 90.00 78.00 |
| Balance Due | 83.38 |

900.00

810.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

810.00

| | |
|--------------------|-----------------------------|
| Payment NO. | 13 |
| Payment Due Date | September-01 |
| Payment Amount Due | 1000 78.00 |
| Balance Due | 855.38 710.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|-------------------------------------|
| | <i>710.00</i> |
| Payment NO. | 14 |
| Payment Due Date | October-01 |
| Payment Amount Due | <i>PAID 100.00</i> 78.00 |
| Balance Due | 777.38 |
| | <u><i>610.00</i></u> |

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

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

610.00

| | |
|--------------------|-------------------|
| Payment NO. | 15 |
| Payment Due Date | November-01 |
| Payment Amount Due | 78.00 |
| Balance Due | 699.38 |

500.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E1581

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | | |
|--------------------|------------------|------------------|
| Payment NO. | 500.00 | 16 |
| Payment Due Date | December-01 | |
| Payment Amount Due | 80.00 | 78.00 |
| Balance Due | | 621.36 |

420.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

Plot 2187 Per \$90.00

| | |
|--------------------|--------------------------------------|
| Payment NO. | 17 |
| Payment Due Date | January-02 |
| Payment Amount Due | 78.00 |
| Balance Due | 549.98 <i>\$330.00</i> |

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

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

33000

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|-----------------------------|
| Payment NO. | 18 |
| Payment Due Date | February-02 |
| Payment Amount Due | 90.00 76.00 |
| Balance Due | 466.38 240.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

240.00

| | |
|--------------------|------------------------|
| Payment NO. | 19 |
| Payment Due Date | March-02 |
| Payment Amount Due | 80.00 78.00 |
| Balance Due | 387.38 |

160.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

| | |
|--------------------|------------------------|
| Payment NO. | 21 |
| Payment Due Date | May-02 |
| Payment Amount Due | 80.00 78.00 |
| Balance Due | 231.38 |

Yea!

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

E-15811

Mt. Hope Cemetery Prepayment Plan Record

Maria M. Marsh
2031 Froude Street
San Diego, CA 92107
619 224-4721
E-15811

Preneed for:

0

Lot 27 Row 1 Sec 1 Div 2

160.00

| | |
|--------------------|------------------------|
| Payment NO. | 20 |
| Payment Due Date | April-02 |
| Payment Amount Due | 78.00 80.00 |
| Balance Due | 309.38 |

80.00

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

MARSH, MARIA M. 2031 Froude St., San Diego 92107 619 224-4721

| | | DEBIT | CREDIT | BALANCE |
|----------|---|---------|--------|---------|
| 07-05-00 | Opened <u>Pre-need Lot & Trust.</u> Grave 27, Row 1, Section 1, Division 2 | 1595.00 | | 1595.00 |
| | Trust includes Opening/closing, T.S. Vault, handling fee, recording fee, tax on vault. | 874.38 | | 2469.38 |
| 07-05-00 | M/C | | 600.00 | 1869.38 |
| 9-5-00 | R-52819 | | 85.00 | 1784.38 |
| 10-2-00 | R-52923 Coupon #2 | | 85.00 | 1699.38 |
| 11-1-00 | R-53013 Coupon #3 | | 99.38 | 1600.00 |
| 12-4-00 | R-53112 | | 85.00 | 1515.00 |
| 01-08-01 | R-53236 Coupon 5 | | 85.00 | 1430.00 |
| 02-01-01 | R-53308 Coupon 6 | | 95.00 | 1335.00 |
| 3-6-01 | R-53434 | | 85.00 | 1250.00 |
| 4-5-01 | R-53536 | | 100.00 | 1150.00 |
| 05-04-01 | R-53651 Coupon 9 | | -80.00 | 1070.00 |
| 6-08-01 | R-53797 | | -90.00 | 980.00 |
| 7-16-01 | R-53921 | | 80.00 | 900.00 |
| 8-08-01 | R-54014 Coupon 12 | | -90.00 | 810.00 |
| 9-6-01 | R-54106 Coupon 13 | | 100.00 | 710.00 |
| 10-06-01 | R-54202 Coupon 14 | | 100.00 | 610.00 |
| | <u>Over-</u> | | | |
| | <u>Over-</u> | | | |
| | MARSH, MARIA | | | |
| | Pre-need Lot & Trust | | | |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52819

MOUNT HOPE CEMETERY

(619) 527-3400

From: Maria Marsh Address: 2031 Grand St San Diego 92107 Date: 9-5, 2000
Eighty Five Dollars (\$ 85.00)
 In part Payment of Pre-Need Lot + Trust

Lot _____ Grave 27 Row 1 Section 1 Division 2
 Block 2

Invoice No. _____
 Acct. No. _____
 W.O. E-15811
 BALANCE DUE 1784.38

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

ISSUED BY J. Shelton

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>85 00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 77182 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 80033 | |
| Sales Tax | 8022 | |
| | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>85 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

(619) 527-3400

52923

From: Maria Marsh Address: 2031 Grande St., S.O. 92107-2329 Date: 10-2, 20 00

Eighty-five and 00/100 Dollars (\$ 85.00)

In part Payment of Pre-Need lot + Trust for Maria Marsh

Lot _____ Grave 27 Row 1 Section 1 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-15811

BALANCE DUE 1699.38

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

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>85.00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>85.00</u> |

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

1828

ISSUED BY V Williams

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53013

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Nov-1-, 2000

From: Maria M Marsh Address: 2031 Froude St San Diego, Ca. 92107-2329
ninety nine and 38/100 Dollars (\$ 99.38)

In PART Payment of PRE-NEED FOR (MARTA M MARSH)

Lot _____ Grave 27 Row 1 Section 1 Division 2 Block 2

Invoice No. _____

Acct. No. _____

W.O. E-15811

BALANCE DUE \$ 1,600⁰⁰

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 01 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Maria Marsh

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | <u>99.00</u> |
| 20% 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>.38</u> |
| 9022 | | |
| Sales Tax | 60101 | |
| 78390 | | |
| TOTAL PAID | \$ | <u>99.38</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53112

MOUNT HOPE CEMETERY

(619) 527-3400

From: Maria March Address: 2031 Grand St San Diego 92107 Date: 12-4 .20 00
Eighty five Dollars (\$ 85.00)
 In part Payment of Pre-Need Lot & trust

Lot _____ Grave 27 Row 1 Section 1 Division 2
 Block 2

Invoice No. _____
 Acct. No. _____
 W.O. E-15811
 BALANCE DUE 1515.00

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>85</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 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>85</u> | <u>00</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
1908

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

53236

Date: JAN 08, 20 01
 From: MARIA M. MARSH Address: 2031 FROUDE ST., S.D., CA 92107
EIGHTY-FIVE and NO/100 Dollars (\$ 85.⁰⁰ ~~00~~)
 In - PART Payment of PRE-NEED LOT & TRUST

Lot 27 Grave — Row 1 Section 1 Division Block 2

Invoice No. / /

Acct. No. / /

W.O. E-15811

BALANCE DUE 1,430.⁰⁰

Coupon #5

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1934

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

ISSUED BY Denise [Signature]

| | | |
|------------------------|-------|----------------------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>85.⁰⁰</u> |
| Opening/ Closing | 77184 | |
| Burial Containers | 100 | |
| Handling Fee | 77181 | |
| Recording & Misc. Fees | 100 | |
| Pre-Need Trust | 77182 | |
| Sales Tax | 100 | |
| TOTAL PAID | 77185 | \$ <u>85.⁰⁰</u> |

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

53308



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb-01-, 2001

From: Maria M Marsh Address: 2031 FROUDES ST.

ninety five and 00/100 Dollars (\$ 95.00)

In part Payment of Pre-Need

Lot 27 Grave — Row 1 Section 1 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-15811

BALANCE DUE \$ 1,335.00

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

PAID

FEB 01 2001

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, Cr

ISSUED BY Maria Marsh

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>95</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>95</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

(619) 527-3400

E-15811

53434

From: Marie Marsh Address: 2031 Grand St San Diego 92107 Date: 3-6, 2001
 In part Payment of Pre-Need Lot - Trust Dollars (\$ 85.00)

Lot _____ Grave 27 Row 1 Section 1 Division 2
 Block 2

Invoice No. _____

Acct. No. _____

W.O. E-15811BALANCE DUE 1250.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1978

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

ISSUED BY

| | | | |
|------------------------|-------|----|----|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 85 | 00 |
| 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 | 60101 | | |
| 78390 | | | |
| TOTAL PAID | \$ | 85 | 00 |

OFFICIAL RECEIPT


 WHITE TO: CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-15811

53536

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 4-5

2001

From: Maria Marsh Address: 2031 Trade St San Diego 92107

One parked Dollars (\$ 100.00)

In part Payment of Pre-Need lot & trust

Lot _____ Grave 27 Row 1 Section 1 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-15811

BALANCE DUE 1150.00

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

AC-212 (Rev. 5-94)

1996

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

ISSUED BY

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53651

Date: May 4th, 2001

From: Maria M. Marsh Address: 2031 Freude St., San Diego, CA 92107

Eighty and -NO/100 Dollars (\$ 80.⁰⁰)

In - part Payment of Pre-Need Lot & Trust.

Lot 27 Grave - Row 1 Section 1 Division 2

Invoice No.

Acct. No.

W.O. E-15811

BALANCE DUE 1,070.⁰⁰

Coupon #9

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

CK# 2019

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

PAID

MAY 04 2001

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY [Signature]

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53797

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 8, 2001

From: Maria M. Marsh Address: 2031 Froude St., S.D., CA 92107

Ninety and NO/100 Dollars (\$ 90.00)

In part Payment of Pre-Need Lot & TRUST

Lot 27 Grave _____ Row 1 Section 1 Division 2

Invoice No.

Acct. No.

W.O. E-15811

BALANCE DUE 980.00

Coupon 10

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94) # 2038

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

PAID

JUN 08 2001

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY [Signature]

| | | |
|------------------------|-------|-------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | 90.00 |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 77182 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | 90.00 |

E-15811

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

53921



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
(619) 527-3400

From: maria marsh Date: 7-16, 2001
Address: 2031 Trade St San Diego 92107

In Eighty Dollars (\$ 80.00)
In part Payment of Pre-Need Trust

Lot _____ Grave 27 Row 1 Section 1 Division 2
Block _____

Invoice No. _____
Acct. No. _____
W.O. E-15811
BALANCE DUE 900.00

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

ISSUED BY J. Shelton

| | | | |
|------------------------|----------------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | <u>80</u> | <u>00</u> |
| 80% Sales of Lots | 77184 | | |
| Opening/Closing | 77181 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 83033 9022 | | |
| Sales Tax | 60101 78390 | | |
| TOTAL PAID | \$ | <u>80</u> | <u>00</u> |

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

2065

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

54014

MOUNT HOPE CEMETERY

(619) 527-3400

Date: August 8th, 2001From: MARIA M. MARSH Address: 2031 Froude St., SAN DIEGO, CA 92107
 In part Payment of Ninety and no/100 Dollars (\$ 90.⁰⁰/₁₀₀)
Pre-Need Lot & Trust

 Lot — Grave 27 Row 1 Section 1 Division 2
Invoice No. —Acct. No. —W.O. E-15811BALANCE DUE 810.00Personal Check-Coupon 12Pre-Need Lot At Need On Acct Pre-need Trust Cash Check AC-212 (Rev. 5-94) CK# 2088NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

AUG 08 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY [Signature]

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 57007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>90</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>90</u> | <u>00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

54106

Date: 9/6/01, 20__

From: Maria M. Marsh Address: 2031

One Hundred Dollars ⁰⁰/₁₀₀ Dollars (\$ 100⁰⁰)

In part Payment of Pre-Need Trust

Lot 27 Grave _____ Row 1 Section 1 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-15811

BALANCE DUE 710.00

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

SEP 06 2001

MT. HOPE CEMETARY
 CITY OF SAN DIEGO Ca

ISSUED BY Lilli Prince

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/ Closing | 77184 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77185 | | |
| Pre-Need Trust | 83033 | <u>100</u> | <u>00</u> |
| Sales Tax | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>100</u> | <u>00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

54202

From: Maria Marsh Address: On file Date: 10-5, 20 01
One hundred and ⁰⁰/₁₀₀ Dollars (\$ 100.00)
 In Part Payment of Pre-need Lot & Trust

Lot _____ Grave 27 Row 1 Section 1 Division Block 2

Invoice No. _____
 Acct. No. _____
 W.O. E-15811
 BALANCE DUE 610.00

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

2130

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

ISSUED BY Vi Wms

| | | | |
|------------------------|-------|------------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| Opening/Closing | 77184 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77185 | | |
| Pre-Need Trust | 63033 | <u>100</u> | <u>00</u> |
| Sales Tax | 9022 | | |
| | 60101 | | |
| | 78390 | | |
| TOTAL PAID | 5 | <u>100</u> | <u>00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15811

54335

From: Marie Marsh Address: On Record Date: 11-14, 2001

One Hundred Ten Dollars (\$ 110.00)
 In part Payment of Pre-Need Lot & Trust

Lot _____ Grave 27 Row 1 Section 1 Division 2
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15811

BALANCE DUE 500.00

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

2150

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

ISSUED BY S. Schellhaas

| | | | |
|------------------------|-------|------------|-----------|
| 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 | <u>110</u> | <u>00</u> |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 76390 | | |
| TOTAL PAID | \$ | <u>110</u> | <u>00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

54441

From: Maria M. Marsh Address: on record Date: Dec. 12, 20 01
Eighty and 00 Dollars (\$ 80.00)
 In part Payment of pre-need Trust Merquest
coupon # 16
 Lot 27 Grave _____ Row 1 Section 1 Division 2
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-15811
 BALANCE DUE \$ 420.00

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

AC-212 (Rev. 5-94) # 2174

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
PAID
 DEC 12 2001
 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CALIF.
 ISSUED BY Paulette Craft

| | | |
|----------------|-------|--------------|
| 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>80.00</u> |
| Trust | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>80.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E-15811

54534

From: Maria Marsh Address: On Record Date: 1-10 .2002

In part Payment of Pre-Need Lot & Trust Dollars (\$ 90.00)

Lot _____ Grave 27 Row 1 Section 1 Division Block 2

Invoice No. _____
 Acct. No. _____
 W.O. E-15811
 BALANCE DUE 330.00

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 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77185 | | |
| Pre-Need Trust | 83033 | 90 | 00 |
| Sales Tax | 9022 | | |
| | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 90 | 00 |

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

AC-212 (Rev. 5-94) 2187

ISSUED BY J. Schellin

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54628

From: Marie Marsh Address: on record Date: February 6, 2002
Ninety and 00 Dollars (\$ 90.00)
 In part Payment of Pre-need lot & trust account,
Coupon # 18
 Lot 27 Grave _____ Row 1 Section 1 Division 2
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15811

BALANCE DUE \$ 240.00

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

Paulette Crawford

| | | |
|----------------|-------|--------------|
| 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>90.00</u> |
| Trust | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>90.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

54739

From: maria m. marsh Date: march 6, 20 02
 Address: on record

eighty and 00 Dollars (\$ 80.00)

In part Payment of pre-need trust account
coupon # 19

Lot 27 Grave _____ Row 1 Section 1 Division 2
 Block 2

Invoice No. _____
 Acct. No. _____
 W.O. E-15811
 BALANCE DUE \$160.00

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

ISSUED BY D. Crawford

| | | |
|------------------------|-------|-------|
| 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 | |
| | 100 | |
| | 77183 | |
| | 83003 | 80 00 |
| | 9022 | |
| | 60101 | |
| | 78390 | |
| | | 80 00 |

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

(619) 527-3400

No 54962

From: Marie Marsh M. Date: May 8, 20 02
 Address: 2031 Froude St., S.D. CA 92107

EIGHTY and 00 Dollars (\$ 80.00)

In full Payment of Pre-need lot/trust account

PAID-in-full. Coupon # 21

Lot Grave 27 Row 1 Section 1 Division Block 2

Invoice No.

Acct. No.

W.O. E-15811

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.

PAID

MAY 08 2002

MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CA
 ISSUED BY Patricia Crawford

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77184 | |
| Burial Containers | 100 | |
| | 77182 | |
| Handling Fee | 100 | |
| Recording & Misc. Fees | 77185 | |
| Pre-Need Trust | 100 | |
| Sales Tax | 77183 | |
| | 63033 | <u>80.00</u> |
| | 9022 | |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>80.00</u> |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-6-00

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

in a LINER Type of Burial Container Funeral, date, time MON 7-10 2:00

Church, Chapel, Graveside DELIVERY ONLY: S.D. 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 <u>810</u> | Grave _____ | Row _____ | Section <u>3</u> | Division/Block <u>8</u> | |
| Grave space & Care Fund | | | | <u>Pre-Paid 074034</u> | <u>0</u> |
| Additional spaces and care fund | | | | PAID | <u>-</u> |
| Opening/Closing & Setup | | | | | <u>375.00</u> |
| Burial Container | | | | <u>JUL 07 2000</u> | <u>190.00</u> |
| Handling Fees | | | | MT. HOPE CEMETARY | <u>145.00</u> |
| Flower vases - Marker set | | | | CITY OF SAN DIEGO, CA | <u>-</u> |
| Recording and filing fee | | | | | <u>45.00</u> |
| Sales taxes | | | | | <u>14.73</u> |

Total Due 769.73

Paid receipt number R-52645 769.73

Balance due 0

I hereby certify I am the X [Signature] Toni Tanner of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Toni Tanner
Signature 46th St.
Address
X S.D.
City
X 619-281-8702
Telephone Zip Code

Signature of recorded holder of deed

Work Order # **E 15812**

Invoice # _____

Acct. # _____

E-15812



THE CITY OF SAN DIEGO

SUE SHACKELTON

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

MEMO

July 10, 2000

To: Whom it may concern

Re: Money Orders

The burial service for Dolores Dunson has been cancelled.


Toni Noel Tanner would like to return these money orders as they were NOT USED FOR PURPOSES INTENDED.

Sue Shackelton

Sue Shackelton
Clerical Assistant II



E-15812

TravelersExpress.  INTERNATIONAL MONEY ORDER

07/07/00 88-1055
1119

95448406922

9544840692
MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

PAY TO THE ORDER OF: Mt Hope CEMENTARY

***50000**
FIVE HUNDRED ***
DOLLARS 00 CENTS

PURCHASER, SIGNER FOR DRAWER: Toni Noel TANNER
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE


ADDRESS: 46th St.

920256209420001
1683600189136692

Payable Through
COMPASS BANK
Dallas, Texas

ISSUER/DRAWER:
TRAVELERS EXPRESS COMPANY, INC.

⑆111910555⑆954 48406922⑈ 90

TravelersExpress.  INTERNATIONAL MONEY ORDER

07/07/00 88-1055
1119

95448406933

9544840693
MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

PAY TO THE ORDER OF: Mt Hope CEMENTARY

***26973**
TWO HUNDRED ****
SIXTY-NINE *****
DOLLARS 73 CENTS

PURCHASER, SIGNER FOR DRAWER: Toni Noel TANNER
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS: 46th St.

920256209420001
1683600189136693

Payable Through
COMPASS BANK
Dallas, Texas

ISSUER/DRAWER:
TRAVELERS EXPRESS COMPANY, INC.

⑆111910555⑆954 48406933⑈ 90

LIMITED RECOURSE.

This Money Order will not be paid if it has been forged, altered, or stolen, and recourse is only against the presenter. This means that persons receiving this money order should accept it only from those known to them and against whom they have effective remedies.

**PAY TO THE ORDER OF
BANK OF AMERICA
SAN DIEGO, CA**

▶ 122000637
FOR DEPOSIT ONLY

Payee's End
For Information Only
Money Order
EHS EXPRESS
P.O. BOX 9478
55480
**CITY OF SAN DIEGO
MT. HOPE CEMETERY
14506-80200-CA**
1-800-542-3590

LIMITED RECOURSE.

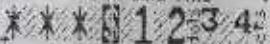
This Money Order will not be paid if it has been forged, altered, or stolen, and recourse is only against the presenter. This means that persons receiving this money order should accept it only from those known to them and against whom they have effective remedies.

**PAY TO THE ORDER OF
BANK OF AMERICA
SAN DIEGO, CA**

▶ 122000
FOR DEPOSIT ONLY

Payee's End
For Information Only
Money Order
EHS EXPRESS
P.O. BOX 9478
55480
**CITY OF SAN ANTONIO
MT. HOPE CEMETERY
14506-80200**
1-800-542-3590

DO NOT CASH UNLESS THE MACHINE PRINTED DOLLARS LOOK LIKE THIS



EXAMPLE ONLY YOUR DOLLAR AMOUNT MAY DIFFER.

PURCHASER'S AGREEMENT:

You, the purchaser, agree to immediately complete this Money Order by filling in the front of the Money Order signing, and addressing it at the bottom. The terms of this Money Order bind you, your heirs, or others who receive this Money Order from you.

SERVICE CHARGE:

If this Money Order is not used or cashed (presented for payment) within three (3) years of the purchase date, there will be a non-refundable service charge where permitted by law. The service charge will be deducted from the amount of payment shown on the Money Order. The service charge is twenty-five (25) cents per month from the date of purchase, but not more than twenty-one (21) dollars.

RESTRICTIONS ON USE:

The business or person selling this Money Order cannot use it to pay personal or business obligations.

LOAD THIS DIRECTION

DO NOT CASH UNLESS THE MACHINE PRINTED DOLLARS LOOK LIKE THIS



EXAMPLE ONLY YOUR DOLLAR AMOUNT MAY DIFFER.

PURCHASER'S AGREEMENT:

You, the purchaser, agree to immediately complete this Money Order by filling in the front of the Money Order signing, and addressing it at the bottom. The terms of this Money Order bind you, your heirs, or others who receive this Money Order from you.

SERVICE CHARGE:

If this Money Order is not used or cashed (presented for payment) within three (3) years of the purchase date, there will be a non-refundable service charge where permitted by law. The service charge will be deducted from the amount of payment shown on the Money Order. The service charge is twenty-five (25) cents per month from the date of purchase, but not more than twenty-one (21) dollars.

RESTRICTIONS ON USE:

The business or person selling this Money Order cannot use it to pay personal or business obligations.

LOAD THIS DIRECTION

E-15812

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-7-00

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

in a _____ Funeral, date, time MON 7-10

Church, Chapel, Graveside _____: RAGSDALE Mortuary.

All Funeral cars must arrive before 3. p.m. of regular work day or an extra charge of \$ 150⁰⁰ will be applied and billed to undersigned.

Lot 100 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 450.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 6.22

Total Due _____ 501.22

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 15813

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-00

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

of LEON PARKER ⁷⁻¹¹
in a DOUBLE DEPTH Funeral, date, time TUES 2-0 11:00

Graveside ^{Type of Burial Place} : RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

| | |
|--|---------------|
| Lot <u>98</u> Grave <u>4</u> Row _____ Section <u>2</u> Division/Block <u>11</u> | |
| Grave space & Care Fund | <u>795.00</u> |
| Additional spaces and care fund | _____ |
| Opening/Closing & Setup | <u>375.00</u> |
| Burial Container | <u>380.00</u> |
| Handling Fees | <u>320.00</u> |
| Flower vases - Marker setting fee | _____ |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>29.45</u> |

**MORTUARY to
BRING check**

Total Due 1944.45

Paid receipt number 52652 1944.45

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

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

Work Order # E 15814

Invoice # _____

Acct. # _____

E-15814

INTERMENT ORDER

7-10-00

LEON PARKER
DOUBLE DEATH

TUES 7-7 11:00

RAGSDALE

Bill Parker

| | | | |
|----|---|---|---------|
| 98 | 4 | 2 | 11 |
| | | | 795.00 |
| | | | 375.00 |
| | | | 380.00 |
| | | | 320.00 |
| | | | 45.00 |
| | | | 29.45 |
| | | | 1944.45 |

MORTUARY TO
BRIDG check

Total Due

Bill Parker

Bill Parker

Bill Parker

Bill Parker

E 15814

E-15814

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) Leon | 1B. MIDDLE Willie D. | 1C. LAST (FAMILY) Parker | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1916 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/06/2000 | 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 Ozell Parker, Wife 614 Cadman 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 [Signature] 07/10/2000 | | |

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 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 07/11/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature] 2011394 |
| | 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 7-11-00 | 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 |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 7-10-00

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

in a LIMER Funeral, date, time WED 7-12 1:00

Church, Chapel, Graveside CA BURIAL Mortuary

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 [Signature]

Lot 144 Grave 5 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

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 164.73

Total Due 1664.73

Paid receipt number VISA 700.00

R-52651 200.00

52650 Balance due 764.73

DEBORAH MOORE
949 733-1390

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 Deborah M Washburn
Signature
X 2122 Planman DR
Address
X SAN DIEGO CA 92105
City Zip Code
619 263-0277
Telephone

Work Order # **E 15815**

Invoice # _____

Acct. # _____

E-15815

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|--|----------------------------|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ZETTIE | 1B. MIDDLE ESQUE | 1C. LAST (FAMILY) HERVEY | 2. DATE OF BIRTH MONTH DAY YEAR 02/22/1921 | 3. DATE OF DEATH MONTH DAY YEAR 07/03/2000 | 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 DELORES WASHINGTON—DAUGHTER 2122 HANIMAN DR. 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>[Signature]</i> | | 8B. DATE SIGNED 07/11/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103370 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 07/11/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011448 |
| | 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 7-12-00 | 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 7-10-00

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

of JAMEELAH NAJIED
in a Double Depth Funeral, date, time THUR 7-13 1:00

Church, Chapel Graveside RAGSDALE Mortuary.

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.

Lot 2920 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting MT HOPE CEMETARY —

Recording and filing fee CITY OF SAN DIEGO, Ca 45.00

Sales taxes 29.45

Total Due 2144.45

Paid receipt number R-52648 2144.45

Balance due 0

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.

DARA KNOX

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

Signature of recorded holder of deed

X Signature [Signature]
X Address 4224 FORTSON ST #2
X City SAN DIEGO Zip Code 92104
✓ Telephone 619 296-9905

Work Order # E 15816

Invoice # _____

Acct. # _____

ZAINAB WEEKS

GRAND DAUGHTER

619 263-7031

1981

1981

1981

1981

E-15816

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Jameelah | 1B. MIDDLE - | 1C. LAST (FAMILY) Najieb | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/17/1912 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/05/2000 | 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 Burns, Husband 1655 N. 49th St. San Diego, CA 92102 | | |
| 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>Rebecca Williams</i> | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70336 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | 8B. DATE SIGNED 07/11/2000 | |

| | | | | |
|---|--|---|---|---|
| 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 07/13/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011569 |
| | 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 7-13-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wanda F. [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 7-11-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARBARA TURNER BRADLEY

in a LINER Type of Burial Container Funeral, date, time MON. 7-17 11:00
 Church Chapel Graveside CABRIAL Mortuary.

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.

| | | | | | |
|-----------------------------------|-------------|-----------|---------------|--------------------------|-------------|
| Lot <u>1151</u> | Grave _____ | Row _____ | Section _____ | Division/Block <u>10</u> | |
| Grave space & Care Fund | | | | | 995.00 |
| Additional spaces and care fund | | | | | PAID |
| 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 | | | | | 14.93 |
| Total Due | | | | | 1764.73 |
| Paid receipt number <u>VISA</u> | | | | | 1764.73 |
| 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 Naile Bradley
 Signature
X 204 40th St.
 Address
X San Diego, Cal.
 City
X (619) 266-2618
 Telephone

Work Order # **E 15817**

Invoice # _____
 Acct. # _____

E-15817

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | | |
|--|--|--|--|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BARBARA | | 1B. MIDDLE LEE | 1C. LAST (FAMILY) TURNER—BRADLEY | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/03/1959 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/08/2000 | 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 WADE BRADLEY—HUSBAND 704 40TH 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>Master Mitchell</i> |
| 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. | | 8B. DATE SIGNED 07/14/2000 | | |

| | | | | |
|--|--|--|---|---|
| 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 07/17/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011732 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5022 | 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 7-17-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wanda F. Jones</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 7-11-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SELASSIE KASSA ESKINDER

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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. _____

Lot 3400 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 _____

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 record holder of deed _____

X Eskinder Berhan
Signature
X 2636 WEST CANYON AVE.
Address
X SAN DIEGO CA 92123
City Zip Code
X (858) 569 0366
Telephone

Work Order # E 15818

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-12-00

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

of Rosalee Lee Thompson
in a liner Funeral, date, time Sat 7-15 10:00

Church, Chapel Graveside Daysdale Mortuary.

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of \$ 15000
will be applied and billed to undersigned.

✓ Lot 213 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 | 600.00 |
| Recording and filing fee | 45.00 |
| Sales taxes | 14.73 |
| Total Due | 2264.73 |
| Paid receipt number <u>VISA</u> | 2264.73 |
| 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.
THOMAS B. BELL
Signature of recorded holder of deed

X Thomas B. Bell
Signature
11519 Aclux Drive
Address
San Diego, 92126
City Zip Code
(658) 689-0051
Telephone

Work Order # E 15819 Invoice # _____
Acct. # _____

E-15819

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|--------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Rosie | 1B. MIDDLE Lee | 1C. LAST (FAMILY) Thompson | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/14/1918 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/05/2000 | 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 Bell, Nephaw 11379 Acrux Dr. San Diego, CA 92126 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Andersson-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 103776 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.

07/12/2000

| | | | | |
|---|--|--|---|---|
| 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 07/13/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011573 |
| | 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 7-15-00 | 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.

20 chairs
4 shovels
open back gate

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-13-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SIMIN DOKHT SHEIK HATTAR

in a _____ Funeral, date, time Fri 7-14 2:00

Church, Chapel, Graveside _____ GREENWOOD Mortuary.

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. _____

✓ 100 Lot Grave _____ Row _____ Section MUSL: M Division/Block _____

Grave space & Care Fund _____ **PAID** _____

Additional spaces and care fund _____ _____

Opening/Closing & Setup _____ JUL 13 2000 450.00

Burial Container _____ _____

Handling Fees _____ **MT. HOPE CEMETARY
CITY OF SAN DIEGO** _____

Flower vases - Marker setting fee _____ _____

Recording and filing fee _____ 45.00

Sales taxes _____ 6.22

Total Due _____ 501.22

Paid receipt number R-52667 501.22

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 Mehdi N. Jafar
Address 6306 ANNIL LAKE AVE
SD CA 92119
City _____ Zip Code _____
Telephone (619) 698-6232

Work Order # **E** 15820

Invoice # _____
Acct. # _____

E-15820

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|---|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SIMINDOKHT | 1B. MIDDLE - | 1C. LAST (FAMILY) SHEIKHATTAR | 2. DATE OF BIRTH MONTH DAY YEAR 09/07/1936 | 3. DATE OF DEATH MONTH DAY YEAR 07/13/2000 | 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 MERHAD NABIZADEH - SON 6306 ANVIL LAKE AVENUE SAN DIEGO, CA 92119 | | |
| 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 15375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 07/14/2000 | |

| | | | | |
|--|--|---|---|---|
| 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 07/14/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2011654 |
| | | 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"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT | |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA | |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|---|--|------------------------------------|---|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 7-14-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [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 7-13-00

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

in a LINER Funeral, date, time TUES 7-18 11:00

Church, Chapel, Graveside RAGSDALE Mortuary.

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 64 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees JUL 17 2000 145.00

Flower vases ~ Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1564.73

Total Due 1564.73

Paid receipt number R-52675 1564.73

Balance due 0

**MORTUARY +0
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 see attached
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # **E 15821**

Invoice # _____
Acct. # _____

[1582]

| NO | DATE | OF | RECEIVED | BY | DEPT | CODE | AMOUNT |
|----|------|----|----------|----|------|------|--------|
| 1 | 1941 | 12 | 12 | 12 | 12 | 12 | 12 |

E-15821

INTERMENT ORDER

DATE 7-13-00

DONNA PORTIS

DECEASED

WASSDALE

| | |
|------------------------|----------------|
| Funeral Home Fee | 175.00 |
| Transportation & Care | 375.00 |
| Basic Entombment | 190.00 |
| Viewing Fee | 125.00 |
| Flowers - Mother's Day | |
| Decorative Casket | 75.00 |
| Gravestone | 11.75 |
| TOTAL | 1501.75 |

PAID BY CHECK

I hereby certify that the above is a true and correct copy of the interment order as shown to me by the funeral home and I agree to pay the same to the funeral home or its assigns in full as provided herein.

Donna Portis

Mrs. Donna Portis

Mrs. Mary G. Olsen

Mrs. [unclear]

E 15821

E-15821

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

46

| | | | | | |
|---|-------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Donna | 1B. MIDDLE Jo | 1C. LAST (FAMILY) Portis | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/20/1953 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/11/2000 | 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 L. J. Portis, Husband 4178 Alabama St. Apt. 3. 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>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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 07/12/2000 | | | |

| | | | | |
|--|--|--|---|---|
| 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 07/14/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011706 |
| | 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 7-18-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Jones</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 7-14-00

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

of Perkel J. Harris

in a liner Funeral, date, time June 7-18 11:00

Church, Chapel Graveside Ragsdale Mortuary.

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.

✓ Lot 118 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Paid E-15747 0

Additional spaces and care fund _____ 1

Opening/Closing & Setup initials " " 0

Burial Container 2-300 " " 0

Handling Fees " " 0

Flower vases - Marker setting fee " " _____

Recording and filing fee _____ 0

Sales taxes _____ 0

gato flower used Total Due _____ 0

Paid receipt number _____

Balance due 0

I hereby certify I am the X Pausher of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Kimberly D. Riggs
 Signature
X 107 Leghorn Ave
 Address
X S. D. 92114
 City
X 264-9166 (CH) 7235461 (cell)
 Telephone

Work Order # **E 15822**

Invoice # _____

Accl # _____

E-15822

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15822

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

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| | | | | | |
|---|---------------------------|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Merkel | 1B. MIDDLE Jean | 1C. LAST (FAMILY) Harris | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/19/1929 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/12/2000 | 4. SEX F |
| 5A. CITY OF DEATH San Diego | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Karen Harris, Daughter 10962 Caminito Arcada San Diego, CA 92131 | | |
| 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>Albert Williams</i> | | 8B. DATE SIGNED 07/14/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 07/14/2000 <i>Williams</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011697 |
| 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 7-18-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</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 7-14-00

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

of Jeweleen O'ette
in a burial Funeral, date, time July 7-18 1:00

Church, Chapel, Graveside Ca Burial Mortuary.

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 145 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container JUL 14 2000 190.00

Handling Fees **MT. HOPE CEMETERY** 145.00

Flower vases - Marker setting **CITY OF SAN DIEGO, CA** —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52670 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 Wilson O'ette
Signature
X 308 MacHost Dr
Address
X Garner, NC 27529
City Zip Code
X 919-662-5455
Telephone

Work Order # **E 15823**

Invoice # _____

Acct. # _____

E-15823

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|--|-----------------|--|---|--|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Jeweleen | 1B. MIDDLE - | 1C. LAST (FAMILY) Oitte | 2. DATE OF BIRTH MONTH DAY YEAR 08/13/1937 | 3. DATE OF DEATH MONTH DAY YEAR 07/09/2000 | 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 Little John—daughter 7310 Penara Place San Diego, CA 92126 | |
| 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-1087 | | |
| ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | 8A. SIGNATURE OF APPLICANT—Person filing permit <i>M. Little</i> | | 8B. DATE SIGNED 07/13/2000 |

| | | | | |
|----------------------------------|---|--|---|--|
| 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 07/13/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Mitchell ▶ 2011621 |
| 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 | 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 7-18-00 | 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.

PRE-NEED
Lot + Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSALIE WINSTON Pin# 230088

in a ASH VAULT Funeral, date, time _____
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 \$ 150⁰⁰

will be applied and billed to undersigned, _____

Lot 179 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 300.00

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 569.26

Paid receipt number R-52669 569.26

Balance due 0

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

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

Signature of recorded holder of deed _____

208478
X Barbara J. Hayes
Signature
X 1795 Brookline St.
Address
X S. D 92102
City Zip Code
X 619-264-0442
Telephone

Work Order # E 15824

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-15825

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

| | | | | | |
|---|------------------------------|---|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) LEROY | 1B. MIDDLE CHARLES | 1C. LAST (FAMILY) COOK | 2. DATE OF BIRTH MONTH DAY YEAR 08/14/1933 | 3. DATE OF DEATH MONTH DAY YEAR 07/11/2000 | 4. SEX M |
| 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 JOANNE M PIERCE—SISTER 1076 NOVANA ST SAN DIEGO, CA 92107 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW CREMATION & BURIAL SERVICES 92111 7510 CLAIREMONT MESA BLVD SAN DIEGO, CA | | 7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD 1661 | 8A. SIGNATURE OF APPLICANT—Person taking permit | | 8B. DATE SIGNED 07/12/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS... PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 07/12/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011548 E. DOUGIELLO | |
| 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 checked="" type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

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

| | | | |
|---|--|--------------------------------------|--|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102 | 11B. DATE BURIED 7-18-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC 2570 FORTUNE WAY VISTA, CA 92083 | 12B. DATE CREMATED 7/13/00 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |
| | | | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

COMPLETE ALL APPLICABLE ITEMS

COPY 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 7-18-00

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

of KRAKO SINGAL

in a urn #7 Funeral, date, time TUES 7-23 11:00

Church Chapel Graveside : Cypress View Mortuary.

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.

Lot 191 Grave 10-11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fee 145.00

Flower vases - Marker setting fee 125.00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1789.73

Paid receipt number R-52680 1789.73

Balance due 0

I hereby certify I am the Tina Skienel of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Carolina Watters
Signature
X 2302 Servando St
Address
X San Diego 92154
City Zip Code
X 428-0724
Telephone

Work Order # E 15826

Invoice # _____
Acct. # _____

John



30" inside
31 $\frac{1}{2}$ " outside

7-25-00 R-52703

PAID 895.00
for Grave 11

| In | Norm |
|----|------|
| 38 | V |
| 95 | L |

E-15826

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

28

| | | | | | |
|---|-----------------|---|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) KEEKO | 1B. MIDDLE - | 1C. LAST (FAMILY) SINEGAL | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/24/1971 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/15/2000 | 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 CHAVALIA WATTREE - FIANCE 2302 SERVANDO AVE, #7 SAN DIEGO, CA 92154 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670 | | 8. SIGNATURE OF APPLICANT—Person taking permit <i>Chavalia Wattree</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. | | | 9B. DATE SIGNED 07/19/2000 | | |

| | | | | |
|--|--|---|---|--|
| 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 07/19/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011946 <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

| | | |
|--|--|---|
| <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 7-25-00 | 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.

Pre-need
lot & tunnel

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dev Petenko & Galena Delivanovskaya

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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. _____

Lot 10 Grave 1 Row _____ Section I00F Division/Block 20

Grave space & Care Fund _____ 1595.00

Additional spaces and care fund **PAID** _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 380.00

Handling Fees _____ 320.00

Flower vases - Marker setting _____ —

Recording and filing fee _____ 45.00

Sales taxes _____ 29.43

Total Due 2744.45

Paid receipt number R-52681 2744.45

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 _____

G. Selby
Signature
7777 Belden St. Apt. 107
Address
San Diego 92111
City Zip Code
(858) 492-59-45
Telephone

Work Order # **E 15827**

Invoice # _____

Acct. # _____

Pre-Need
for

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenya Diana Pertot-Traban 222118

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary, _____

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

will be applied and billed to undersigned. _____

Lot 75 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895⁰⁰

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 895⁰⁰

Paid receipt number 52687 224⁰⁰

Balance due 671.00

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.

Kenya D. Pertot-Traban
Signature

Signature of recorded holder of deed _____

Address 9308 Wood St

City SAN DIEGO CA 92114 Zip Code _____

Telephone 619-263-7813

Invoice # _____

Acct. # _____

Work Order # **E** 15828

TRAHAN, KENYA DIANA 930 Elwood St., San Diego 92114 619 263-7813

| | | | DEBIT | CREDIT | BALANCE |
|----------|--|--------------|--------|--------|---------|
| 07-17-00 | Opened Pre-need Lot. Lot 75 Grave 5 Section 2 Division 12 | | 895.00 | | 895.00 |
| 07-19-00 | R-52687 | | | 224.00 | 671.00 |
| 9-12-00 | R-52855 | Coupon #1 | | 28.00 | 643.00 |
| 02-26-01 | R-53394 | | | 40.00 | 603.00 |
| 03-09-01 | R-53451 | | | 128.00 | 475.00 |
| 05-09-01 | R-53664 | | | 140.00 | 335.00 |
| 8-24-01 | R-54055 | | | 100.00 | 235.00 |
| 10-15-01 | R-54232 | | | 100.00 | 135.00 |
| 1-30-02 | R-54594 | | | 25.00 | 100.00 |
| 3-18-02 | R-54775 | #20 | | 25.00 | 75.00 |
| 4-26-02 | R-54910 | #21 & 22 | | 50.00 | 25.00 |
| 7-1-02 | R-55157 | # No Coupon. | | 25.00 | 0 |

Paid in Full 7-1-02

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|-----------|
| Payment NO. | 12 |
| Payment Due Date | August-01 |
| Payment Amount Due | 28.00 |
| Balance Due | 335.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

Mt. Hope Cemetery Prepayment Plan Record

Kenya Diana Perteet-Trahan
930 Elwood Street
San Diego, CA 92114
619 263-7813
E-15828

Preneed for:
Kenya Diana Perteet-Trahan

Lot 75 Grave 5 Section 2 Division 12

| | |
|--------------------|--------------|
| Payment NO. | 1 |
| Payment Due Date | September-00 |
| Payment Amount Due | 28.00 |
| Balance Due | 643.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

**Mt. Hope Cemetery
Prepayment Plan Record**

**KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828**

**Preneed for:
KENYA D. PERTEET-TRAHAN**

Lot 75 Grave 5 Div 12 Sec 2

| | |
|---------------------------|----------------|
| Payment NO. | 11 |
| Payment Due Date | July-01 |
| Payment Amount Due | 28.00 |
| Balance Due | 363.00 |

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

**Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400**

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|----------|
| Payment NO. | 8 |
| Payment Due Date | April-01 |
| Payment Amount Due | 28.00 |
| Balance Due | 447.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|--------|
| Payment NO. | 9 |
| Payment Due Date | May-01 |
| Payment Amount Due | 28.00 |
| Balance Due | 419.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

F-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|---------|
| Payment NO. | 10 |
| Payment Due Date | June-01 |
| Payment Amount Due | 28.00 |
| Balance Due | 391.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA DIANA PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|--------------|
| Payment NO. | 1 |
| Payment Due Date | September-00 |
| Payment Amount Due | 28.00 |
| Balance Due | 643.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|------------|
| Payment NO. | 2 |
| Payment Due Date | October-00 |
| Payment Amount Due | 28.00 |
| Balance Due | 615.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E- 15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|-------------|
| Payment NO. | 3 |
| Payment Due Date | November-00 |
| Payment Amount Due | 28.00 |
| Balance Due | 587.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|-------------|
| Payment NO. | 4 |
| Payment Due Date | December-00 |
| Payment Amount Due | 28.00 |
| Balance Due | 559.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

**Mt. Hope Cemetery
Prepayment Plan Record**

**KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828**

**Preneed for:
KENYA D. PERTEET-TRAHAN**

Lot 75 Grave 5 Div 12 Sec 2

| | |
|---------------------------|-------------------|
| Payment NO. | 5 |
| Payment Due Date | January-01 |
| Payment Amount Due | 28.00 |
| Balance Due | 531.00 |

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

**Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400**

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|-------------|
| Payment NO. | 6 |
| Payment Due Date | February-01 |
| Payment Amount Due | 28.00 |
| Balance Due | 503.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E- 15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|----------|
| Payment NO. | 7 |
| Payment Due Date | March-01 |
| Payment Amount Due | 28.00 |
| Balance Due | 475.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|----------|
| Payment NO. | 20 |
| Payment Due Date | April-02 |
| Payment Amount Due | 28.00 |
| Balance Due | 111.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|---------|
| Payment NO. | 22 |
| Payment Due Date | June-02 |
| Payment Amount Due | 28.00 |
| Balance Due | 55.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

Mt. Hope Cemetery Prepayment Plan Record

KENYA D. PERTEET-TRAHAN
930 ELWOOD ST.
SAN DIEGO, CA 92114
619-263-7813
E-15828

Preneed for:
KENYA D. PERTEET-TRAHAN

Lot 75 Grave 5 Div 12 Sec 2

| | |
|--------------------|--------|
| Payment NO. | 21 |
| Payment Due Date | May-02 |
| Payment Amount Due | 28.00 |
| Balance Due | 83.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Nº 54910

Date: 4/26, 2002

From: Kenya D. Pertoot-Trahan Address: on Record

Fifty and 00 Dollars (\$ 50.00)
 In part Payment of Pre-need Lot Account, coupon's 21 & 22.

Lot 75 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-15828
 BALANCE DUE \$25.00

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

0208 ISSUED BY Paulette Crawford

| | | |
|----------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | <u>50.00</u> |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>50.00</u> |

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

Mt. Hope Cemetery Prepayment Plan Record

Kenya Diana Perteet-Trahan
930 Elwood Street
San Diego, CA 92114
619 263-7813
E-15828

Preneed for:
Kenya Diana Perteet-Trahan

Lot 75 Grave 5 Section 2 Division 12

| | |
|--------------------|--------------|
| Payment NO. | 1 |
| Payment Due Date | September-00 |
| Payment Amount Due | 28.00 |
| Balance Due | 643.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15828

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

52355

From: Kenya Perteet-Trahan Address: 930 Elwood St, San Diego, CA Date: 9-12
 In part Payment of Pre-Need 80% Dollars (\$ 28.00)

Lot 75 Grave 5 Row 2 Section 2 Division 12

Invoice No. _____

Acct. No. E-15828

W/O E-15828

BALANCE DUE 643.00

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

ISSUED BY J. Bucklin

| DESCRIPTION | AMOUNT | DIVISION |
|-----------------------|--------|----------|
| CREDIT 80% Sales Care | 67007 | |
| 80% Sales Care | 77184 | |
| of Lots | 100 | |
| Opening/ | 77184 | 28.00 |
| Closing | 100 | |
| Burial | 77181 | |
| Containers | 100 | |
| Handling Fee | 77182 | |
| Recording & | 100 | |
| Misc. Fees | 77185 | |
| Pre-Need | 100 | |
| Trust | 63003 | |
| Sales Tax | 9022 | |
| | 50101 | |
| | 78390 | |
| TOTAL PAID | | 28.00 |

NOT VALID FOR PURPOSES STATED UNLESS STAMPED
PAID IN THIS SPACE

AC-212 (Rev. 5-94)

Into Grave of
Gabriel [unclear]

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-19-00

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

in a _____ Funeral, date, time Fri 7-21 A/D

Church, Chapel, Graveside _____ Mortuary, ACCU CARE

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, _____

✓ Lot 14 Grave _____ Row _____ Section 4 Division B

Grave space & Care Fund Pre-Need B-4568

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Need E-15205

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 _____

See attached

Work Order # E 15829

Invoice # _____

Acct. # _____

E-15829 Patricia
MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-11-99

Preneed
trust

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

of X Jane Stewart Fenyves Collins

in a ash 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 14 Grave _____ Flow _____ Section 4 Division/Block 8

Grave space & Care Fund pre need B 4568 Q

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container _____ 55.00

Handling Fees _____ 100.00

Flower vases - Marker setting fee _____ 45.00

Recording and filling fee MT. HOPE CEMETERY 4.20

Sales taxes CITY of SAN DIEGO, CALIF 2109.20

Total Due 2109.20

Paid receipt number 51403 2109.20

Balance due Q

EO # 5392
8/18/99

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

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

Signature of recorded holder of deed _____

Patricia Reniche
Signature Patricia Reniche
Address 51 Trinidad Bend
Coronado, CA 92118 Zip Code
Telephone (619) 424-3400

Work Order # E 15205

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-158292315

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

93

| | | | | | |
|---|------------------------------|---|---|--|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JANE | 1B. MIDDLE STEWART | 1C. LAST (FAMILY) FENYVES-COLLINS | 2. DATE OF BIRTH MONTH DAY, YEAR 12/11/1906 | 3. DATE OF DEATH MONTH DAY, YEAR 07/08/2000 | 4. SEX FEM |
| 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 PATRICIA RENICHE DPOA 51 TRINIDAD BEND CORONADO, CA 92118 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ACCU-CARE CREMATION CENTER 2562 STATE ST. #E CARLSBAD, CA 92008 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1528 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Tolbert</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 07/14/2000 | | |

| | | | |
|---|---|---|--|
| 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 07/14/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JOHN TOLBERT 2011724 |
| 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 <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 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 7-21-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. Jordan</i> |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GATEWAY CREMATORY 1410 S ACACIA AVE. #D FULLERTON, CA 92831 | 12B. DATE CREMATED 7/18/00 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>J Jordan</i> |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |
| | | | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

COPY 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-15829

INTERMENT ORDER

7-19-00

JANE COLLIER'S

AYD

ACCU CARE

12700

14

Rm. North B-4568

E-15405

I hereby certify that the above named deceased was the legal wife of the deceased named above and that she was the legal widow of the deceased named above at the time of her death.

Kathleen [Signature]
[Signature]
[Signature]
(19) 424-2400

E 15829

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-19-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANTONIO ANGELO PA 20010037

in a Double Death Type of Burial Container Funeral, date, time FRI 7-21 9:00

Church, Chapel, Graveside Delivery Mortuary COMMUNITY
426-2006

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 3 Grave 3B 37 Row _____ Section _____ Division/Block 13

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 _____

John Schwabe
P.A.

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 15830

Invoice # 334737

Acct. # 000952

8-3-00

E-15830

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

7-11-00

| | | | | | |
|---|--------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Antonio | 1B. MIDDLE UNK | 1C. LAST (FAMILY) Angelo | 2. DATE OF BIRTH MONTH, DAY, YEAR UNK | 3. DATE OF DEATH MONTH, DAY, YEAR 07/19/2000 | 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 John Edwards - Public Administrator 5201 Ruffin Rd Ste A San Diego Ca 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Community Mortuary 855 Broadway Chula Vista, Calif 91911 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1682 | 8A. SIGNATURE OF APPLICANT— <i>John Edwards</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. | | | |

| | | | | |
|--|--|--|---|---|
| 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 07/19/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2011938 D.Heldenbrand |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, Calif 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 San Diego Ca 92102 | 11B. DATE BURIED 7-21-00 | 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.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-19-00

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

in a LINER Funeral, date, time Fri 7/21/00 2:00
Type of Burial Container
 Church) Chapel Graveside : S.D. MEMORIAL Mortuary.

All Funeral cars must arrive before 3:00p.m. of regular work day or an extra charge of \$ 150⁰⁰ will be applied and billed to undersigned.

| | |
|---|--------------------------|
| Lot <u>1545</u> Grave _____ Row _____ Section _____ | Division/Block <u>10</u> |
| Grave space & Care Fund <u>Pre-Need Lot + Trust</u> | <u>0</u> |
| Additional spaces and care fund <u>E-14711</u> | <u>0</u> |
| Opening/Closing & Setup | <u>0</u> |
| Burial Container | <u>0</u> |
| Handling Fees | <u>0</u> |
| Flower vases - Marker setting fee | <u>0</u> |
| Recording and filing fee <u>0 vertenic 150.00</u> | <u>0</u> |
| Sales taxes | <u>0</u> |
| PAID 8-17-00 | Total Due <u>0</u> |

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Martha Johnson
 Signature
749 Olivewood Tower
 Address
San Diego, Calif 92113
 City Zip Code
264-4516
 Telephone

Work Order # E 15831

Invoice # 334390
 Acct. # 102770

E-15831

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | | |
|---|-----------------------------|--|--|---|--------------------|------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) LOUISE | 1B. MIDDLE ARVETT | 1C. LAST (FAMILY) HOWARD | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/14/1924 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/18/2000 | 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 NARETHA JOHNSON - SISTER 749 OLIVEWOOD TERRENCE 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>Jeffery R. Johnson</i> | | | 8B. DATE SIGNED 07/19/00 |

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70276 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 07/21/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Darryl R. Street</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 7-21-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Johnson</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 7-20-00

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

of FOLEY Azbill Jr.

in a INFANT Funeral, date, time MON 7-24 11:00

Church, Chapel Graveside Featheringill Mortuary.

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.

Lot 632 Grave _____ Row _____ Section E D Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 125.00

Burial Container CAN JUL 21 2000

Handling Fees MT. HOPE CEMETARY

Flower vases - Marker setting CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes

Total Due 270.00

Paid receipt number R-52694 270.00

Balance due 0

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

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

Signature of record holder of deed _____

X Susan Mayo
 Signature
X 435 Aurora St
 Address
X San Diego
 City
X 527 4125 Zip Code
 Telephone

Work Order # E 15032

Invoice # _____
 Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-20-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rocky D. Early

in a _____ Funeral, date, time MON 7-24 1:00

Church, Chapel, Graveside _____ : GREENWOOD Mortuary.

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. _____

Lot 48 Grave A Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund 100.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 125.00

Burial Container JUL 21 2000

Handling Fees _____

Flower vases - Marker set MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number R-52695 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 Randall D. Early
Signature
X 6720 Dorianah St. #80
Address
X San Diego 92139
City Zip Code
X (619) 267-4031
Telephone

Work Order # E 15833

Invoice # _____

Acct. # _____

E-15833

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

4 DAYS

| | | | | | |
|--|-----------------------------|---|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROCKY | 1B. MIDDLE DONEDY | 1C. LAST (FAMILY) EARY | 2. DATE OF BIRTH MONTH DAY YEAR 07/10/2000 | 3. DATE OF DEATH MONTH DAY YEAR 07/14/2000 | 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 RANDALL EARY - FATHER 6720 DORIANA STREET, #80 SAN DIEGO, CA 92139 | | |
| 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>Diana Lewis</i> |
| ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | 8B. DATE SIGNED 07/22/2000 | | |

| | | | | |
|---|---|---|---|--|
| 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 DIANA LEWIS 07/24/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012139 |
| | | 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 ITEM(S) | 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 7-24-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [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 7-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOROTEA S. FONTELEA ~~DOB~~ ^{mom}

in a urn Funeral, date, time ~~DOB~~ 7-24 9:00

Type of Burial Container: Church Chapel Graveside : CA BURIAL Mortuary: MARTIN

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

will be applied and billed to undersigned. _____

Lot 193 Grave 2 Row _____ Section 2 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID** _____

Opening/Closing & Setup 375.00

Burial Container JUL 24 2000 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Marker setting fees CITY OF SAN DIEGO, Ca. _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52701 1664.73

Balance due 0

Mortuary to bring check

+ SON-IN-LAW

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

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

Signature of recorded holder of deed _____

X Maria Pastors
Signature
X 344 St. Rita Ct
Address
X San Diego, ca 92113
City Zip Code
X 619 263-1211
Telephone

Invoice # _____

Work Order # **E 15834**

Acct. # _____

E-15834

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|-------------------------------|--|---|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTEA | 1B. MIDDLE SANDOVAL | 1C. LAST (FAMILY) FONTELERA | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/12/1933 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/21/2000 | 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 NICOLAS FONTELERA—HUSBAND 946 N AVENUE #26 NATIONAL CITY, CA 91950 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Mitchell</i> |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 07/21/2000 | | |

| | | | | |
|--|--|---|---|---|
| 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 07/24/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012141 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | 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 7-24-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. ...</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-21-00

*Pre-need
note*

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

of Muslim Organization of San Diego

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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. _____

Lot 115 to 119 Grave _____ Row 5 Section Muslim Division/Block _____

Grave space & Care Fund _____ at \$ 50.00 2750.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container **PAID** _____

Handling Fees _____

Flower vases - Market setting fee JUL 21 2000 _____

Recording and filing fee _____

Sales taxes **MT. HOPE CEMETARY
CITY OF SAN DIEGO** _____

Total Due 2750.00

Paid receipt number R-52697 2750.00

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 15835**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/2/00

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

of LARRY JONES
in a _____ Funeral, date, time WED 8/2/00 12³⁰

Type of Burial Container _____
Church, Chapel, Graveside _____: S.D. MEMORIAL Mortuary.

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

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 MOCK _____

Burial Container _____

Handling Fees SET _____

Flower vases - Marker setting fee _____

Recording and filing fee UP 50.00

Sales taxes _____

Total Due 50.00

Paid receipt number 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 _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15836

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-24-00

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

in a LINER Type of Burial Container Funeral, date, time Thurs 7/27/00 9:00

Church, Chapel, Graveside WITNESS ONLY : Humphrey Mortuary.

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.

Lot 11 Grave 1 Row _____ Section 7 Division/Block 5

Grave space & Care Fund PRE-NEED Lot D-351

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 52699 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

James B. Hamilton
 Signature
7511 PARDECK AVE
 Address
SAN DIEGO 92117
 City
273-1342
 Telephone
 Zip Code

Work Order # E 15837

Invoice # _____

Acct. # _____

E-15837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) GLADYS | 1B. MIDDLE FERN | 1C. LAST (FAMILY) HAMILTON | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/13/1923 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/21/2000 | 4. SEX F |
| 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 James B. Hamilton, Jr. - Husband 5511 Bannock Avenue San Diego CA 92117 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE 4511 FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Quintin King</i> | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 07/25/2000 | | | |

| | | | | |
|--|--|--|---|---|
| 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 07/25/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012224 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 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 7/27/00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wm F. Jones</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 7-24-00

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

of INEAR CLAY

in a LINER Funeral, date, time THUR 7-27 11:00

Church, Chapel, Graveside DELIVERY ONLY: 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.

✓ Lot 55 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container **PAID** 190.00

Handling Fees 145.00

Flower vases - Marker settings 111 26 LUUU

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52709 1664.73

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 see
 X _____
 City attached Zip Code
 X _____
 Telephone

Work Order # E 15638

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-24-00

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

of INEAR CLAY

in a LINER
Type of Burial Container

Funeral, date, time THUR 7-27 11:00

Church, Chapel, Graveside DELIVERY ONLY: 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.

Lot 55 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Shirley Martin
Signature
X 363 MOSS ST. #11
Address
X Chula Vista CA 91921
Zip Code
X (619) 422-2259
Telephone

Work Order # E 15838

Invoice # _____

Acct. # _____

E-15838

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Inear | 1B. MIDDLE - | 1C. LAST (FAMILY) Clay | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/24/1914 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/22/2000 | 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 Shirley Martin, Niece, 363 Moss St. Apt. H Cmala Vista, CA 91911 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams AV. San Diego, CA | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i> | | |
| ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 130176 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code.</small> | | 8B. DATE SIGNED 07/25/2000 | | | |

| | | | | |
|--|--|---|--|--|
| 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 07/25/2000 <i>John Mayer</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012270 |
| | | 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"/> 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 St. San Diego, CA 92102 | 11B. DATE BURIED 7-27-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karl F. [Signature]</i> | |
| CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 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 7-24-00

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

of Ruth Jacobs
in a Ash Vault Type of Burial Container Funeral, date, time MON 8-7 AYD

Church, Chapel, Graveside DELIVERY ONLY: 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.

Lot 209 Grave _____ Flow _____ Section 4 Division/Block 8
Grave space & Care Fund PRE-NEED E-1037

| | | |
|-----------------------------------|----------------------------------|---------------|
| Additional spaces and care fund | | |
| Opening/Closing & Setup | PAID | <u>105.00</u> |
| Burial Container | | <u>55.00</u> |
| Handling Fees | <u>JUL 26 2000</u> | <u>60.00</u> |
| Flower vases - Marker setting fee | MT. HOPE CEMETARY | |
| Recording and filing fee | CITY OF SAN DIEGO, CA | <u>45.00</u> |
| Sales taxes | | <u>4.26</u> |
| | Total Due | <u>269.26</u> |
| | Paid receipt number <u>52711</u> | <u>269.26</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

Telephone

See attached

Work Order # E 15839

Invoice # _____
Acct. # _____

E-15839

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|---------------------------|---|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) RUTH | 1B. MIDDLE JANE | 1C. LAST (FAMILY) JACOBS | 2. DATE OF BIRTH MONTH DAY YEAR 03/09/1915 | 3. DATE OF DEATH MONTH DAY YEAR 07/22/2000 | 4. SEX F |
| 5A. CITY OF DEATH Escondido | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Fred Jacobs - Nephew 1360 Hill Street El Cajon CA 92020 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary—753 Broadway Chula Vista CA 91910 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i> | | 8B. DATE SIGNED 07/27/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 07/27/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King |
| 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> - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | | | | |

| | | | | |
|--|--|--|-------------------------------|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | | FOR CORONER'S USE ONLY | |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOANED (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 92102 | 11B. DATE BURIED 8-7-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 601-D Crane St. Lake Elsinore CA 92530 | 12B. DATE CREMATED 8-1-00 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Russ Kemzic</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 7-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Jacobs in a Ash Vault Funeral, date, time _____ Church, Chapel, Graveside DELIVERY ONLY: HUMPHREY Mortuary. All Funeral cars must arrive before 3:00p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

Lot 209 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund PRE-NEED E-1037

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container _____ 55.00

Handling Fees JUL 26 2000 60.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____ 4.26

Total Due 269.26

Paid receipt number 52711 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

X [Signature]
Signature
X 459 Carmel Dr.
Address
X La Mesa Ca 91941
City Zip Code
X (619) 442-9822
Telephone

Work Order # **E 15839**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-24-00

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

of OSCAR CHRE
in a T.S. VAULT Funeral, date, time SAT 7-29 1:00

Church, Chapel, Graveside : El Camino Mortuary.

All Funeral cars must arrive before 3:00p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned.

✓ Lot 221 Grave 3 Row _____ Section 4 Division/Block 6

Grave space & Care Fund Pre-Paid E- 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 250.00

Handling Fees **PAID** _____ 185.00

Flower vases - Marker setting fee Saturday overtime 600.00

Recording and filing fee JUL 25 2000 45.00

Sales taxes _____ 19.38

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

Total Due _____ 1474.38

Paid receipt number R-52707 1474.38

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 Rosalia S Chre
Address 538 So NARDO AVE
City SOLANA BEACH Zip Code 92075
Telephone 858 755 3839

Signature of recorded holder of deed _____

Work Order # **E 15840**

Invoice # _____

Acct. # _____

E-15840

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|----------------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) OSCAR | 1B. MIDDLE CHRISTOPHER | 1C. LAST (FAMILY) OHRE SR | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/03/1901 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/24/2000 | 4. SEX M |
| 5A. CITY OF DEATH SOLANA BEACH | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROSALIE OHRE—WIFE 538 S NARDO AVE SOLANA BEACH, CA 92075 | | |
| 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>Jackie Kozica</i> | | |
| 8B. DATE SIGNED 07/26/2000 | | ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | | |

| | | | | |
|---|--|--|---|---|
| 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 07/26/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JACKIE KOZICA |
| | 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"/> 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 ST/SAN DIEGO, CA 92101 | 11B. DATE BURIED 7-29-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</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 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.

2nd burial is for Catherine Collins

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-25-00

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

of ALLA B. COLLINS

in a LINER Double death Funeral, date, time Fri 7/28/00 1:00

Church, Chapel, Graveside DELIVERY ONLY : FEATHERINGILL Mortuary.

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.

✓ Lot 16 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container 380.00 111 25 LUVU 190.00 190.00

Handling Fees 320.00 **MT. HOPE CEMET** 175.00 145.00

Flower vases - Marker setting fee **CITY OF SAN D**

Recording and filing fee 45.00

Sales taxes 29.73 14.73 14.73

additional amount owed 379.73 Total Due 1664.73

for a new total of 2044.45 Paid receipt number Visa 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Sandra F Ward
Signature
X 8326 Tommy Dr
Address
X San Diego CA 92119
City
X (858) 654-4269 WK
Telephone

Work Order # **E 15841**

Invoice # _____
Acct. # _____

E-15841

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

75

| | | | | | |
|---|-------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Alla | 1B. MIDDLE B. | 1C. LAST (FAMILY) Collins | 2. DATE OF BIRTH MONTH DAY YEAR 08/10/1924 | 3. DATE OF DEATH MONTH DAY YEAR 07/25/2000 | 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 Sandra Ward, daughter 8326 Tommy Dr. San Diego, CA 92119 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheriggill 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>H. Truesdale</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 07/25/2000 | | | |

| | | | | |
|--|--|--|---|--|
| 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 07/26/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012313 |
| | | 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 7-20-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Sandra F. [unclear]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-00

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

in a _____ Funeral, date, time FRI 7-28 9:00

Church, Chapel, Graveside Guadalupe Mortuary for

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. _____

Lot 3 Grave 3B Row _____ Section _____ Division/Block 13

PAID

Grave space & Care Fund _____

Additional spaces and care fund JUL 25 2000 _____

Opening/Closing & Setup _____

Burial Container MT. HOPE CEMETARY
CITY OF SAN DIEGO _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee Disinterment fee 1000.00

Sales taxes _____

Total Due 1000.00

Paid receipt number R-52708 1000.00

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 San Rafael Padilla
Signature
X Jose Chavez (FOR MARIA)
Address LOURDES
X _____
City PADILLA
Zip Code
X _____
Telephone

Work Order # E 15842

Invoice # _____

Acct. # _____

ok per
band
nearly melted
ok per P.A.

MT. HOPE CEMETERY
INTERMENT ORDER

E-15842

City of San Diego

Date 7-12-00

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

of VENANCIA MEZA PA20001696

in a Double Depth Funeral date, time Wed 7/19/00 1:00

Church, Chapel, Graveside DELIVERY : Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150⁰⁰
will be applied and billed to undersigned.

Lot 3 Grave 3B Row _____ Section _____ Division/Block 13

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

PA MARK
DELATODA
(858) 694-3503

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 # 334249

Acct. # 000952

Work Order # E 15904

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

7-25-00

E-15842

APPLICATION 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) MEZA | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/01/1918 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/02/2000 | 4. SEX F |
| 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 DORA LUZ PABELLA—DAUGHTER CALLE ELOTE #960-3 FRACC. LAS HUERTAS, TLJUANA MX | |
| 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 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 07/27/2000 |

| | | | | |
|--|---|---|---|--|
| 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 07/27/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L. LIZARRAGA 2012409 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> VITAL RECORDS PO 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> | | |
| 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 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 checked="" 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 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC. LAKE ELSINORE, CA 92530 | 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 FUNERALES DEL RIO, JOSEPA ORTIZ DE DOMINGUEZ #1331 TLJUANA, B.C. MEXICO | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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-15842

County of San Diego

HEALTH SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT
ADULT PROTECTIVE SERVICES
PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
1600 LA JOLLA VILLAGE CENTER
SAN DIEGO, CALIFORNIA 92161

1600 LA JOLLA VILLAGE CENTER
SAN DIEGO, CALIFORNIA 92161

APR 25 2000

MT. HOPE CEMETARY
3751 MARKET ST.
SAN DIEGO, CA 92102

Re: Venancia Mata, deceased.

Please be advised that the Public Administrator's Office, pursuant to Article 1
Mortuary Services, to remove the remains of the deceased, Mrs. Venancia Mata. The
decedent's family has contracted with Artion Mortuary to have the decedent cremated
and shipped to Monterrey, Mexico. The Public Administrator will still process normal
payment of \$385.00 for your services. Thank you for your attention to this matter.

Sincerely,

Marco De La Torre
Deputy Public Administrator

E-15842



THE CITY OF
SAN DIEGO

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

7-25-00
MONTH YEAR

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

VENANCIA MEZA

from Lot 3 Grave 3B Section 13 Row Block
Division and to remove the same to and reinter said remains
in Lot Grave Section Row Block
Division Cemetery Monterrey, Mexico

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><i>[Signature]</i></u> | <u>DAUGHTER</u> | <u> </u> |
| <u><i>[Signature]</i></u> | <u>(FOR, MARIA LUCAS PADILLA)</u> | <u> </u> |
| | <u>DAUGHTER</u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> |
| <u>Signature</u> | <u>Relation to deceased</u> | <u>Address</u> |

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date



27
14

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-25-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TRALANI L. KANDALL

in a _____ Funeral, date, time FRI 7-28 1:00

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

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. _____

Lot 1423 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 125.00

Burial Container JUL 26 2000

Handling Fees MT. HOPE CEMETARY

Flower vases - Marker setting fee CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number R-52713 270.00

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 deed _____

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

See attached

Work Order # E 15843

Invoice # _____
Acct. # _____

E-15843

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

7 MO

| | | | | | |
|---|--|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Tralani | 1B. MIDDLE Lamari Lorraine | 1C. LAST (FAMILY) Kendall | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/02/1999 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/21/2000 | 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 Ebony McKinley - Mother 4808-Logan Avenue #102 San Diego, California 92113 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Avenue San Diego, California 92113 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575 | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Charles D. Jullia</i> 12/26/2000 | | |

| | | | | |
|---|--|--|---|--|
| 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. Jenkins | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012358 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, California 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, California 92102 | 11B. DATE BURIED 7-28-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jenkins</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 7-25-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TRALAN L. RANDALL

in a Graveside Funeral, date, time FRI 7-29 1:00
Church, Chapel S. D. MEADON Mortuary

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.

Lot 1423 Grave _____ Row _____ Section 1 Division/Block 9

| | |
|-----------------------------------|---------------|
| Grave space & Care Fund | <u>100.00</u> |
| Additional spaces and care fund | _____ |
| Opening/Closing & Setup | <u>125.00</u> |
| Burial Container | _____ |
| Handling Fees | _____ |
| Flower vases - Marker setting fee | <u>45.00</u> |
| Recording and filing fee | _____ |
| Sales taxes | _____ |
| Total Due | <u>270.00</u> |

**MORTUARY
BYING 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 deed.

Signature of recorded holder of deed _____

X Shela A Williams
X 2441 University Ave
X San Diego, Ca 92104
X 619-692-8090

Work Order # E 15843

Invoice # _____
Acct. # _____

FAX 619 521-403

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-26-00

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

of ROLAND TAYLOR

in a DOUBLE DEPTH Funeral, date, time FRI 7-28 11:00

Church, Chapel, Graveside DELIVERY; HUMPHREY Mortuary.

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.

✓ Lot 81 Grave 5 Row _____ Section 3 Division 12

Grave space & Care Fund PRE-NEED E-12895 ⊖

Additional spaces and care fund _____

Opening/Closing & Setup " " E-12895 ⊖

Burial Container interment transfer ⊖

Handling Fees 8-8-00 ⊖

Flower vases - Marker setting fee _____

Recording and filing fee ⊖

Sales taxes ⊖

Total Due ⊖

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

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

Work Order # E 15844

Invoice # _____
Acct. # _____

John Rubke / trustee
tax 26 814 0085

1-26-5

ROLAND TAYLOR
JESSIE DEATH
DELIVERY
HARRIS
FBI 1-26-50

18 3 18
FBI 1-26-50
FBI 1-26-50
FBI 1-26-50
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FBI 1-26-50

X
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11811

E-15844

RECEIVED TO FURNISH
THE FOLLOWING:

| DATE | BY | DESCRIPTION | AMOUNT | DEPT. CODE | OFF. CODE |
|----------|-----|-------------|--------|------------|-----------|
| 10/15/54 | ... | ... | ... | ... | ... |

E-15844

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|-------------------------------|--|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROLAND | 1B. MIDDLE RUTLEDGE | 1C. LAST (FAMILY) TAYLOR | 2. DATE OF BIRTH MONTH DAY YEAR 11/06/1907 | 3. DATE OF DEATH MONTH DAY YEAR 07/25/2000 | 4. SEX M | |
| 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 John Rupke - Executor W.142 N. 8000 Thorndell Drive Menomonee Falls WI .53051 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary-753 Broadway Chula Vista CA 91910 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-964 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i> | | | 8B. DATE SIGNED 07/27/2000 |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 07/27/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012437 <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

| | | |
|--|--|--|
| <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 LOCKED 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 7-28-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [Signature]</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 PLAGE 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 WASHINGTON
INTERMENT ORDER

521-3103
E-15844

DATE 7-26-00

The undersigned hereby certifies and represents that the deceased named herein was a resident of this State at the time of death.

ROLAND TAYLOR

DEATH DOUBLE DEATH DATE OF DEATH FRI 7-26 11:00

PLACE OF DEATH SELYERT COUNTY HUMPHREY

AGE 3 SEX M HEIGHT 5' 10" WEIGHT 150 HAIR B EYES B

CAUSE OF DEATH HEART DISEASE

DATE OF BURIAL 8/1 TIME 5 PLACE 3 GRAVE 12

PRE-PAYED E-12495

PRE-PAYED E-12475

PRE-PAYED E-12475

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PRE-PAYED E-12475

PRE-PAYED E-12475

I hereby certify that the above named deceased was a resident of this State at the time of death and that the undersigned is a duly licensed and qualified funeral director in this State.

I hereby authorize the funeral director to take possession of the body of the deceased and to prepare and perform the funeral services thereon.

I hereby authorize the funeral director to take possession of the body of the deceased and to prepare and perform the funeral services thereon.

I hereby authorize the funeral director to take possession of the body of the deceased and to prepare and perform the funeral services thereon.

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I hereby authorize the funeral director to take possession of the body of the deceased and to prepare and perform the funeral services thereon.

I hereby authorize the funeral director to take possession of the body of the deceased and to prepare and perform the funeral services thereon.

Order # E 15844

The information available in this document is for informational purposes only.

NO CHAIRS

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-28-00

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

in a _____ Funeral, date, time SAT. 7-29 12:00

Church, Chapel, Graveside GREENWOOD Mortuary.

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.

Lot 102 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund **PAID**

Additional spaces and care fund _____

Opening/Closing & Setup JUL 28 2000 450.00

Burial Container MT. HOPE CEMETARY

Handling Fees CITY OF SAN DIEGO, CA

Flower vases - Marker setting fee SATURDAY OVERTIME 600.00

Recording and filing fee 45.00

Sales taxes 6.22

Total Due 1101.22

Paid receipt number VISA 1101.22

Balance due 0

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

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

Signature of recorded holder of deed _____

X CA. Mehran
Signature
X P.O. Box 9526
Address
X Rancho Santa Fe 92067
City Zip Code
X 858 756 2581
Telephone

Work Order # E 15845

Invoice # _____

Acct. # _____

E-15845

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) SADEGH | 1B. MIDDLE -- | 1C. LAST (FAMILY) ALIKHANLOO | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/04/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/27/2000 | 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 SHAHIN MEHRAN - DAUGHTER 5440 BALTIMORE DRIVE, #135 LA MESA, CA 91942 | | |
| 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 15376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 07/28/2000 | | | |

| | | | | |
|---|--|--|---|---|
| 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 07/28/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2012503 |
| | BD. 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 7-29-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [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.

front
note

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-31-00

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

in a LINER Funeral, date, time THUR 8-3 11:00

Church, Chapel, Graveside CYPRESS VIEW Mortuary

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.

| | | | | |
|--|-----------------|-----------|------------------|-------------------------------------|
| Lot <u>88</u> | Grave <u>13</u> | Row _____ | Section <u>2</u> | Division/Block <u>7</u> |
| Grave space & Care Fund <u>Pre-Paid D-4035</u> <input checked="" type="checkbox"/> | | | | |
| Additional spaces and care fund <u>1</u> <input type="checkbox"/> | | | | |
| Opening/Closing & Setup <u>D-677P</u> <input checked="" type="checkbox"/> | | | | |
| Burial Container <input checked="" type="checkbox"/> | | | | |
| Handling Fees <input checked="" type="checkbox"/> | | | | |
| Flower vases - Marker setting fee <input type="checkbox"/> | | | | |
| Recording and filing fee <input checked="" type="checkbox"/> | | | | |
| Sales taxes <input checked="" type="checkbox"/> | | | | |
| Total Due | | | | <input checked="" type="checkbox"/> |

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Lee Ward
 Signature
 X 1499 Old Mountain Ave #111
 Address
 X San Jacinto 92583-1111
 City
 X (909) 487-9121
 Telephone
 Zip Code

Work Order # **E 15846**

Invoice # _____

Acct. # _____

E-15846

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARIE | 1B. MIDDLE V. | 1C. LAST (FAMILY) WARD | 2. DATE OF BIRTH MONTH DAY YEAR 04/25/1907 | 3. DATE OF DEATH MONTH DAY YEAR 07/30/2000 | 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 LEE WARD - SON 1499 OLD MOUNTAIN AVE, #111 SAN JACINTO, CA 92583 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>P. Valentine</i> | | 8B. DATE SIGNED 08/01/2000 |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/01/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012670 P Valentine |
| | | 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"/> 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 8-3-00 | 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 7-31-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JEFTE NEGRON 10:30

in a _____ Funeral, date, time THUR 8-3

Church, Chapel Graveside CA BURIAL Mortuary.

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. 229-2747

✓ Lot 950 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

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 270.00

~~MORTUARY TO BRING CHECK~~
~~CASKET MEASUREMENTS~~

Total Due 270.00

Paid receipt number R-52724

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 see _____
X City _____ Zip Code _____
X Telephone attached _____

Work Order # E 15847 Invoice # _____
Acct. # _____

E-15847

| DATE | TIME | LOCATION | OFFICER | DEPT. CODE | REMARKS |
|---------|----------|--------------|---------|------------|---------|
| 11/1/51 | 10:00 AM | 1000 10th St | ... | ... | ... |

E-15847

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) JEFTE | 1B. MIDDLE — | 1C. LAST (FAMILY) NEGRON | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/29/2000 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/29/2000 | 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 MARIA D. NEGRON—MOTHER 553 SILVERSTRAND BLVD. IMPERIAL BEACH, CA 91932 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1689 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Mitchell</i> | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10374 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 08/02/2000 | | | |

| | | | | |
|---|--|---|---|---|
| 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 47.00 | 9B. DATE PERMIT ISSUED 08/02/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA — | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

| | | | | |
|---|---|---|---|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 8-3-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS — | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED — | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION — | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE |

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

E-15847

Call FDI

THE CITY OF SAN DIEGO
INTERMENT ORDER

City of San Diego

7-31-00

JEFFREY

JEFFREY

NEGRON

JEFFREY

TAVR 8-3

CA 000000

Order Number: 15847
The interment shall be made in accordance with the provisions of the Ordinance of the City of San Diego, California, Chapter 15, Article 1, Section 15.01, and the rules and regulations of the City of San Diego, California, Chapter 15, Article 1, Section 15.02.

| | | | |
|-----|------------------------------|---|--------|
| 938 | Days | 7 | 100.00 |
| | Grave site & casket | | |
| | Additional spaces and tax | | 125.00 |
| | Opening, closing & setup | | |
| | Minor casket | | |
| | Handling Fees | | 43.00 |
| | Flowers - see separate order | | |
| | Recording and stamps | | 270.00 |

NECESSARY TO BRING CHECK
CROCK MEASUREMENTS

I, the undersigned, do hereby authorize the City of San Diego to make the order of interment as herein provided, and I agree to hold the City of San Diego harmless from and against all liability on account of said authorization and interment.

I hereby authorize the payment to be held under grant.

John Taylor
555 2nd Street
San Diego, CA 92102
Tel: 515-7511

Work Order # E 15847

This interment is provided as a public service to the community.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-1-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHARLES W. JACKSON

in a liner Funeral, date, time Fri 8-4 11:00

Church, Chapel, Graveside: RAGSDALE Mortuary.

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.

Lot 129 Grave 8 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

PAID

AUG 03 2000

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

Total Due 1664.73

Paid receipt number R-52730 1664.73

Balance due 0

Mortuary to bring

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 _____

X Charlotta K. Jackson
 Signature
 X 2030 69th St.
 Address
 X Lemon Grove 91945
 City Zip Code
 X 619-263-3972
 Telephone

Invoice # _____

Work Order # **E 15848**

Acct. # _____

E-15848

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Charles | 1B. MIDDLE W. | 1C. LAST (FAMILY) Jackson | 2. DATE OF BIRTH MONTH DAY YEAR 06/05/1935 | 3. DATE OF DEATH MONTH DAY YEAR 07/28/2000 | 4. SEX M |
| 5A. CITY OF DEATH Lenin Grove | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Charlotte Jackson, Wife 2030 69th St. Lemongrove, 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 FD1329 | | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Charles Jackson</i> | |
| | | | | 8B. DATE SIGNED 08/01/2000 | |

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$7.000 | 9B. DATE PERMIT ISSUED 08/04/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2012837 |
| 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 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 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 8-4-00 | 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 8-1-00

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

in a T.S. VAULT Funeral, date, time Thu 8-4 10:30
Type of Burial Container
 Church, Chapel, Graveside Leatheringill Mortuary.

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.

Lot 149 Grave 11 Row _____ Section 2 Division/Block 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>250.00</u> |
| Handling Fees | <u>185.00</u> |
| Flower vases — Marker setting | <u>—</u> |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>19.38</u> |
| Total Due | <u>1769.38</u> |
| Paid receipt number <u>VISA</u> | <u>1769.38</u> |
| Balance due | <u>0</u> |

PAID

AUG 01 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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 _____

X Barbara G. Stone
 Signature _____
 X _____
 Address 4529 Maracorda
 City San Diego, Ca. Zip Code _____
 X _____
 Telephone 583-7500
 Invoice # 265-0612

Work Order # **E 15849**

Acct. # _____

E-15849

| NO. | DATE | BY | TIME | PLAC. | TYPE | REMARKS | EV. | REPLY | DATE | SPOS. |
|-------|------|----|-------|-------|------|---------|-----|-------|------|-------|
| 15849 | 1953 | | 20:20 | 41 | | | | | | |

E-15849
87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Laurence | 1B. MIDDLE C. | 1C. LAST (FAMILY) Stone | 2. DATE OF BIRTH MONTH DAY YEAR 11/30/1912 | 3. DATE OF DEATH MONTH DAY YEAR 07/30/2000 | 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 Barbara Stone, wife 4529 Mataro Dr. 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 FD1083 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |

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

| | | | | |
|--|--|--|---|--|
| 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 08/02/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012728 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

| | | |
|--|--|---|
| <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. Hopw Cem., 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 8-4-00 | 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 8-1-00

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

of CUSSIE TAYLOR

in a DOUBLE DEATH ^{SINGLE} ~~BURIAL~~ Funeral, date, time MON 8-7 11:00

Church/Chapel Graveside : RAGSDALE Mortuary

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.

Lot 89 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund PRE-NEED E-14496

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container _____

Handling Fees AUG 04 2000

Flower vases - Marker setting MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____

Total Due 420.00

Paid receipt number R-52731 420.00

Balance due 0

MORTUARY to
BRING check.

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

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

Signature of recorded holder of deed _____

X Signature
X Address
X City
X Telephone

Zip Code

Work Order # E 15850

Invoice # _____

Acct. # _____

E-15850

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

7-31-00

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

Found 71

| | | | | | |
|---|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Gussie | 1B. MIDDLE - | 1C. LAST (FAMILY) Taylor, Sr. | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/07/1929 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/30/2000 | 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 Gussie Taylor, Jr., Son 404 47th St. #35 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 FD1329 | 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 08/04/2000 | | | |

| | | | | |
|--|--|--|---|---|
| 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 08/04/2000 <i>[Signature]</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012860 |
| | 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"/> 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 8-7-00 | 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.

E-15850

INTERMENT ORDER

81-00

CUSSIE RAYLOR
Double Depth ²⁰⁰ MON 5-7 11:00
RAYSDALE 180

89 5 1 11
575.00

4500

MORTUARY 45 430.00

John T. Taylor
X 1011 1/2th St.
X San Diego, CA 92102
X 214 1177

E 15850

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-2-00

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

of ROBERT LEASON PA 2001102
in a LINER Funeral, date, time FRI 8-4 9:00

Church, Chapel, Graveside DELIVERY ONLY FEATHERINGILL Mortuary, ED

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

will be applied and billed to undersigned.

Lot 3 Grave 3T Row Section Division/Block 13

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 9-15-00

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

REBECCA BARR (858) 694-3500

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 # 335028

Acct. # 000952

Work Order # E 15851

8-15-00

E-15851

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) Robert | 1B. MIDDLE Russell | 1C. LAST (FAMILY) Leason | 2. DATE OF BIRTH MONTH DAY YEAR 07/29/1969 | 3. DATE OF DEATH MONTH DAY YEAR 07/26/2000 | 4. SEX M |
| 5A. CITY OF DEATH Oceanside | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca Barr - PA 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 | | 8B. DATE SIGNED 08/01/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10316 of the Health and Safety Code, and was authorized pursuant to Section 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 08/02/2000 C. Maggard | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012744 |
| | 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 St., San Diego, CA 92102 | 11B. DATE BURIED 8-4-00 | 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 CH 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 8-2-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSE CARMEN SALINAS 12:30

in a LINER Funeral, date, time Fri 8-4
Type of Burial Container
 Church (Chapel) Graveside Bytton Mortuary

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: Lucila Salinas

Lot 146 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 AUG. 07 2000 145.00

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO, CA

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-52727 1664.73

Balance due 0

I hereby certify I am the Lucila Salinas of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Lucila Salinas
Signature
 X 3562 Marlborough Hill
Address
 X San Diego 92105
City Zip Code
 X 2846016
Telephone

Work Order # E 15352

Invoice # _____

Acct. # _____

E-15852

284-9111

E-15852

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CAMILLO | 1B. MIDDLE - | 1C. LAST (FAMILY) SALINAS | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/18/1938 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/01/2000 | 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 LUCILA HERNANDEZ DE SALINAS-WIRE 3562 MALBOROUGH AVE. 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 PD 1658 | 8A. SIGNATURE OF APPLICANT—Person taking action <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 08/02/2000 | | |

| | | | | |
|--|---|---|---|---|
| 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 08/02/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT NANCY LOPEZ 2012755 |
| | | 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 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 8-4-00 | 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.

marker from
deceased
is paid for

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-2-00

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

of ALEXANDER MUNCHWEILER
in a LINER Funeral, date, time TUES 8-8 1:00

Church, Chapel, Graveside Graveside : MERKLEY-mitchell Mortuary

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.

| | | | | |
|-----------------------------------|-----------------------------------|-----------|------------------|-------------------------------------|
| Lot <u>867</u> | Grave _____ | Row _____ | Section <u>1</u> | Division/Block <u>8</u> |
| Grave space & Care Fund | <u>PRE-NEED</u> | | | <input checked="" type="checkbox"/> |
| Additional spaces and care fund | <u>Lot + Trust</u> | | | <input checked="" type="checkbox"/> |
| Opening/Closing & Setup | <u>interment transfer 8-16-00</u> | | | <input checked="" type="checkbox"/> |
| Burial Container | | | | <input checked="" type="checkbox"/> |
| Handling Fees | | | | <input checked="" type="checkbox"/> |
| Flower vases - Marker setting fee | | | | <input checked="" type="checkbox"/> |
| Recording and filing fee | | | | <input checked="" type="checkbox"/> |
| Sales taxes | | | | <input checked="" type="checkbox"/> |
| Total Due | | | | <input checked="" type="checkbox"/> |

E-14748
B-7113
R# 50621

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]
Signature
+ 14333 Van Nuys Bl #44
Address
+ Aceto CA 91331
City Zip Code
+ (818) 897-2542
Telephone

Work Order # E 15853

Invoice # _____
Acct. # _____

E-15853

E-15853

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

97

| | | | | | |
|--|--------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ALEXANDER | 1B. MIDDLE LIT | 1C. LAST (FAMILY) MUNCHWEILER | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/24/1903 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/01/2000 | 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 MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103 | | |
| 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. J. Mitchell</i> | | 8B. DATE SIGNED 08/04/2000 |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code. | | | |

| | | | | |
|---|--|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 08/07/2000 V. J. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2012909 |
| | | 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 (SAN DIEGO COUNTY) | 11B. DATE BURIED 8-8-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Sam F. [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 8-3-00

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

of JOHN DOE PA #20010137

In a Double Depth Funeral, date, time WED 8-9 9:00

Church, Chapel, Graveside Delivery : None Mortuary

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. _____

Lot 3 Grave 40 Row _____ Section _____ Division/Block 13

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 _____

P.A. 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 # 335124

Acct. # 000953

Work Order # E 15854

E-15854

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

| | | | | | |
|--|------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) John | 1B. MIDDLE - | 1C. LAST (FAMILY) Doe | 2. DATE OF BIRTH MONTH DAY YEAR unknown | 3. DATE OF DEATH MONTH DAY YEAR 05/03/2000 | 4. SEX M |
| 5A. CITY OF DEATH San Diego | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ellen Beuparland, PA BEAUPARLAND | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424 | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 5201-A Ruffin Rd. San Diego, CA 92123 | | |

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: **John Mayer**

8B. DATE SIGNED: **08/09/2000**

| | | | | |
|--|--|---|--|--|
| 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 08/09/2000 John Mayer | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013069 |
| | | 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"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> B. CREMATION | <input checked="" type="checkbox"/> F. DISINTERMENT | |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA | |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|---|--|-----------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 8 8 00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY 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 8-4-00

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

in a LINER Funeral, date, time MON 8-7 12:00

Church (Chapel) Graveside Mortuary, RAGSDALE

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.

Lot 96 Grave 10 Row _____ Section 2 Division/Block 12

| | |
|---------------------------------|-------------------------|
| Grave space & Care Fund | 895.00 |
| Additional spaces and care fund | PAID |
| Opening/Closing & Setup | 375.00 |
| Burial Container | AUG. 0.4 LUUU 190.00 |
| Handling Fees | 145.00 |
| Flower vases - Marker setting | _____ |
| Recording and filing fee | 45.00 |
| Sales taxes | 14.73 |

Total Due 664.73

Paid receipt number R-52737 664.73

Balance due 0

I hereby certify I am the X Foster of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery 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 Amos
X Signature [Signature]
X Address P.O. Box 7 # 303
X City 242. 9331 Zip Code
X Telephone _____

Work Order # E 15855

Invoice # _____
 Acct. # _____

E-15855

E-15855

42

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--------------------------|--|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Cynthia | 1B. MIDDLE Ann | 1C. LAST (FAMILY) Phelps | 2. DATE OF BIRTH MONTH DAY YEAR 02/14/1958 | 3. DATE OF DEATH MONTH DAY YEAR 07/31/2000 | 4. SEX F |
| 5A. CITY OF DEATH Richmond | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Contra Costa | 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Isaac Phelps Son 3015 20th St., Richmond, CA 94804 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Interment Society 4420 Macdonald Ave., Richmond, CA 94805 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1518 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Diana Phelps</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 08/03/2000 | | |

| | | | | |
|--|--|--|--|--|
| 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 08/03/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Wendell Brunner MD</i> |
| | | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 826 Main St., Martinez, CA 94553 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 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"/> G. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input checked="" type="checkbox"/> H. TRANSIT 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 8-7-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Long</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 8-9-00

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

of ELMER W. NICHOLS

in a URN GARDEN Type of Burial Container Funeral, date, time THUR 8-17 AYD

Church, Chapel, Graveside DELIVERY ONLY : RAQSDALE Mortuary.

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.

Lot 303 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup PAID 105.00

Burial Container

Handling Fees AUG 14 LUNN

Flower vases - Marker setting fee

Recording and filing fee MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO

Sales taxes

Total Due 450.00

Paid receipt number R-52767 450.00

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.

X See
Signature
X
Address
X attached
City
X
Telephone

Signature of recorded holder of deed

Work Order # E 15856

Invoice # _____

Acct. # _____

E-15856

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

79

| | | | | | | |
|--|-------------------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Elmer | 1B. MIDDLE W. | 1C. LAST (FAMILY) Nichols | 2. DATE OF BIRTH MONTH DAY YEAR 10/10/1926 | 3. DATE OF DEATH MONTH DAY YEAR 08/03/2000 | 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 Anita E. Randolph, Friend 5031 Saint Rita Place 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 FD1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | | 8B. DATE SIGNED 08/08/2000 |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/08/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2013018 |
| | | 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 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 8-17-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 601 D Crane St. Lake Elsinore, CA 92530 | 12B. DATE CREMATED 8-10-00 | 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.

E-15856

INTERNET ORDER

8-9-00

ELMER W. NICHOLS
HEN BARKER

Delivery only

| | | |
|-----|------|--------|
| 303 | 4000 | 300.00 |
| | | 705.00 |
| | | |
| | | 45.00 |
| | | 450.00 |

Route 1000

E 15856

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-10-00

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

of CHARLTON Harold

in a Top SEAL Funeral, date, time Wed 8/10/00 12:00

Church, Chapel, Graveside Graveside ; in Burial Mortuary.

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.

Lot 242 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Balance over 399.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 250.00 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 19.38

Sales taxes _____ 11.7355

Total Due 1168.7355

Paid receipt number 52760 1233.38

for 1233.38 Balance due 223.38

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 _____

Signature Shirley L. Jones

Address 4447 Illinois St

City San Diego CA 92116

Telephone 619 255-3727

Work Order # E 15057

Invoice # _____ Acct. # _____

Dig Extra deep for double depth

| | | | | | | | |
|---------------------|--------------------------------|----|-----|-----|----------|--------|--------|
| 08-05-99 | PRE NEED LOT OPENED 242-7-2-12 | | | | \$895.00 | | |
| 08-05-99 | R51408 | | | | | 100.00 | 729.00 |
| | | 20 | 1/2 | 179 | | | |
| 09-07-99 | R51495 | | | | | 33.00 | 762.00 |
| | | 80 | 1/2 | 716 | | | |
| 10-05-99 | R 51588 | | | | | 33.00 | 729.00 |
| 11-9-99 | R-51672 | | | | | 33.00 | 696.00 |
| 12-2-99 | R-51741 | | | | | 33.00 | 663.00 |
| 1-5-00 | R-51843 | | | | | 33.00 | 630.00 |
| 2-7-00 | R-52103 | | | | | 33.00 | 597.00 |
| 3-2-00 | R-52172 | | | | | 33.00 | 564.00 |
| 4-3-00 | R-52273 | | | | | 33.00 | 531.00 |
| 5-2-00 | R-52380 | | | | | 33.00 | 498.00 |
| 6-2-00 | R-52526 | | | | | 33.00 | 465.00 |
| 7-3-00 | R-52621 | | | | | 33.00 | 432.00 |
| 8-1-00 | R-52721 | | | | | 33.00 | 399.00 |
| 8-11-00 | R-52760 | | | | | 33.00 | 366.00 |

E-15857

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CHARLTON | 1B. MIDDLE HESTON | 1C. LAST (FAMILY) HERROD | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/01/1981 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/05/2000 | 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 LORRAINE HERROD—MOTHER 4290 FRANKLIN 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 | 8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>Lorraine Herrod</i> 08/14/2000 | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/14/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT N. MITCHELL | 2013306 |
| | | 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 8-16-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. [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 CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-15857 51588



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

MOUNT HOPE CEMETERY
527-3400

From: Sheila Jones-Nelson Address: 4432 ILLINOIS AVE #4 SAN DIEGO CA 92116 Date: Oct. 5, 1999

In Thirty three Dollars (\$ 33.00)
in import Payment of pre-need lot

Lot 242 Grave 7 Row _____ Section 2 Division Block 17

Invoice No. _____
Acct. No. _____
W.O. E-15197
BALANCE DUE 729.00

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

ISSUED BY Patricia GINSBURG

| | | |
|----------------|-------|--------------|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | <u>33.00</u> |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 83033 | |
| Trust | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>33.00</u> |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-10-00

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

of HELEN M. REYNOLDS

in a DOUBLE DEPTH Funeral, date, time TUE 8-15 1:00

Church Chapel Graveside RAGSDALE Mortuary.
Type of Burial Container SR: TPCA

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.

Lot 108 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund **PAID** 795.00

Additional spaces and care fund _____

Opening/Closing & Setup AUG 14 2000 375.00

Burial Container MT. HOPE CEMETARY 380.00

Handling Fees CITY OF SAN DIEGO, CA 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 1944.45

**MORTUARY TO BRING
 CHECK MON. MORNING**

Paid receipt number R-52766 1944.45

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 _____

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

Work Order # **E 15858**

Invoice # _____

Acct. # _____

E-15858

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

57

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

| | | | | | |
|---|----------------------------|---|---|---|----------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Helen | 1B. MIDDLE Marie | 1C. LAST (FAMILY) Reynolds | 2. DATE OF BIRTH MONTH DAY YEAR 06/06/1943 | 3. DATE OF DEATH MONTH DAY YEAR 08/09/2000 | 4. F |
| 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 Wilton L. Reynolds - Son 4076 Illinois St. #7 San Diego, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Thompson Funeral Home 3601 5th Ave. Sacramento, CA 95817 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD860 | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>L. Olden</i> 08/10/2000 | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7100 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 L. Olden 08/10/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX AUTH# 3908 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Sacramento County health Dept. 3701 Branch Center Rd. Sacramento, CA | 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 | | |

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 | 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 CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-15859

is not included
in this spindle

E- 15899 - 15800

Barbara Ann
Nelin

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

20 CHAIRS

Date 8-10-00

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

of IRVING ELLIS NELIN

In a Double Death Funeral, date, time TUES 8-15 11:00

Church, Chapel, Graveside; MERILEY MITCHELL Mortuary,
Scott

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.

Lot 12 Grave 4 Row _____ Section MAS Division/Block J

Grave space & Care Fund 1595.00

Additional spaces and care fund

Opening/Closing & Setup..... **PAID** 375.00

Burial Container..... 380.00

Handling Fees..... AUG 10 2000 320.00

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

Recording and filing fee..... MT. HOPE CEMETARY 45.00
CITY OF SAN DIEGO, CA

Sales taxes..... 29.45

Total Due..... 2744.45

Paid receipt number VISA 2744.45

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

Jamel Marshall
Signature
2611 Grandview St.
Address
San Diego CA 92110
City Zip Code
619 275 2251
Telephone

Work Order # E 15260

Invoice # _____
Acct. # _____

E-15860

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) IRVING | 1B. MIDDLE ELLIS | 1C. LAST (FAMILY) NELIN | 2. DATE OF BIRTH 03/06/1919^R | 3. DATE OF DEATH 08/10/2000^R | 4. SEX M |
| 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 LAUREL MOORHEAD - DAUGHTER 2611 GRANDVIEW STREET SAN DIEGO, CA 92110 | | |
| 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 FD-119 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Theresa Mitchell</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 08/14/2000 | | | |

| | | | | |
|--|--|--|---|--|
| 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 08/15/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT TC MITCHELL |
| | | 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"/> 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 8-15-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</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 8-10-00

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

in a DOUBLE DEPTH Funeral, date, time WED, 8-16 11:00

Church, Chapel Graveside : CA BURIAL Mortuary.

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. _____

Lot 112 Grave 2 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number R-52768 2044.45

Balance due 0

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

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

Signature of recorded holder of deed

X Noelie R. Bryant
Signature
X 700 So. 36th St #306
Address
X San Diego Ca, 92113
City
X 619-232-9939
Telephone
Zip Code

Work Order # E 15861

Invoice # _____

Acct. # _____

E-15861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

SEE BLACK HOLE TAG - 1977C ON REVERSE SIDE OF THIS APPLICATION

NAME OF DECEASED - FRANCIS J. WILSON

DATE OF DEATH - 10/17/1951

PLACE OF DEATH - WELLS RIFLE - FIVE

NAME OF APPLICANT - WELLS RIFLE - FIVE

ADDRESS OF APPLICANT - 180 W. 35TH ST. RIFLE

535 BIRCH, CA 92101

NAME OF DECEASED'S NEXT OF KIN - FRANCIS J. WILSON

ADDRESS OF NEXT OF KIN - SAN DIEGO, CA 92101

DATE OF APPLICATION - 11/13/51

APPLICANT'S SIGNATURE - [Signature]

PERMIT TO DISPOSE OF HUMAN REMAINS

ISSUED TO - WELLS RIFLE - FIVE

EXPIRES - 11/13/52

PLACE OF DISPOSITION - SAN DIEGO, CA 92101

APPLICANT'S SIGNATURE - [Signature]

APPROVED BY - [Signature]

DATE OF APPROVAL - 11/13/51

OFFICE OF THE ATTORNEY GENERAL - SAN DIEGO, CA 92101

NAME AND ADDRESS OF DECEASED'S NEXT OF KIN - FRANCIS J. WILSON, 1701 BANCY ST, SAN DIEGO, CA 92101

NAME AND ADDRESS OF APPLICANT - WELLS RIFLE - FIVE, 180 W. 35TH ST, RIFLE, CA 92101

NAME AND ADDRESS OF CALIFORNIA COUNTY OFFICIAL - [Blank]

NAME AND ADDRESS OF CALIFORNIA COUNTY OFFICIAL - [Blank]

NAME AND ADDRESS OF CALIFORNIA COUNTY OFFICIAL - [Blank]

NAME AND ADDRESS OF CALIFORNIA COUNTY OFFICIAL - [Blank]

NAME AND ADDRESS OF CALIFORNIA COUNTY OFFICIAL - [Blank]

NAME AND ADDRESS OF CALIFORNIA COUNTY OFFICIAL - [Blank]

NAME AND ADDRESS OF CALIFORNIA COUNTY OFFICIAL - [Blank]

[Handwritten signature]

E-15861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|--|--|--|---|-------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HERMAN | 1B. MIDDLE - | 1C. LAST (FAMILY) BRYANT | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/10/1931 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/08/2000 | 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 NELLIE BRYANT—WIFE 740 S. 36TH ST. #306 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-4357 | 8A. SIGNATURE OF APPLICANT—Person taking permit | | 8B. DATE SIGNED 08/1/2000 |
| 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 08/11/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013264 | |
| | | 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 8-16-00 | 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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-10-00

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

in a BELL LINEO Type of Burial Container Funeral, date, time TUESDAY ~~MON~~ 8-15

Church, Chapel, Graveside 10:00 : RAGSDALE Mortuary.

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.

Lot 98 Grave 3 Row _____ Section 14 Division 7 Block 7

Grave space & Care Fund Pre-Ned B-8308

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container BELL LINEO 190.00

Handling Fees PAID 145.00

Flower vases - Marker setting fee 8-11-00 45.00

Recording and filing fee _____ 14.73

Sales taxes 14.73

SET UP 12 CHAIRS Total Due 769.73

_____ Paid receipt number R-52762 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.

James Ferguson
Signature of Record Holder of Deed

X JAMES Ferguson Signature
X 4412 PROMESA CT. Address
X S.D. 92124 City Zip Code
X 858-573-1752 Telephone

Work Order # E 15862

15862

799

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Irma | 1B. MIDDLE Levy | 1C. LAST (FAMILY) Ferguson | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/03/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/09/2000 | 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 Jim Ferguson, Son 4412 Promesa Ct. 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 FD1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>Debbie Williams</i> 08/11/2000 | | |
| ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70226 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 08/14/2000 <i>Debbie Williams</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013337 |
| | 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 8-15-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. 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 8-18-00

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

in a LINER Funeral, date, time TUE 8-22 11:00

Church Chapel Graveside MINGSDALE Mortuary.

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.

Lot 64 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund PAID 895.00

Additional spaces and care fund _____

Opening/Closing & Setup AUG 21 2000 375.00

Burial Container _____ 190.00

Handling Fees MT. HOPE CEMETARY 145.00
CITY OF SAN DIEGO, CA

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 1664.73

Paid receipt number R-52786 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 of recorded holder of deed _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

See attached

Work Order # E 15263

Invoice # _____

Acct. # _____

E-15863

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) Samuel | 1B. MIDDLE Ward | 1C. LAST (FAMILY) Nathan | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/19/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/16/2000 | 4. SEX M |
| 5A. CITY OF DEATH La Holla | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William Nathan, Son 11684 Ventura Blvd. #469 Studio City, Ca 91604 | | |
| 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 FD1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>William Nathan</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. | | 8B. DATE SIGNED 08/21/2000 | | | |

| | | | | |
|--|--|--|---|--|
| 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 08/21/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>William Nathan</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 St. San Diego, CA 92102 | 11B. DATE BURIED 8-22-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. [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 15863

INDEPENDENT ORIGIN

8-18-00

SAMUEL WATSON

LIACB

THE 17th ST
MUSKOGEE

64 9 2 12

895.00

275.00

190.00

145.00

45.00

1873

1664.73

x done

- x [Signature]
- x [Signature]
- x [Signature]
- x [Signature]

E 15863

ALL EMPLOYEES... MONDAY NIGHT AT THE... STREET FROM THE... NORTHWARD

PRE-NEED
LOT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-10-00

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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.

✓ Lot 129 Grave 9 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 IN FULL
11/27/00

Total Due 895.00

Paid receipt number R-52759 50.00

Balance due 845.00

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

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

Signature of recorded holder of deed _____

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

Work Order # E 15864

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-15864

52759



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

MOUNT HOPE CEMETERY
527-3400

From: Charlotte Jackson Address: 2030 69th St, Lemon Grove 91945
Date: 8-10-98

In part Payment of Pre-Need Lot Dollars (\$ 50.00)

Lot 129 Grave 9 Row _____ Section 1 Division 11 Block 11

Invoice No. _____
Acct. No. _____
W.O. E-15864
BALANCE DUE 845.00

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

ISSUED BY J. Sheddell

| | | | |
|------------------------|-------|----|----|
| CREDIT | 87007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 77184 | 50 | 00 |
| Opening/Closing | 100 | | |
| Burial Containers | 77182 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 83033 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | | 50 | 00 |

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

AC-212 (Rev. 5-94)

2722

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-10

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

of Richard Willard PA 200 10161

in a Double Depth Funeral, date, time THUR 8/17/00 1:00

Church, Chapel, Graveside DELIVERY ONLY: Murphy Mitchell Mortuary

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.

Lot 3 Grave 4T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund PA 10

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees 9-20-00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes Total Due 386.00

Rebecca P.A. 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 15865 Invoice # 335277
Acct. # 000952

E-15865

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) RICHARD | 1B. MIDDLE LEE | 1C. LAST (FAMILY) WILLARD | 2. DATE OF BIRTH MONTH DAY YEAR 10/12/1930 | 3. DATE OF DEATH MONTH DAY YEAR 08/07/2000 | 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 REBECCA BARR - 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-WITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103 | | | 7B. CALIF. LICENSE NUMBER EXPIRES FD-119 | 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 7109 of the Health and Safety Code. | | | 8B. DATE SIGNED 08/11/2000 | | |

| | | | | |
|--|--|--|---|--|
| 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 08/11/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT TC MITCHELL |
| | | 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 ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 8-17-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i> |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-11-00

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

in a Muslim Funeral, date, time 8/14/00 Mon 2:00

Church, Chapel, Graveside : GREENWOOD Mortuary.

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.

Lot 104 Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 450.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 6.22

Total Due _____ 501.22

Paid receipt number VISA _____ 501.22

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 _____

Invoice # _____

Acct. # _____

Work Order # E 15866

E-15866

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

44

| | | | | | | |
|--|--|--|--|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JAMAL | | 1B. MIDDLE R. | 1C. LAST (FAMILY) TAHA | 2. DATE OF BIRTH MONTH DAY YEAR 01/12/1956 | 3. DATE OF DEATH MONTH DAY YEAR 08/11/2000 | 4. SEX M |
| 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 MAY R. TAHA - SISTER 7924 AVENIDA NAVIDAD, #122 SAN DIEGO, CA 92122 | | |
| 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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 08/14/2000 | |

| | | | | | |
|---|--|--|--|---|---|
| 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 08/14/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2013325 |
| | 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 8-14-00 | 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 8-14-00

8:30
O.T.

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

in a LINER Funeral, date, time WED 8-16 2:00

Church, ~~Chapel~~ Graveside Beardesley-mitchell Mortuary.

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.

Lot 43 Grave _____ Row _____ Section DOOF Division/Block 35
Grave space & Care Fund PRE-NEED A-6886 0

| | |
|--|---------------|
| 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 - <u>AUG 14 2000</u> | <u>—</u> |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes <u>MT. HOPE CEMETARY</u> <u>CITY OF SAN DIEGO</u> | <u>14.73</u> |
| Total Due | <u>769.73</u> |
| Paid receipt number <u>VISA</u> | <u>769.73</u> |
| Balance due | <u>0</u> |

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 15867

Invoice # _____
Acct. # _____

E-15867

MT. HOPE CEMETERY
INTERMENT ORDER

8-14-00

TO THE NATIONAL BURIAL AND CREMATION ASSOCIATION, INC. OF WASHINGTON, D. C. FOR THE INTERMENT OF
OF FREDERICK JACKSON
BY LINER FROM WED 8-16 2:00
COURT San Diego Municipal
BY 3 3.00
BY 3 3.00

43 35
MOUNTAIN & CANTON FRONTS A-5006 0

PAID
375.00
190.00
145.00

95.00
11.73
769.73
769.73
VISA

I hereby certify that the above is a true and correct copy of the original of which remains in my possession and I agree to hold the same subject to the order of the Board of Directors of the National Burial and Cremation Association, Inc.

Signature of Fredrick Jackson
Signature of Lincoln
Signature of San Diego, Ca. City
Signature of San Diego, Ca. City

Order No. E 15867

THE NATIONAL BURIAL AND CREMATION ASSOCIATION, INC. OF WASHINGTON, D. C.

E-15867

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) FREDERICK | 1B. MIDDLE W. | 1C. LAST (FAMILY) JACKSON | 2. DATE OF BIRTH MONTH DAY YEAR 01/26/1909 | 3. DATE OF DEATH MONTH DAY YEAR 08/12/2000 | 4. SEX M |
| 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 LEONE P. JACKSON - WIFE 2404 LORING STREET SAN DIEGO, CA 92109 | | |
| 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, 8B. DATE SIGNED <i>Victoria S. Mitchell</i> 08/15/2000 | | |
| 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. | 8A. AMOUNT OF FEE PAID \$7.00 | 8B. DATE PERMIT ISSUED 08/15/2000 | 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013427 V.I. MITCHELL |
| | | 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. | 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 8-16-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William F. [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 8-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muslim Organ. of San Diego

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

Church, Chapel, Graveside _____; _____ Mortuary.

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.

Lot 120, 121 Grave _____ Row 2 Section MUSLIM Division/Block _____

Grave space & Care Fund 550.00 1100.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container **PAID** _____

Handling Fees _____

Flower vases - Marker setting fee AUG 14 2000 _____

Recording and filing fee MT. HOPE CEMETARY _____

Sales taxes CITY OF SAN DIEGO, Ca _____

Total Due 1100.00

Paid receipt number R-52763 1100.00

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 _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 15868**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-14

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

in a LINER Funeral, date, time THUR 8-17 1:30

Church CA BURIAL Mortuary, private

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.

Lot 129 Grave 8 Row _____ Section 2 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup **PAID** 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

Mortuary to bring check.

Paid receipt number A-52774

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

[Signature]
 Address 13221 UVA NESS AVE
GARDENA, CA #6204
 City #310-804-2203
 Telephone Zip Code

Work Order # E 15869

Invoice # _____

Acct. # _____

Ruth Mc Phetter
in page 7

MARY GREEN
LEER

TOOK 8-15 1900
OR BUREAU



1900 8 1900

225.00
170.00
175.00

PAID

22.00
17.75
164.75

PAID TO
BANK

X
X
X
X

1880

E-15869

E-15869

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|---|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARY | 1B. MIDDLE LOU | 1C. LAST (FAMILY) GREEN | 2. DATE OF BIRTH MONTH DAY YEAR 08/25/1940 | 3. DATE OF DEATH MONTH DAY YEAR 08/12/2000 | 4. SEX F |
| 5A. CITY OF DEATH CORONADO | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TYRENA GREEN—DAUGHTER 13604 CHADRON AVE. #7 HAWTHORNE, CA 90250 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE 22-1357 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>M. Mitchell</i> BEI. DATE SIGNED 08/16/2000 | | |

| | | | |
|---|---|---|---|
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/17/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL ▶ 2013555 |
| 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 | 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 LOCAL (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 8 17 00 | 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 8-14-00

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

in a LINER Funeral, date, time WED 8-23 1:00
Type of Burial Container
Church, Chapel, Graveside : MAGSDALE Mortuary.

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.

| | | | | |
|-----------------------------------|----------------|-----|-------------------|---------------------------------|
| Lot <u>272</u> | Grave <u>2</u> | Row | Section <u>14</u> | Division/Block <u>7</u> |
| Grave space & Care Fund | | | | <u>PRE-NEED C-8384</u> <u>⊕</u> |
| Additional spaces and care fund | | | | |
| Opening/Closing & Setup | | | | <u>D-8075</u> <u>⊕</u> |
| Burial Container | | | | <u>⊕</u> |
| Handling Fees | | | | <u>⊕</u> |
| Flower vases - Marker setting fee | | | | |
| Recording and filing fee | | | | <u>⊕</u> |
| Sales taxes | | | | <u>⊕</u> |
| Total Due | | | | <u>⊕</u> |

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 15870

Invoice # _____

Acct. # _____

E-15870

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|--------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Alla | 1B. MIDDLE Mae | 1C. LAST (FAMILY) Lewis | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/23/1903 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/09/2000 | 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 Izetta Jackson, Niece 8148 Coach Dr. Okkland, CA 94605 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329 | 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 7100 of the Health and Safety Code.

08/15/2000

| | | | | |
|---|--|---|---|---|
| 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 08/17/2000 <i>[Signature]</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013570 |
| | 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 8-23-00 | 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.

CASKET size ?

L 22
W 12
H 8 1/2

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DADA L. MAHONEY | JADA MAHONEY

in a _____ Funeral, date, time MON 8-21 12:00

Church, Chapel, Graveside : CA BURIAL Mortuary.

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.

Lot 555 Grave _____ Row _____ Section 1 Division 9

Grave space & Care Fund 100.00

Additional spaces and care fund **PAID** <

Opening/Closing & Setup 125.00

Burial Container AUG 15 2000

Handling Fees _____

Flower vases - Marker setting fee MT HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes _____

MORTUARY to BRING check.

Total Due 270.00

Paid receipt number R-52775 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.

MICHAEL J. MAHONEY
Signature of record holder of deed

X [Signature]
Signature
X 5960 UNIVERSITY AVE #5
Address
X SAN DIEGO CA 92115
City Zip Code
X 286-2416
Telephone

Work Order # E 15871

Invoice # _____

Acct. # _____

E-15871

E-15871

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JADA | 1B. MIDDLE NICOLE | 1C. LAST (FAMILY) MAHONEY | 2. DATE OF BIRTH MONTH DAY YEAR 08/10/2000 | 3. DATE OF DEATH MONTH DAY YEAR 08/10/2000 | 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 MICHAEL MAHONEY—FATHER 5960 UNIVERSITY AVE. #5 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 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>Michael Mitchell</i> | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10026 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

6B. DATE SIGNED: **08/15/2000**

| | | | | |
|---|--|---|--|---|
| 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 08/15/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013453 |
| | | 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 08/10/00 | 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 <i>[Signature]</i> | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i> | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

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

E-15871

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | |
|---|--|-------------------------------------|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DAJA | 1B. MIDDLE LASHAE | 1C. LAST (FAMILY) MAHONEY | 2. DATE OF BIRTH MONTH DAY YEAR 08/10/2000 | 3. DATE OF DEATH MONTH DAY YEAR 08/10/2000 |
| 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 MICHAEL MAHONEY—FATHER 5960 UNIVERSITY AVE. #5 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 | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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>Michael Mitchell</i> | |
| | | | 8B. DATE SIGNED 08/15/2000 | |

| | | | | |
|--|--|--|---|---|
| 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 08/16/2000 H. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013476 |
| | 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 8 21 00 | 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 <i>[Signature]</i> |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i> |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> |
| | | | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSED—IF APPLICABLE | |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-14-00

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

in a T.S. VAULT Funeral, date, time FRI 8-18 11:00

Church, Chapel Graveside Mortuary, RAGSDALE

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.

Lot 3a Grave 6 Row _____ Section 1 Division 12

Grave space & Care Fund PRE-NEED E-10730 0

Additional spaces and care fund

Opening/Closing & Setup PRE-NEED E-11319 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

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

Zip Code

Work Order # E 15872

Invoice # _____

Acct. # _____

E-15872

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

| ACREAGE | SECTION | TOWNSHIP | RANGE | COUNTY | STATE |
|---------|---------|----------|-------|--------|-------|
| 241.25 | 34 | 10N | 10E | BLAINE | MT |

E-15872

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

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

| | | | | | | |
|---|------------------|---|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Jurlee | 1B. MIDDLE -- | 1C. LAST (FAMILY) Smith | 2. DATE OF BIRTH MONTH DAY YEAR 06/07/1919 | 3. DATE OF DEATH MONTH DAY YEAR 08/11/2000 | 4. SEX F | |
| 5A. CITY OF DEATH Coronado | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Nathaniel Williams, Brother 8523 Innsdale Lane 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 FD1329 | 8A. SIGNATURE OF APPLICANT—Person having permit; <i>Nathaniel Williams</i> | | | 8B. DATE SIGNED 08/17/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/17/2000 <i>Nathaniel Williams</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013604 |
| 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> 0 | | |

| | | | | |
|--|--|--|--|-------------------------------|
| 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 | 1. 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 8-18-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</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 8-14-00

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

of Betty A. Lopez

in a Double Death Funeral, date, time Fri 8/18/00 3.00

Church, Chapel, Graveside Mayer Mortuary.

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.

Lot 79 Grave 12 Row _____ Section 1 Division/Block 12

| | |
|---|---------------|
| Grave space & Care Fund | <u>895.00</u> |
| Additional spaces and care fund | |
| Opening/Closing & Setup | <u>375.00</u> |
| Burial Container | <u>380.00</u> |
| Handling Fees | <u>320.00</u> |
| Flower vases - Marker setting fee | |
| Recording and filing fee | <u>45.00</u> |
| Sales taxes | <u>29.45</u> |

Total Due 2044.45

Paid receipt number 52770 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 _____

X Ross Lopez
 Signature
 X 2427 Mt. Division
 Address
 X SD CA 92116
 City
 X 619 293 7810 (339) 1255
 Telephone

Work Order # **E 15873**

Invoice # _____
 Acct. # _____

E-15873

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) Betty | 1B. MIDDLE Ann | 1C. LAST (FAMILY) Lopez | 2. DATE OF BIRTH MONTH DAY YEAR 09/18/1922 | 3. DATE OF DEATH MONTH DAY YEAR 08/17/2000 | 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 Ross J. Lopez, Son 2427 Madison Ave. San Diego, CA 92116 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1424 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i> | | 8B. DATE SIGNED 08/17/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 12326 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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID 7.00 | 9B. DATE PERMIT ISSUED 08/17/2000 <i>John Mayer</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013589 |
| | 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"/> 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 8-18-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [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 8-16-00

*Pre-need
 but a Trust*

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

of FATEMEH E. RAMTIN

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

Church, Chapel, Graveside _____ Mortuary _____

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. _____

✓ Lot 272 Grave 3 Row _____ Section 2 Division/Block 12

| | | |
|--|------------------------------------|---------------|
| Grave space & Care Fund | PAID | <u>300.00</u> |
| Additional spaces and care fund | | _____ |
| Opening/Closing & Setup | PAID | <u>105.00</u> |
| Burial Container | | <u>55.00</u> |
| Handling Fees | | <u>60.00</u> |
| Flower vases <u>Marker setting fee</u> | | <u>125.00</u> |
| Recording and filing fee | | <u>45.00</u> |
| Sales taxes | | <u>4.26</u> |
| | Total Due | <u>694.26</u> |
| | Paid receipt number <u>R-52777</u> | <u>174.00</u> |
| | Balance due | <u>520.26</u> |

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

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I 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.
Pastor SOHRAB RAMTIN
Signature of recorded holder of deed

Sohrab Ramtin
 Signature
13020 Rancho Penasquitas Blvd. #7
 Address
San Diego, CA 92129
 City Zip Code
858-538-6248
 Telephone

Work Order # E 15874

Invoice # _____
 Acct. # _____

RAMTIN, FATEMEH E. 13020 Rancho Penasquitos Blvd. Apt #1 San Diego 92129

| | | | DEBIT | CREDIT | BALANCE |
|----------|--|-----------|--------|--------|---------|
| 08-16-00 | Opened Pre-need Lot & Trust. | | | | |
| | Lot 272, Grave 3, Sec 2, Div 12 | | 300.00 | | 300.00 |
| | Trust includes Opening/closing, ash vault, | | | | |
| | Handling fee, recording fee, tax on ash vault. | | 269.26 | | 569.26 |
| | MARKER SETTING FEE | | 125.00 | | 694.26 |
| | | 60 20% | | | |
| | | 240 80% | | | |
| 08-16-00 | R-52777 | | | 174.00 | 520.26 |
| 9-12-00 | R-52853 | coupon #1 | | 22.00 | 498.26 |
| 10-11-00 | R-52958 | coupon #2 | | 22.00 | 476.26 |
| 11-15-00 | R-53065 | #3 | 80% | 22.00 | 454.26 |
| 12-15-00 | R-53157 | #4 | 20% | 22.00 | 432.26 |
| 1-5-01 | R-53228 | 5 | 20% | 22.00 | 410.26 |
| 02-08-01 | R-53335 | 6 | 20% | 22.00 | 388.26 |
| 03-08-01 | R-53446 | 7 | Trust | 22.00 | 366.26 |
| 4-09-01 | R-53551 | 8 | | 22.00 | 344.26 |
| 5-11-01 | R-53675 | 9 | | 22.00 | 322.26 |
| 6-05-01 | R-53782 | 10 | | 22.00 | 300.26 |
| 7-7-01 | R-53891 | 11 | | 22.00 | 278.26 |
| 8-6-01 | R-53999 | 12 | | 22.00 | 256.26 |
| 9-7-01 | R-54113 | 13 | | 22.00 | 234.26 |
| 10-5-01 | R-54200 | 14 | | 22.00 | 212.26 |

| | | | DEBIT | CREDIT | BALANCE |
|-------------------|---------|----------------|-------|--------|---------|
| BALANCE FORWARDED | | | | | 212.26 |
| 11-14-81 | R-54333 | Coupon # 15 | | 22.00 | 190.26 |
| 12-1-81 | R-54333 | 16 | | 22.00 | 168.26 |
| 1-8-82 | R-54522 | Coupon # 17 | | 22.00 | 146.26 |
| 2-11-82 | R-54647 | Coupon # 18 | | 22.00 | 124.26 |
| 3-12-82 | R-54703 | Coupon # 19 | | 22.00 | 102.26 |
| 4-11-82 | R-54862 | Coupon # 20 | | 22.00 | 80.26 |
| 6-6-82 | R-55084 | Coupon # 21/22 | | 44.00 | 36.26 |
| 7-5-82 | R-55182 | " 23 | | 22.00 | 14.26 |
| 7-31-82 | R-55258 | 24 | | 14.00 | 0 |

Room to build.

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 18 |
| Payment Due Date | February-02 |
| Payment Amount Due | 22.00 |
| Balance Due | 124.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

13050
Fateme Ramtin
~~13020~~ Rancho Penasquitos Blvd #12
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fateme Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|------------|
| Payment NO. | 17 |
| Payment Due Date | January-02 |
| Payment Amount Due | 22.00 |
| Balance Due | 146.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 16 |
| Payment Due Date | December-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 168.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 15 |
| Payment Due Date | November-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 190.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|------------|
| Payment NO. | 14 |
| Payment Due Date | October-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 212.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 19 |
| Payment Due Date | March-02 |
| Payment Amount Due | 22.00 |
| Balance Due | 102.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 20 |
| Payment Due Date | April-02 |
| Payment Amount Due | 22.00 |
| Balance Due | 80.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|--------|
| Payment NO. | 21 |
| Payment Due Date | May-02 |
| Payment Amount Due | 22.00 |
| Balance Due | 58.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|---------|
| Payment NO. | 22 |
| Payment Due Date | June-02 |
| Payment Amount Due | 22.00 |
| Balance Due | 36.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|---------|
| Payment NO. | 23 |
| Payment Due Date | July-02 |
| Payment Amount Due | 22.00 |
| Balance Due | 14.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|-----------|
| Payment NO. | 24 |
| Payment Due Date | August-02 |
| Payment Amount Due | 14.00 |
| Balance Due | 0.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|--------------|
| Payment NO. | 13 |
| Payment Due Date | September-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 234.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|-----------|
| Payment NO. | 12 |
| Payment Due Date | August-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 256.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

F-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|---------|
| Payment NO. | 11 |
| Payment Due Date | July-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 278.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|---------|
| Payment NO. | 10 |
| Payment Due Date | June-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 300.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-1585x

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|--------|
| Payment NO. | 9 |
| Payment Due Date | May-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 322.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|----------|
| Prement NO. | 8 |
| Prement Due Date | April-01 |
| Prement Amount Due | 22.00 |
| Balance Due | 344.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|----------|
| Payment NO. | 7 |
| Payment Due Date | March-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 366.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call •
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 6 |
| Payment Due Date | February-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 388.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|------------|
| Payment NO. | 5 |
| Payment Due Date | January-01 |
| Payment Amount Due | 22.00 |
| Balance Due | 410.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

F-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|-------------|
| Payment NO. | 4 |
| Payment Due Date | December-00 |
| Payment Amount Due | 22.00 |
| Balance Due | 432.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|------------|
| Payment NO. | 2 |
| Payment Due Date | October-00 |
| Payment Amount Due | 22.00 |
| Balance Due | 476.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|--------------|
| Payment NO. | 1 |
| Payment Due Date | September-00 |
| Payment Amount Due | 22.00 |
| Balance Due | 498.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

E-15874

Mt. Hope Cemetery Prepayment Plan Record

Fatemeh Ramtin
13020 Rancho Penasquitos Blvd #1
San Diego, CA 92129
858 538-6248
E-15874

Preneed for:
Fatemeh Ramtin

Lot 272 Grave 3 Sec 2 Div 12

| | |
|--------------------|--------------|
| Payment NO. | 3 |
| Payment Due Date | November-00, |
| Payment Amount Due | 22.00 |
| Balance Due | 454.00 |

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

Office Hours are M-F 8:00 - 4:30
Cemetery Gates Open 375 days per
year from 8:00 - 4:00
For information Please call
(619) 527-3400

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15874

54433

From: Sohrab Dantini Date: 12-11
 Address: 13020 Rancho Penasquitos Blvd #7 SD .20 01
Twenty two Dollars (\$ 22.00) 92129
 In part Payment of Pre-need Lot & Trust

Lot 272 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-15874
 BALANCE DUE 168.26

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

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 | |
| Pre-Need | 63033 | <u>22 00</u> |
| Trust | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>22 00</u> |

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

8015

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54333

From: Fatemeh E. Ramtin Address: On Record Date: Nov. 14, 20 01

Twenty - Two Dollars (\$ 22.00)

In part Payment of Pre-need lot & Trust for
Fatemeh E. Ramtin

Lot 272 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15874

BALANCE DUE 190.26

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

AC-212 (Rev. 5-94)

8007

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

ISSUED BY Paulotte Crawford

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 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 | 77185 | |
| Sales Tax | 100 | |
| | 77183 | |
| | 63033 | <u>22.00</u> |
| | 9022 | |
| | 90101 | |
| | 76390 | |
| TOTAL PAID | \$ | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54522

From: Patricia Romfina Date: January 8, 2012
 Address: on record

Twenty-two and 00/100 Dollars (\$ 22.00)

In part Payment of Pre-need Lot + Trust
Coupon # 17

Lot 272 Grave 3 Row _____ Section 2 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-15874
 BALANCE DUE \$ 146.26

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

8116 ISSUED BY Paullette Crawford

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| 77184 | | |
| Opening/Closing | 100 | |
| 77181 | | |
| Burial Containers | 100 | |
| 77182 | | |
| Handling Fee | 100 | |
| 77185 | | |
| Recording & Misc. Fees | 100 | |
| 77183 | | |
| Pre-Need Trust | 83033 | <u>22.00</u> |
| 9022 | | |
| Sales Tax | 60101 | |
| 78390 | | |
| TOTAL PAID | \$ | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

54200

Date: 10-5, 2001

From: Sohrab Ramtin Address: On file

Twenty-two and 00/100 Dollars (\$ 22.00)

In Part Payment of Pre-need lot + trust for Hatermeh Ramtin

Lot 272 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15874

BALANCE DUE 212.26

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

17923

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

ISSUED BY

Vi Wms

| | | |
|------------------------|-------|--------------|
| 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 | <u>22.00</u> |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

No 55182

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-5, 20 02

From Shrab C. Romtin Address: on record
Twenty-two and 00 Dollars (\$ 22.00)
 In part Payment of pre-need lot/trust account

Lot 272 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E - 158.74

BALANCE DUE \$ 14.26

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

8534

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

ISSUED BY Duquette C.

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 50% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | <u>22.00</u> |
| Sales Tax | 60101 | |
| TOTAL PAID | \$ | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15874
Nº 55084

From: Sohrab/Mitra Ramtin
Fatemeh

Date: 6/6, 20 02

Address: on record

Forty-Four and 00

Dollars (\$ 44.00)

In Part Payment of Pre-need Lot/Trust Account for Fatemeh E.

Ramtin coupons 21+22

Lot 272 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15874

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 | |
| Burial Containers | 100 | |
| 77182 | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| 77183 | | |
| Pre-Need Trust | 83033 | <u>44.00</u> |
| 9022 | | |
| Sales Tax | 80101 | |
| 78390 | | |

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

8490

ISSUED BY Paulette C.

TOTAL PAID \$ 44.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 54862

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 11, 20 02

From: Johnal Rootin Address: on record

Twenty-two Dollars (\$ 22.00)

In part Payment of pre-need lot & trust account
coupon # 20

Lot 272 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15874

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.

PAID

APR 11 2002

MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CA

8376

ISSUED BY

[Signature]

| | | | |
|------------------------|-------|--|--------------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | <u>22.00</u> |
| 77184 | | | |
| Opening/Closing | 100 | | |
| 77181 | | | |
| Burial Containers | 100 | | |
| 77182 | | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| 77183 | | | |
| Pre-Need Trust | 63033 | | <u>22.00</u> |
| 9022 | | | |
| Sales Tax | 60101 | | |
| 78390 | | | |
| TOTAL PAID | \$ | | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54753

Date: March 12, 20 02

From: Schub C. Rantin Address: on record

Twenty-two and 00 Dollars (\$22.00)

In: part Payment of pre-need lot & trust account
for Totemeh Rantin Coupon #19

Lot 272 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15874

BALANCE DUE \$102.26

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

AC-212 (Rev. 5-94)

8289

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

ISSUED BY P. Crawford

| | | |
|------------------------|-------|--------------|
| 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>22.00</u> |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54647

Date: February 11, 20 02From: Sohrab Cromtin Address: on record

Twenty-two Dollars (\$ 22.00)

In part Payment of Pre-need lot/trust account

coupon # 18

Lot 272 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15874BALANCE DUE \$ 124.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 77183 | |
| Pre-Need Trust | 63033 | <u>22 00</u> |
| | 9022 | |
| Sales Tax | 80101 | |
| | 76390 | |
| TOTAL PAID | \$ | <u>22 00</u> |

ISSUED BY

Paulette Crawford

8218

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54113

Date: 9-7-01, 20__

From: Sohrab C. Ramtin Address: 13020 Rancho Penasquitos Blvd #750 92129

Twenty-Two Dollars ^{x/100} Dollars (\$ 22.00)

In _____ Payment of Fatemeh Ramtin

Lot 272 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15874

BALANCE DUE \$234.26

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

AC-212 (Rev. 5-94)

7870

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

PAID

SEP 07 2001

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Lilli Pounce

| | | | |
|------------------------|-------|-----------|-----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | | |
| | 77184 | | |
| Opening/Closing | 100 | | |
| | 77181 | | |
| Burial Containers | 100 | | |
| | 77182 | | |
| Handling Fee | 100 | | |
| | 77185 | | |
| Recording & Misc. Fees | 100 | | |
| | 77183 | | |
| Pre-Need Trust | 83033 | <u>22</u> | <u>00</u> |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>22</u> | <u>00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-15874

53999

MOUNT HOPE CEMETERY
 (619) 527-3400

Date: 8-6, 2001

From: Johnnie Rantini Address: 13020 Rancho Penasquitos Blvd Apt 1

Twenty two Dollars (\$ 22.00)

In part Payment of Pre-Need Set - Trust

Lot 272 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15874

BALANCE DUE 256.26

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.

| | | | |
|---------------------------|-------|-----------|-----------|
| 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 | <u>22</u> | <u>00</u> |
| | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>22</u> | <u>00</u> |

ISSUED BY J. Stuchlik

7814

20
9/21/01

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15874

53891

From: Sohrab Ramtin Address: 13020 Rancho Penasquitos Blvd #1 SD Date: 7-9, 2001
Twenty Two Dollars (\$ 22.00), 92129
 In part Payment of Pre-Need Lot & Trust

Lot 272 Grave 3 Row _____ Section 2 Division Block 13

Invoice No. _____
 Acct. No. _____
 W.O. E-15874
 BALANCE DUE 278.26

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 | |
| | 77184 | |
| Opening/Closing | 100 | |
| | 77181 | |
| Burial Containers | 100 | |
| | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 77183 | |
| Pre-Need Trust | 63033 | <u>22 00</u> |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>22 00</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 7766

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53782

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 5, 2001From: Sohrab & Mitra Ramtin Address: 13020 Rancho Penasquitos Blvd. #7, S.D., CA 92129Twenty-Two and NO/100 Dollars (\$ 22.00)In -part Payment of Pre-Need Lot & TRUST for: Fatemeh RamtinLot 272 Grave 3 Row - Section 2 Division 12Invoice No. Acct. No. W.O. E-15874BALANCE DUE 300.26Coupon # 10Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-04)

CK # 7680NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.**PAID**

JUN 05 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CAISSUED BY *[Signature]*

| | | |
|----------------|-------|-------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 22.00 |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 60033 | |
| Trust | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | 22.00 |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53675

MOUNT HOPE CEMETERY
 (619) 527-3400

Date: May 11th, 20 01

From: Sohrab Ramitin Address: 13020 Rancho Penasquitos Blvd #7, S.D., 92129

Twenty-Two and NO/100 Dollars (\$ 22.00)

In -part Payment of Pre-Need Lot & TRUST

Lot 272 Grave 3 Row — Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-15874

BALANCE DUE 322.26

Coupon # 9

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-04) CK # 7630

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

PAID

MAY 11 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 | 83033 | 22.00 |
| 9022 | | |
| Sales Tax | 60101 | |
| 78390 | | |
| TOTAL PAID | \$ | 22.00 |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53551

MOUNT HOPE CEMETERY
 (619) 527-3400

Date: April 9th, 2001

From: Sohrab C. Ramtin Address: 13020 Rancho Penasquitos Blvd. #7, S.D. 92129

Twenty-Two and NO/100 Dollars (\$ 22.⁰⁰/₁₀₀)

In - part Payment of Pre-Need Lot & Trust for: Fatemeh Ramtin

Lot 272 Grave 3 Row — Section 2 Division 12

Invoice No. ~~XXXX~~

Acct. No. _____

W.O. E-15874

BALANCE DUE 344.26

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

7482

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

PAID

APR 09 2001

MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CA

ISSUED BY [Signature]

| | | |
|----------------|-------|--------------|
| 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 | 83033 | <u>22.00</u> |
| Trust | 9022 | |
| Sales Tax | 60101 | |
| | 76390 | |
| TOTAL PAID | \$ | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53446

MOUNT HOPE CEMETERY
 (619) 527-3400

Date: March 8, 2001

From: Sohrab C. Ramtin Address: 13020 Rinco. Peñasquitos Blvd. #7, San Diego, 92129

Twenty-Two and No/100 Dollars (\$ 22.00)
 In - part Payment of Pre-Need Lot and Trust

Lot 272 Grave 3 Row - Section 2 Division 12

Invoice No. /
 Acct. No. /
 W.O. E-15874
 BALANCE DUE 366.26

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

PAID

MAR 08 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 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 100 | |
| | 77183 | |
| Pre-Need Trust | 63033 | |
| | 9022 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>22.00</u> |

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

AC-212 (Rev. 5-94) # 7464

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

53335

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb. 8th, 2001
 From: Sohrab C. Ramtin Address: 13020 Rancho Peñasquitos Blvd. #7, S.D., CA 92129
Twenty-Two and NO/100 Dollars (\$ 22.⁰⁰/_{xxv})
 In - part Payment of Pre-Need Lot and Trust

Lot 272 Grave 3 Row — Section 2 Division 12
 Block 12

Invoice No.
 Acct. No.
 W.O. E-15874
 BALANCE DUE 388.36

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

AC-212 (Rev. 5-94)

#7407

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

PAID

FEB 08 2001

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, C.

ISSUED BY

Huherso

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 25% Sales Care | 77184 | <u>22.00</u> |
| 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 | |
| | 63033 | |
| | 9022 | |
| | 60101 | |
| | 78380 | |
| TOTAL PAID | \$ | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-15874

53228

MOUNT HOPE CEMETERY

(619) 527-3400

From: Johrab Ramtani Address: 13020 Rancho Penasquitos Blvd #1 Date: 1-5, 2001
twenty two Dollars (\$ 22.00) 92129
In part Payment of Pre-Need Lot - Trust

Lot 272 Grave 3 Row _____ Section 2 Division 12
Block _____

Invoice No. _____
Acct. No. _____
W.O. E-15874
BALANCE DUE 410.26

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

ISSUED BY J. Shults

| | | | |
|----------------|-------|----|----|
| CREDIT | 67007 | 22 | 00 |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 9022 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 22 | 00 |

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
7306

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

53157

Date: DEC. 15, 2000

From: SOHRAB C. RAMTIN Address: 13020 RANCHO PENASQUITOS BLVD #7, SAN DIEGO, CA 92129

Twenty and NO/100 Dollars (\$ 22.⁰⁰/~~XXX~~)

In -PART Payment of PRE-NEED LOT & TRUST for: FATEMEH RAMTIN

Lot 272 Grave 3 Row - Section 2 Division 12
 Block 12

Invoice No. /

Acct. No. /

W.O. E-15874

BALANCE DUE 432.²⁶/~~XXX~~

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

AC-212 (Rev. 5-94)

7272

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

PAID

DEC 15 2000

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Denise C. [Signature]

| | | |
|------------------------|-------|-------------------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | <u>22.⁰⁰</u> |
| 80% Sales of Lots | 100 | |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>22.⁰⁰</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52958

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Oct - 11, 2000

From: Ramtin, Fatemeh E. Address: 13020 Rancho Penasquitos Blvd
7 San Diego CA 92129 Twenty Two — 00/100 Dollars (\$ 22.00)

In Part Payment of Pre-Need lot & Trust for Fatemeh E. Ramtin

Lot 272 Grave 3 Row — Section 2 Division 12
Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15874

BALANCE DUE \$ 476.26

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.
CITY OF SAN DIEGO, CA
MT. HOPE CEMETERY
OCT 11 2000
PAID
ISSUED BY Maura [Signature]

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>22.00</u> |
| Opening/Closing | 77181 | |
| Burial Containers | 100 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>22.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-15874

52853

From: Johnab Ramtini Date: 9-12, 2000
 Address: 13020 Rancho Penasquitos Blvd #7 San Diego
Twenty Two Dollars (\$ 22.00), 92129
 In part Payment of Pre-need lot & trust

Lot 272 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-15874

BALANCE DUE 498.26

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

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>22 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>22 00</u> |

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

7121

ISSUED BY J. Mitchell

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

E-15874

53065

From: Johab Bentin Address: 13020 Rancho Penasquitos Blvd #7 Date: 11-15
Twenty-two Dollars (\$ 22.00)
In part Payment of Pre-Need Lot - Trust

Lot 272 Grave 3 Row _____ Section 2 Division 12
Block _____

Invoice No. _____
Acct. No. _____
W.O. E-15874
BALANCE DUE 454.26

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

7224
ISSUED BY J. Schellha

| | | |
|------------------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>22.00</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>22.00</u> |

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

family wants to keep old marker
grave of
mural dress

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-17-00

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

of Virginia Burson
in a T.S. VAULT Funeral, date, time Thurs 8-24 10:00

Church, Chapel, Graveside Paris Frederick Mortuary

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.

Lot 20 Grave 9 Row _____ Section 3 Division 6 Block 6
Grave space & Care Fund PRE-NEED 0

Additional spaces and care fund _____
Opening/Closing & Setup **PAID** 375.00

Burial Container _____ 250.00
Handling Fees AUG 17 2000 185.00

Flower vases MT HOPE CEMETERY _____
Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____ 19.38

Total Due 874.38

Paid receipt number R- 52779 874.38

Balance due 0

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

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

Signature of recorded holder of deed _____

X Walter C & Druis
Signature
X 13239 Solyl Dr.
Address
X Lakeside Ca 92040-4707
City Zip Code
X (619) 443-6664
Telephone

Work Order # E 15875

Invoice # _____

Acct. # _____

PARIS-FREDERICK MORTUARY



E-15875

J. Derrek Pate

Manager

FDR 1645/EMB 8435

*374 North Magnolia Avenue
El Cajon, California 92020-3908*

619/442-4411

Fax 619/444-5195

FD 795

Virginia B. Curson
Traditional & Groic Services



E-15875

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISTURBING THE REMAINS OF MURIEL DREIS

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of MURIEL DREIS and VIRGINIA BURSON and have the right to make this authorization, and that they are related to the decedent as indicated below. THE UNDERSIGNED FURTHER AGREE TO DEFEND, INDEMNIFY, PROTECT AND HOLD THE CITY OF SAN DIEGO AND ITS AGENTS, OFFICERS, AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED OR LIABILITY ESTABLISHED FOR DAMAGES OR INJURIES TO ANY PERSON OR PROPERTY, which arise from or are connected with and are caused or claimed to be caused by the burial of VIRGINIA BURSON in the same burial site as MURIEL DREIS, and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

The burial site for VIRGINIA BURSON and MURIEL DREIS is identified as:

Lot 20 Grave 9 Section 3 Division 6

We acknowledge that we have been advised that the remains of Muriel Dreis may not be present and/or intact.

Walter C. L. Dreis
SIGNATURE(S)

Brother, Son
RELATION TO DECEASED

Lucie Shackleton
WITNESSED BY

8-17-00
DATE



E-15875-

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Virginia | 1B. MIDDLE Barbara | 1C. LAST (FAMILY) Burson | 2. DATE OF BIRTH MONTH DAY YEAR 12/07/1910 | 3. DATE OF DEATH MONTH DAY YEAR 08/16/2000 | 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 Walter Dreis, Son 13239 Idyl Drive Lakeside, CA 92040 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Paris-Frederick Mortuary 374 N. Magnolia Avenue, El Cajon, CA 92020 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-795 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 08/17/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/18/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013678 T.Strickland |
| | | 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 Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102 | 11B. DATE BURIED 8-24-00 | 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 8-17-00

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

In a LINER Funeral, date, time FRI 8-25 11:00

Church, Chapel Graveside : S.D. MEMORIAL Mortuary.

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.

Lot 37 Grave 10 Row _____ Section 2 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container, **PAID** 190.00

Handling Fees 145.00

Flower vases - Marker setting fee AUG 17, 2000

Recording and filing fee 45.00

Sales taxes **MT. HOPE CEMETARY** 14.73
CITY OF SAN DIEGO, CA

Total Due 1664.73

Paid receipt number VISA 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 of recorded holder of deed _____

 Signature

 Address

 City Zip Code

 Telephone

Work Order # E 15876

Invoice # _____

Acct. # _____

E-15876

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-17-00

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

of JOHN E. WARREN

in a LINER Funeral, date, time FRI 8-25 11:00

Church, Chapel Graveside S.D. MEMORIAL Mortuary.

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 37 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container PAID 190.00

Handling Fees 145.00

Flower vases - Marker AUG 17 2000 45.00

Recording and filing fee 14.73

Sales taxes 14.73

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

Total Due 1664.73

Paid receipt number VISA 1664.73

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 15076

Invoice # _____

Acct. # _____

15876

APPLICATION 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 ERVIN | 1C. LAST (FAMILY) WARREN | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/25/1941 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/16/2000 | 4. SEX M |
| 5A. CITY OF DEATH SAN BERNARDINO | | 5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN BERNARDINO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARION A. WARREN - WIFE 1269 E. SONORA ST. SAN BERNARDINO, CA 92404 | | |
| 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 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |
| KNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100706 of the Health and Safety Code, and was authorized pursuant to Section 71100 of the Health and Safety Code. | | 6B. DATE SIGNED 08/24/2000 | | | |

| | | | | |
|--|--|---|---|---|
| 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 08/24/2000 | 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; 351 N. MTN VIEW AVE. SAN BERNARDINO, CA 92415 | | 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 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 8-25-00 | 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 8-18-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALI HAJJ ~~SAT 8-19 8:45~~ MON 8-21 4:00

in a _____ Funeral, date, time Mon 8-18 3:00

Church, Chapel, Graveside Greenwood Mortuary Here Own

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. _____

Lot 67A Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund 100.00

Additional spaces and care fund PAID

Opening/Closing & Setup 125.00

Burial Container AUG 18 2000 -

Handling Fees MT. HOPE CEMETARY -

Flower vases - Marker setting fee CITY OF SAN DIEGO COVERTINE CHARGE 150.00

Recording and filing fee 45.00

Sales taxes -

OWES ADDITIONAL Total Due 420.00

100.00 for SAT. Paid receipt number R-52782 420.00

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 [Signature]
Signature
X 454 Eastgate Mall #4
Address
X San Diego 92121
City Zip Code
X 858 453 9012
Telephone

Work Order # E 15877

E-15877

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) ALI | 1B. MIDDLE GHIASSAN | 1C. LAST (FAMILY) HAJJ | 2. DATE OF BIRTH MONTH DAY, YEAR 08/16/2000 | 3. DATE OF DEATH MONTH DAY, YEAR 08/16/2000 | 4. R |
| 5A. CITY OF DEATH LOS ANGELES | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GHIASSAN HAJJ, FATHER 4454 EASTGATE HALL, #4 SAN DIEGO, CA 92121 | | |
| 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>[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 08/21/2000 | | | |

| | | | | |
|--|--|---|---|---|
| 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 08/21/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> MIA |
| | 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 P.O. BOX 85222 SAN DIEGO, CA 92121 | | |

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 LOCKED 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 ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 08/21/00 | 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 CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-00

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

in a ASH Vault Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside DELIVERY ONLY Merkley-Mitchell Mortuary.

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.

Lot 85 Grave 6 Row _____ Section 2 Division/Block 7

Grave space & Care Fund Buried with Fred VANDERLINDE

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 _____

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 15878

Invoice # _____
Acct. # _____

ME

00-00700

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-21-00

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

of JOHN DOE PA 20010193
in a Double Depth Type of Burial Container Funeral, date, time WED 8-23 9:00

Church, Chapel, Graveside Delivery Only: AZTLAN Mortuary.

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.

Lot 3 Grave 5B Row _____ Section _____ Division/Block 13

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

Marcos DeLatorre

Total Due 386.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 15879

Invoice # 335489

Acct. # 000952

9-7-00 8-30-00

E-15879

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND,

| | | | | | |
|--|------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN | 1B. MIDDLE - | 1C. LAST (FAMILY) DOE | 2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN | 3. DATE OF DEATH MONTH DAY YEAR 04/08/2000 | 4. SEX M. |
| 5A. CITY OF DEATH BORRERO SPRINGS | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARCO DE LA JOTA-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123 | | |
| 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>[Signature]</i> | | 8B. DATE SIGNED 08/23/2000 |

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 12076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT
00-00700
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 47.00 | 9B. DATE PERMIT ISSUED 08/23/2000 | 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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

| | | | |
|---|--|------------------------------------|---|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 8-23-00 | 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 8-21-00

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

In a BELL LINER Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside Featherhill Mortuary.

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.

Lot 167 Grave 4 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund 8-25.00 895.00

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

VOID Total Due 1664.73

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 record holder of deed _____
Signature Arrish Chambers
Address 5496 Imperial Ave #19
SD 92114
City 262-8621 Zip Code
Telephone

Work Order # E 15880

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-00

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

in a LINER Funeral, date, time THUR 8-24 1:00

Church, Chapel, Graveside : S.D. MEMORIAL Mortuary, MARKS

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.

Lot 163 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

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 1664.70

Paid receipt number R-52792

Balance due 0

~~MORTUARY TO
 BEING 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.

X Jeffrey Johnson SDMC
 Signature
X 2441 UNIVERSITY AVE
 Address
X S.D CA 92104
 City
X 619-692-3090 Zip Code
 Telephone

Signature of recorded holder of deed _____

Work Order # **E 15881**

Invoice # _____

Acct. # _____

F-15881

| NO. | DATE | TIME | TYPE | TIME | NO. | NO. | NO. | NO. | NO. |
|-----|------|------|------|------|-----|-----|-----|-----|-----|
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**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-21-00

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

in a LINER Funeral, date, time THUR 8-24 1:00
Type of Burial Container
 Church, Chapel Graveside Mortuary; S.D. MEMORIAL

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

Lot 163 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 fee
 Recording and filing fee 45.00
 Sales taxes 14.73
 Total Due 1664.73

**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

 Signature

 Address

 City Zip Code

 Telephone

Work Order # E 15881 Invoice # _____
 Acct. # _____

F-15881

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BENNIE | 1B. MIDDLE JEWELL | 1C. LAST (FAMILY) RAHDLER | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/28/1922 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/17/2000 | 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 DONITA WALKER - DAUGHTER 1717 ZELLER 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, 8B. DATE SIGNED <i>[Signature]</i> 8/23/00 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/24/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. JOHNSON ▶ 2013917 |
| | | 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 8-24-00 | 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 CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-21-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PATRICK J VANDERLINDE

in a ash vault Funeral, date, time AYD 8:30-00 1:00

~~Crematory~~ ~~Crematory~~ Graveside Mortuary

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.

Lot 85 Grave 6 Row _____ Section a Division/Block 7

Grave space & Care Fund See-Need

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container **PAID** 55.00

Handling Fees 60.00

Flower vases - Marker setting fee AUG 21 2000 _____

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 4.26

Total Due 269.26

Paid receipt number R-52789 269.26

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 record holder of deed _____

X Lore A. Meidinger
Signature
X 4519 Cape May Ave
Address
X San Diego, Ca 92107
City Zip Code
619-222-9108
Telephone

Work Order # **E 15382**

Invoice # _____
Acct. # _____

E-15882

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

52

| | | | | | |
|--|-------------------------|--|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) PATRICK | 1B. MIDDLE J. | 1C. LAST (FAMILY) VANDERLINDE | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/15/1947 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/16/2000 | 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 IONE A. NEIDINGER - MOTHER 4519 CAPE MAY AVENUE SAN DIEGO, CA 92107 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NERKLEY-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>Vanderlinde J. Patrick</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
08/24/2000

| | | | | |
|---|--|--|--|---|
| 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 08/24/2000 V. I. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2013971 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186- | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

A. BURIAL (INCLUDES ENTOMBMENT)

B. CREMATION

C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY

D. SCIENTIFIC USE

E. TEMPORARY ENVAULTMENT

F. DISINTERMENT

G. SHIP IN TO CALIFORNIA

H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

| | | | | |
|-------------------------------|---|--|--------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY) | 11B. DATE BURIED 8-30-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC., 601-D CRANE STREET, LAKE ELSINORE, CA 92530 | 12B. DATE CREMATED 8-25-00 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Luci Torres</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 8-21-00

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____: COMMUNITY Mortuary, _____

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. _____

Lot 1134 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 _____

Balance due _____

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

Address 1258 Tobias Dr

City Chula Vista 91911

Telephone 858-874-1312

Invoice # _____

Acct. # _____

Work Order # **E 15883**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-22-00

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

in a ASH VAULT Funeral, date, time Fri AYD 8:25/00
Type of Burial Container
 Church, Chapel, Graveside DELIVERY ONLY: BAYVIEW Mortuary.

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.

Lot 4510 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need E-6041

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 52795 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

X Alfred E. Card
Signature
 X 5470 Glouce Ave #4
Address
 X Chula Vista 91910
City Zip Code
 X (619) 425-6913
Telephone

Work Order # E 15884

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

DISINTERMENT INTERMENT ORDER

City of San Diego

Date 8-24-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAKE YOSHI OHARA

in a _____ Funeral, date, time FRI 8-25 9:00

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3 p.m. of regular work day or an extra charge of \$ 150⁰⁰ will be applied and billed to undersigned.

Lot _____ Grave 4879 to 4880 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 _____

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

Address ATTACHED

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15385

E-15885



THE CITY OF
SAN DIEGO

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

9:00 A.M 8-25-00

Aug 2000
MONTH YEAR

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

TAKEYOSHI OHARA

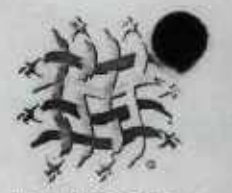
from Lot 4879 Grave Section Row Block
Division 10 and to remove the same to and reinter said remains
in Lot 4880 Grave Section Row Block
Division 10 Cemetery MT HOPE CEMETERY

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

| | | |
|----------------------|----------------------|-------------------------------|
| * <u>Kisae Ohara</u> | <u>WIFE</u> | <u>892 ASH AVE.</u> |
| _____ | _____ | <u>CHULA VISTA, CA. 91911</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Signature | Relation to deceased | Address |

I hereby authorize the above disinterment:

* Kisae Ohara 8-23-2000
(Lot owner must sign if not legal custodian) Date



DIVERSITY
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/24/00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AMINA DONALD RUIZ

in a _____ Funeral, date, time Fri 8/25 2⁰⁰

Church, Chapel Graveside : GREENWOOD Mortuary,
REN BARBER

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. _____

Lot 54A Grave _____ Row _____ Section MUS Division/Block _____

Grave space & Care Fund 100.00

Additional spaces and care fund _____

Opening/Closing & Setup 125.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number R-52800 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] (Donald A. Ruiz)
 Signature
8725 Hurlbut St.
 Address
San Diego 92123
 City Zip Code
858-505-1366
 Telephone

Signature of recorded holder of deed _____

Work Order # E 15886

Invoice # _____

Acct. # _____

F 15886
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) AMINA | 1B. MIDDLE DONALD | 1C. LAST (FAMILY) RUIZ | 2. DATE OF BIRTH MONTH DAY YEAR 08/22/2000 | 3. DATE OF DEATH MONTH DAY YEAR 08/22/2000 | 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 DONALD A. RUIZ - FATHER 8725 HURLBUT STREET SAN DIEGO, CA 92123 | |
| 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 | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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—*Victor Meza* 8B. DATE SIGNED
08/24/2000

| | | | |
|--|---|--|---|
| 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 08/25/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 2013992 |
| 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 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 MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 8/25/00 | 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 San Diego

Date 8-24-60

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

in a T.S. VAULT Funeral, date, time MON 8-28 9:00

Church, Chapel, Graveside GUALALAPANA Mortuary

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 JOSE APARICIO LA

Lot 98 Grave 7 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container AUG 24 2000 250.00

Handling Fees MT. HOPE CEMETERY 185.00

Flower vases - Marker setting fee CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-52801 1769.38

Balance due 0

I hereby certify I am the X 53050 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 of undersigned X JOSE APARICIO LA

Address 7236 Payne St

City San Diego CA 92113 Zip Code

Telephone 619 686 3447

Work Order # E 15887 Invoice # _____ Acct. # _____

F-15887

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | | |
|--|--|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ESTHER | | 1B. MIDDLE - | 1C. LAST (FAMILY) FIGUEROA | 2. DATE OF BIRTH MONTH DAY YEAR 01/18/1942 | 3. DATE OF DEATH MONTH DAY YEAR 08/24/2000 | 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 DECEDENT JOSE APARICIO LABRA—HUSBAND 236 PAYNE ST. SAN DIEGO, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY 2501 IMPERIAL AVE. SAN DIEGO, CA 92102 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425 | 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 08/25/2000 | | | | | | |

| | | | |
|--|--|--|--|
| 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED L. LIZARRAGA 08/25/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2014036 | |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 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 (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, 3781 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 8-28-00 | 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 8-25-00

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

in a LINER Funeral, date, time FRI 9-1 9:00

Church, Chapel Graveside : RAGSDALE Mortuary.

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, _____

Lot 44 Grave 1 Row _____ Section 2 Division/Block 11

| | |
|---|----------------|
| Grave space & Care Fund | <u>795.00</u> |
| Additional spaces and care fund | PAID |
| 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> |

MT. HOPE CEMETARY
 CITY OF SAN DIEGO

WILLIAM LYONS

Total Due 1564.73
 Paid receipt number VISA 1564.73
 Balance due 0

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

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

X William J. Lyons
 Signature
X 126 Euclid Ave
 Address
X SAN DIEGO CA. 92114
 City Zip Code
X 619 264-0488
 Telephone

Signature of recording holder of dead _____

Work Order # E 15888

Invoice # _____
 Acct. # _____

E-15888

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|----------------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Scott | 1B. MIDDLE Christopher | 1C. LAST (FAMILY) Lyons | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/04/1972 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/24/2000 | 4. SEX M |
| 5A. CITY OF DEATH Aurora | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Colorado | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William Lyons, Sr., Father 176 Euclid Ave. William San Diego, CA 92144 | | |
| 7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mott.; 5050 Federal Blvd. San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>William Lyons</i> 08/30/2000 | | |
| 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 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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 08/30/2000 <i>William Lyons</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2014258 |
| | | 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 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; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 9-1-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William Lyons</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 8-25-00

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

In a Double Death Funeral, date, time TUES 8-29 10:00

Church Chapel Graveside : CONRAD Mortuary.

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.

Lot 35 Grave 4 Row _____ Section 17 Division/Block 7

Grave space & Care Fund 1395.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container AUG 25 2000 380.00

Handling Fees **MT. HOPE CEMETERY** 320.00

Flower vases - Marker setting fee **CITY OF SAN DIEGO, CA** _____

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2544.45

Paid receipt number R-52802 2544.45

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.

LAURA BARRAGAN
Signature of recorded holder of deed
(FATHER)

X Laura Barragan
Signature
X 3335 Citrus St.
Address
X Winton Grove CA 91945
City
X 619 589-7537 Zip Code
Telephone

Work Order # **E 15889**

Invoice # _____
Acct. # _____

E-15889

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | | |
|---|--|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) GAMALIEL | 1B. MIDDLE LORANCA | 1C. LAST (FAMILY) BARRAGAN | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/04/1947 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/25/2000 | 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 INDECEASED ESTHER M. BARRAGAN - WIFE 3335 CITRUS STREET LEMON GROVE, CA 91945 | | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Conrad Lemon Grove</i> | | | 8B. DATE SIGNED 08/28/2000 |

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 | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 08/29/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad 2014144 |
| AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CA. 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 | 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 8-29-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. Jensen</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.

Craw of Rita Waggener

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

301-639-7444
CELL PHONE

Date 8-28-00

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

of BERNARD WAGGENER
in a ASH VAULT ^{2 CHAIRS} Funeral, date, time WED 8-30 3:00

Church, Chapel, Graveside 3:00 : FAMILY Mortuary.

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.

Lot 3736 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid D-2115 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container **PAID** 55.00

Handling Fees 60.00

Flower vases - Marker setting fee AUG 28 2000 _____

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 4.26

Total Due 269.26

Paid receipt number _____

Balance due _____

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 4 SUNNY CT
Address
X THURMONT MD 21788
City Zip Code
X 301-271-4641
Telephone

Work Order # E 15390

Invoice # _____

Acct. # _____

E-15890

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|-----------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BERNARD | 1B. MIDDLE - | 1C. LAST (FAMILY) WAGGENER | 2. DATE OF BIRTH MONTH DAY YEAR 05/19/1915 | 3. DATE OF DEATH MONTH DAY YEAR 04/10/1999 | 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 MILDRED WAGGENER - WIFE PO BOX 1795 CHULA VISTA, CA 91912 | | |
| 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>[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 08/28/2000 | |

| | | | | |
|---|--|---|---|--|
| 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 08/28/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2014096 <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 - |

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

| | | | | |
|-------------------------------|--|--|------------------------------------|---|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED 3-30-00 | 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

#7 T.S. VAULT

Date 8-28-00

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

of JERRY SOLON

in a ~~DOUBLE DEATH~~ Funeral, date, time WED 8-30 1:00

Church, (Chapel, Graveside) CYPRESS VIEW Mortuary.

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 7165

Lot 52 Grave 319/10 Row 2 Section 2 Division/Block 12

Grave space & Care Fund 895 @ 2 PAID 1,790 895.00

Additional spaces and care fund PAID —

Opening/Closing & Setup 7165 375.00

Burial Container #7 OUSE AUG 28 2000 TOP S SAG 525 380.00

Handling Fees MT. HOPE CEMETARY 200 320.00

Flower vases - Marker setting CITY OF SAN DIEGO —

Recording and filing fee 45.00

Sales taxes 40.64 29.45

Total Due 2044.45

Paid receipt number VISA 2044.45

Balance due 2975.64

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 Melchor C. Solon
 Signature
X 5879 PARKMEAL CT.
 Address
X SAN DIEGO CA 92114
 City
X 527-2819
 Telephone
-2818

Work Order # **E 15891**

Invoice # _____
 Acct. # _____

E-15891

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

31

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|---|---|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (given) JERRY | 1B. MIDDLE - | 1C. LAST (FAMILY) SOLOH | 2. DATE OF BIRTH MONTH DAY YEAR 10/02/1968 | 3. DATE OF DEATH MONTH DAY YEAR 08/09/2000 | 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 MELCHOR C. SOLOH - FATHER 5879 PARKHEAD CT SAN DIEGO, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE, SAN DIEGO, CA 92113 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-670 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Melchor C. Soloh</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 08/28/2000 | |

| | | | | |
|--|--|---|---|---|
| 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 08/29/2000 P Valentine | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2014153 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | | |

| | | | |
|--|--|---|--|
| AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | FOR CORONER'S USE ONLY | |
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) | |
| <input type="checkbox"/> B. CREMATION | <input 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 MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED 8-30-00 | 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 8-28-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN BABONAS PA 20010101

in a DOUBLE DEPTH Type of Burial Container Funeral, date, time 9:00 THUR 8-31

Church, Chapel, Graveside Delivery Only : FEATHERING Mortuary

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. _____

Lot 3 Grave 5T Row _____ Section _____ Division Block 13

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

*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 15892

Invoice # 336131

Acct. # 000952

9-7-00

E-15892

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fee 58

| | | | | | |
|---|---------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) John | 1B. MIDDLE Ford | 1C. LAST (FAMILY) Babonas | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/19/1942 | 3. DATE OF DEATH MONTH, DAY, YEAR 07/26/2000 | 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, PA 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 Sections 103726 of the Health and Safety Code, and was authorized pursuant to Section 7700 of the Health and Safety Code. | 8B. DATE SIGNED 08/30/2000 | 9A. AMOUNT OF FEE PAID \$7.00 | 9B. DATE PERMIT ISSUED 08/30/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2014281 |
| 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 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 - | | | |

| | |
|--|---|
| 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 8-31-00 | 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 8-28-00

*Pre-Med
 dot - Janet*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAGDALENA ARRACHEA & JOSEPHINE in a DOUBLE DEPTH CRYPT Funeral, date, time ETCHEFFORY

Church, Chapel, Graveside _____; _____ Mortuary.

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.

Lot 126 Grave 10 Row _____ Section 2 Division 13

| | |
|------------------------------------|----------------|
| Grave space & Care Fund | 895.00 |
| Additional spaces and care fund | _____ |
| Opening/Closing & Setup | 750.00 |
| Burial Container | 380.00 |
| Handling Fees | 320.00 |
| Flower Vases | _____ |
| Recording and filing fee | 90.00 |
| Sales taxes | 29.45 |
| Total Due | 2464.45 |
| Paid receipt number <u>R-52801</u> | <u>2464.45</u> |
| Balance due | <u>0</u> |

PAID at 375

AUG 28 2000

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA at 45

I hereby certify I am the X Daughter & 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 1 hold under deed.

Signature of recorded holder of deed _____

X Janine Towner
 Address 1822 Journeys End
Camano Island, WA
 Telephone (360) 387-8252 Zip Code 98282

Work Order # E 15893

Invoice # _____
 Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-28-00

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

in a LINER Type of Burial Container Funeral, date, time FRI 9-1 2:00

Church, Chapel, Graveside CABRIAL Mortuary

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 SC

Lot 75 Grave 9 Row _____ Section 2 Division Block 13
 Grave space & Care Fund 895.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 375.00

Burial Container AUG 30 2000 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 R-52811 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Sharon Crawford
 Signature 4416 Highland Ave #1
 Address S.D. Ca 92115
 City 619-521-0385 Zip Code
 Telephone

Work Order # **E 15894**

Invoice # 335918
 Acct. # 103195

E-15894

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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|--|---|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SHERLENE | 1B. MIDDLE A. | 1C. LAST (FAMILY) RIVERS | 2. DATE OF BIRTH MONTH DAY YEAR 02/07/1942 | 3. DATE OF DEATH MONTH DAY YEAR 08/23/2000 | 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 SHARON CRAWFORD—DAUGHTER 4416 HIGHLAND AVE. #1 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 P01357 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Maxine Mitchell</i> | |
| 8B. DATE SIGNED 08/29/2000 | | | | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.

| | | | | |
|--|--|---|---|---|
| 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 08/30/2000 M. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2014230 |
| 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 — | | |

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 7-1-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [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 8-28-00

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

In a DOUBLE DEPTH Funeral, date, time FRI 9-1 11:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

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.

Lot 245 Grave 4 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container..... 380.00

Handling Fees AUG 29 2000 320.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 29.45

Sales taxes..... 2044.45

Total Due..... 2044.45

Paid receipt number VISA 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 I hold under deed.

Signature of recorded holder of deed

X John O Taylor
 Signature
X 3998 AREY DR
 Address
X SAN DIEGO
 City
X 619 690 0366
 Telephone

Work Order # **E 15895**

Invoice # _____

Acct. # _____

E-15895

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|---------------------------|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Annie | 1B. MIDDLE Nora | 1C. LAST (FAMILY) Taylor | 2. DATE OF BIRTH MONTH DAY YEAR 05/07/1938 | 3. DATE OF DEATH MONTH DAY YEAR 08/26/2000 | 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 E. Taylor, Husband 3998 Arroy 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 FD1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Abbe Williams</i> | | 8B. DATE SIGNED 08/31/2000 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10476 of the Health and Safety Code, and was authorized pursuant to Section 7300 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 08/31/2000 <i>Abbe Williams</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2004353 |
| | 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 | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 9-1-00 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. [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 8-29-00

CORAZON

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

of ~~MARILEE~~ **NAGTALON**

in a Double Death Funeral, date, time Fri 9-1 9:00

Church, Chapel, Graveside : CABURIAL Mortuary.

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.

Lot 126 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund.....

Opening/Closing & Setup..... 375.00

Burial Container..... 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 _____

HUSBAND ~~Signature~~ Balance due _____

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

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

Signature of recorded holder of deed _____

~~Signature~~
 Signature _____
 Address 708 M. AVE. #C
 City NATIONAL CITY 91950
 Telephone (619) 474-5172 CA.

Work Order # **E 15896**

Invoice # _____
 Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-29-00
WED 9-6 9:00

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

of NYADENG LAM PA# 20010174
in a Double Depth Funeral, date, time Thur 8-31-00

Church, Chapel Mayer Mortuary.

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.

Lot 4 Grave 1B Row _____ Section _____ Division/Block 13

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 # 336379

Acct. # 000952

Work Order # E 15897

9-14-00

E-15897

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|--|--|-------------------|--|------------------------------------|--------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2. DATE OF BIRTH MONTH DAY YEAR | 3. DATE OF DEATH MONTH DAY YEAR | 4. SEX |
| Nyadent | - | Lan | 01/01/1969 | 05/10/2000 | F |
| 5A. CITY OF DEATH | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT | | |
| San Mesa | San Diego | | Ellen Beauparlant, PA 5201-A Ruffin Rd. San Diego, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE | | |
| Mayer Mortuary 2859 Adams Av. San Diego, CA | | | FD 1424 | | |
| ACKNOWLEDGMENT OF APPLICANT | | | | 8B. DATE SIGNED | |
| I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 08/25/2000 | |

| | | | | |
|--|--|--|------------------------|---|
| 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 | 08/25/2000 | John Mayer |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |
| | P.O. Box 85222 San Diego, CA 92186-5222 | - | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | 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 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL |
| | | Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102 | 9-6-00 | [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | | | | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | | | | |
| TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | | | | |
| SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |
| | | | | |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-29-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CORAZON O. NAGTALON

in a DOUBLE DEPTH Funeral, date, time FRI 9-1 9:00AM

Church, Chapel, Graveside CA. BURIAL Mortuary.

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.

Lot 126 Grave 11 Row _____ Section 2 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container PAID 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 VISA 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

[Signature]
Signature
708 M. AVE. #C
Address
NATIONAL CITY CA. 91950
City
(619) 474-5972
Telephone Zip Code

Work Order # E 15898

Invoice # _____

Acct. # _____

E-15898

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|---|------------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CORAZON | 1B. MIDDLE ORPIANO | 1C. LAST (FAMILY) NAGTAGON | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/16/1946 | 3. DATE OF DEATH MONTH, DAY, YEAR 08/29/2000 | 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 MANUEL R. NAGTAGON -HUSBAND 708 N AVENUE #C NATIONAL CITY, CA 91950 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH * CALIFORNIA CREMATION & BURIAL HHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Manuel R. Nagtagon</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 7102 of the Health and Safety Code. | | 8B. DATE SIGNED 08/30/2000 | | | |

| | | | | |
|--|--|--|---|---|
| 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 08/30/2000 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

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

| | | | | |
|-------------------------------|---|--|-----------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102 | 11B. DATE BURIED 1-1-00 | 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 8-29-00

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

of Asuncion Alvarez Chacon

in a double Depth Funeral, date, time: Fri-1 Sep 10:30

Church Chapel, Graveside 2ND : Heath Mortuary.

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. L.G.V

Lot 268 Grave 12 Row - Section 2 Division/Block 12

Grave space & Care Fund Pre-Need

Additional spaces and care fund E-14272

Opening/Closing & Setup 375-

Burial Container PAID

Handling Fees 45-

Flower vases - Marker setting fee AUG 30 2000

Recording and filing fee

Sales taxes

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Total Due 420-

Paid receipt number visa 420.00

Balance due 0

I hereby certify I am the brother 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

Luigi Alvarez

Signature 3696 46 Th St

Address San Diego CA 92105

City 619-287-0586 Zip Code

Telephone

Work Order # E 15899

Invoice #

Acct. # 15899

E-15899

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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| | | | | | |
|--|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ASUNCION | 1B. MIDDLE - | 1C. LAST (FAMILY) ALVAREZ - CHACON | 2. DATE OF BIRTH MONTH DAY YEAR 08/15/1960 | 3. DATE OF DEATH MONTH DAY YEAR 08/28/2000 | 4. SEX F |
| 5A. CITY OF DEATH National City | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Elena Chavez, Sister-in-Law 4838 Logan Ave., # 101 San Diego CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Heath Funeral Home, 611 Highland Ave., National City CA 91950 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 807 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition about herein is one of the 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: **08/30/2000**

| | | | | |
|--|--|--|---|---|
| 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 08/31/2000 | 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

| | | |
|--|--|---|
| <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, San Diego CA | 11B. DATE BURIED 9-1-00 | 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.