

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-5-02

Pre-Need Trust

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 3662 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need D-2139

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container _____

Handling Fees FEB 05 2002 _____

Flower vases - Marker setting fee _____

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

Sales taxes _____

Total Due 420.00

Paid receipt number R-54616 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 _____

Invoice # _____

Work Order # E 16900

Acct. # _____



E16900

From the Desk of ...

Josephine

Feb. 3, 2002

Lot 3662 - Shelma Klaus

Opening & closing plus
Filing fees.

I would appreciate a
receipt that everything is
paid in full. Thank you.

Josephine Trause

ph. 959-879-1322

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-5-02

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

of PATRICIA BLACKWOOD
in a LINER Funeral, date, time FRI 2-8 11:00

Church, Chapel, Graveside : FEATHERINGILL Mortuary.
PAUL

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

Lot 23 Grave 4 Row _____ Section MAS Division/Block J

Grave space & Care Fund Pre-Need E-14428 0

Additional spaces and care fund

Opening/Closing & Setup..... 375.00

Burial Container..... **PAID** 190.00

Handling Fees..... 145.00

Flower vases - Market setting fee..... FEB 05 2002

Recording and filing fee..... 45.00

Sales taxes..... 14.73

Total Due..... 769.73

Paid receipt number R-54619 769.73

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 _____

Paul A. Blackwood
237 Spinn COURT
SAN DIEGO, CA
SAN DIEGO

Invoice # _____
Acct. # _____

Work Order # E 16901

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. *E-16901*

<i>HARRIS</i>					
<i>1</i>	<i>2</i>	<i>3</i>	<i>23 X 4</i>	<i>5</i>	<i>6</i>
<i>MARY</i>	<i>JOHN</i>				<i>CARRIE</i>
<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
<i>JOHN</i>	<i>MARGARET</i>	<i>GERALD</i>		<i>BALDWIN</i>	

Interment space for: PATRICIA BLACKWOOD

Interment Date: FRI 2-8 Time: 11:00

Lot: 23 Grave: 4 Row: _____ Sect: MAS Div: J

Grave Laid out by: DF NF

Agrees with Legal Card: Yes No *fly on grave*

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/7/05

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fnd

1A. NAME OF DECEDENT—FIRST (GIVEN) Patricia	1B. MIDDLE Louise	1C. LAST (FAMILY) Blackwood	2. DATE OF BIRTH MONTH DAY YEAR 08/20/1930	3. DATE OF DEATH MONTH DAY YEAR 02/03/2002	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 Paul H. Blackwood, husband 831 Salem Ct. San Diego, CA 92109		
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>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.

02/06/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/06/2002	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	9E. 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 Ht. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth 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 2-5-2002

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

of RUTH BLAIR JONES Pin # 220915
 in a LINER Funeral, date, time Tues. Feb. 12th 11:00
Type of Burial Container
 Church Chapel, Graveside _____: CA BURIAL Mortuary.

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

Lot 145 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 875.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees FEB 11 2002 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 1664.73

Paid receipt number R-54649 1664.73

Balance due 0

Family will bring ok Friday noon. PAID 2/11/02 CA Burial

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 William Jones Pin # 220914
 Signature
X 7151 COWLES Mtn BLVD
 Address
X SD CA 92119
 City Zip Code
X 1-619-697-4366
 Telephone

Work Order # **E 16902**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2 Gross	3 Williams	4 Dailley	5	6
		8 Moore	9 X	10	11	12 Rodgers

Interment space for: Ruth Blair Jones

Interment Date: 2-12-02 Time: 11:00

Lot: 145 Grave: 9 Row: Sect: 1 Div: 12

Grave Laid out by: NF DF

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: Kenneth Collins Date: 2/14/02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E16902
82

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

1A. NAME OF DECEDENT—FIRST (GIVEN) RUTH	1B. MIDDLE BLAIR	1C. LAST (FAMILY) JONES	2. DATE OF BIRTH MONTH, DAY, YEAR 01/25/1920	3. DATE OF DEATH MONTH, DAY, YEAR 02/02/2002	4. SEX FE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILLIE ANDERSON—SON 3151 COWLES MTN. RD. SAN DIEGO, CA 92119		
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 02/08/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 02/08/2002 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2202501
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 -		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> 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 02/17/02	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 2-6-02

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

of BLAINE SHELTON

in a Ashes Funeral, date, time MOR, Feb 11th

Church, Chapel, Graveside BERGE ROBERTS Mortuary AYD

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 413 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund galt flower vase 23.78

Opening/Closing & Setup 105.00

Burial Container Temporary marker 31.55

Handling Fees _____

Flower vases Marker setting fee 125.00

Recording and filing fee **PAID** 45.00

Sales taxes _____

FEB 06 2002

Total Due 630.33

MT. HOPE CEMETARY Paid receipt number M/c 630.33
CITY OF SAN DIEGO, CA 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.

Caroline V. Shelton
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Caroline V. Shelton
Signature
X 9903 220th Pl. SE
Address
X Sukhomish, WA 98286
City
X (360) 668-8973
Telephone Zip Code

Work Order # **E 16903**

Invoice # _____
Acct. # _____

80840

216903

FV
344 BA

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) BLAINE	1B. MIDDLE D.	1C. LAST (FAMILY) SHELTON	2. DATE OF BIRTH MONTH, DAY, YEAR 02/13/1937	3. DATE OF DEATH MONTH, DAY, YEAR 02/05/2002	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 CAROLINE SHELTON - DAUGHTER 9903 220TH PLACE SE SNOHOMISH, WA 98296		
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>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 10336 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/07/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/07/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2202351 <i>P. Valentine</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input 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 2/11/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED 2/8/02	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 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 **RECEIVED** FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-6-02

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

of HENRY MOSS
 in a T.S. VAULT Funeral, date, time MON 2-11 11:00
 Church, Chapel, Graveside RAGSDALE Mortuary.

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

Lot 159 Grave 5 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 250.00

Handling Fees FEB. D. B. 2002 185.00

Flower vases - Marker setting fee —

Recording and filing MT. HOPE CEMETERY 45.00

Sales taxes CITY OF SAN DIEGO, CA 19.38

Total Due 1769.38

Paid receipt number N/C 1769.38

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 _____

Shawna Smith
 Signature
 6816 Quebec Ct #1
 Address
 San Diego 92139
 City Zip Code
 619 / 477-9819
 Telephone

Work Order # **E 16904**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4	159 X 5	6	7	8	9
10	11	12		13	14	15	16

Interment space for: HENRY MOSS

Interment Date: MON 2-11 Time: 11:00

Lot: 159 Grave: 5 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF - DF

Agrees with Legal Card: Yes No *They on grave*

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/8/02

E16904

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Henry	1B. MIDDLE Robett	1C. LAST (FAMILY) Moss	2. DATE OF BIRTH MONTH DAY YEAR 04/29/1928	3. DATE OF DEATH MONTH DAY YEAR 02/04/2002	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 Sharon N. Smith, Daughter 6816 Quebec Ct. #1 San Diego, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329		8B. DATE SIGNED 02/06/2002	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: *Hebbie Williams*

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/07/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Hebbie Williams</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 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 2-11-02	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 <i>Kevin 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 2-6-02

*Pre-paid
Trust*

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

of Julia G. Davis & Gordon D. Gready

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 1 Grave 8 Row _____ Section 100F Division/Block 11

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 2 at 105.00 210.00

Burial Container 2 at 55.00 110.00

Handling Fee 2 at 60 120.00

PAID

Flower vases - Marker setting fee

Recording and filing fee 2 at 45 90.00

Sales taxes 2 at 4.26 8.52

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

Total Due 538.52

Paid receipt number R-54632 269.26

Balance due R-54633 269.26

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

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

Julia H. Davis
Signature
788 Broadway Sp 133
Address
Chula Vista CA 91910
City Zip Code
(619) 425-8284
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # **E 16905**

Acct. # _____

Pre-need
Ash-burial

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-6-2002

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

of OLIVE L. ERICKSON

in a ASH BURIAL Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 134 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 **PAID** 55.00

Handling Fees 60.00

Flower vases - Marker setting fee FEB 06 2002 _____

Recording and filing fee MT. HOPE CEMETERY 45.00

Sales taxes CITY OF SAN DIEGO, CA 4.26

Total Due 569.26

Paid receipt number R-54635 569.26

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 _____

Shirley W. White
Signature
280418 VIA 109 COSTA
Address
X SAN JUAN CAPS RT# 9267
City
X 949 489-8041 Zip Code
Telephone

Work Order # E 16906

Invoice # _____
Acct. # _____

LOT OWNER

E-16906

ERICKSON, OLIVE L. 28048 Via La Costa, ^{Capistrano 92675} San Juan

NAME

ADDRESS

949-489-8041

LOT 134 GR. _____ ROW _____ SEC 4 BLK _____ DIV 8

PAID-IN-FULL FOR ASH PLOT THAT WILL INCLUDE:

Opening/Closing, Ash Vault, Handling Fee, Tax on Vault
and Recording Fee. R-54635.

E16906

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-6-2002

*Pre-need
Ash-plot*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OLIVE L. ERICKSON in a ASH BURIAL Funeral, date, time _____ Church, Chapel, Graveside _____ Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot <u>134</u> Grave _____ Row _____ Section <u>4</u> Division/Block <u>8</u>	
Grave space & Care Fund	<u>300.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>105.00</u>
Burial Container	PAID <u>55.00</u>
Handling Fees	<u>60.00</u>
Flower vases - Marker setting fee	<u>FEB 06 2002</u>
Recording and filing fee	<u>MT. HOPE CEMETERY</u> <u>45.00</u>
Sales taxes	<u>CITY OF SAN DIEGO, CA</u> <u>4.26</u>
Total Due	<u>569.26</u>
Paid receipt number	<u>R-54635</u> <u>569.26</u>
Balance due	<u>0</u>

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

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

Signature of record holder of deed

Shirley W. Costa
Signature
28048 VIA LOS COSTA
Address
SAN JUAN CAPISTRANO 92676
City
949 489-8041
Telephone
Zip Code

Invoice # _____

Acct. # _____

Work Order # **E 16906**

REA-104 (7-96)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WRITE TO CUSTOMER CANARY CEMETERY AUDITOR PINK

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

54635

From Olive L. Erickson Address: 5480 Monrovia Ave. Apt. 7, San Juan Capistrano CA 92676 Date: Feb 6, 2002
In equal Payment of Pre-need Ash Plot. Dollars \$ 569.26

Invoice No. _____ Grave _____ Row _____ Section 4 Division/Block 8

Acct. No. _____

W.O. E-16906

BALANCE DUE 0

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

14710

ISSUED BY *Shirley W. Costa*

67007	CREDIT	100.00
77184	20% Sales Care	100.00
77184	90% Sales	240.00
77184	of Lots	105.00
100	Opening/	55.00
77181	Closing	00
100	Burial	100.00
77182	Containers	45.00
100	Handling Fee	00
77185	Recording &	00
100	Misc. Fees	00
77183	Pre-Need	00
63033	Trust	00
9022	Pre-Need	00
60101	Sales Tax	00
76390		00
	TOTAL PAID	569.26

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

For Auditors Use Only

216906

Date Auditors Rcvd _____

Application Date _____

Refund No. _____

The City of San Diego

Date Rcvd By Dept _____

Processed By _____

APPLICATION FOR REFUND

Daily Cash Receipt (DCR) No. _____

Fund _____ Acct _____

Apprvd By _____ Date _____

To City Auditor & Comptroller:

The undersigned hereby requests refund of \$ 569.26 Date paid 2-6-2002 on R-54635
(Name of Receipt or Permit No.)

INTERMENT ORDER

No. R-54635 for the following reason(s): OLIVE L. ERICKSON

X I have decided to be interred AT EL CAMINO
Cemetery.

Refund Requested by:

Print Name: X Olive L. ERICKSON Address: X 5480 MARENSO AVE Apt 5-7

Signature: [Signature] LAMESA, CA 91942 2408

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

CITY USE ONLY

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

Print Name: Ray Snider Title Manager Date 02-27-02

Signature: [Signature] Dept. Name Park & Rec-Metro Phone 527-3400 M.S. 72

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

E16906

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR,
VIA PURCHASING IF PAYMENT FOR
MATERIALS OR SUPPLIES, ORIG.
DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

customer

THE CITY OF SAN DIEGO

DP **3821408**

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of purchase of Pre-need Lot & Trust for Olive L. Erickson.
Lot 134, ~~Section~~ 4, Division 8

ENCUMBRANCE DOCUMENT NUMBER

COMPLETE

RESPONSIBLE 072

DEPT. NO. _____

SORT KEY _____

STANDARD DESCRIPTION (15 CHARACTERS)

PAYMENT DATE FUND OVERRIDE

03 /07 /2002

COMMENTS and/or SPECIAL INSTRUCTIONS.

PAYEE	SECT	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY - STATE - ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A		Olive L. Erickson 5480 Marenjo Ave. Apt. S-7 La Mesa, CA 91942-2408	Refund		4		\$569.26		

This is to be paid by the City of San Diego. PAID 3-7-02

TOTAL AMOUNT \$ 569.26

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY	FUND	DEPT.	PRG.	ACCOUNT	JOB ORDER	OPER. ACCT.	SERV. EQUIP.	FACILITY	AMOUNT
		67007			77184					60.00
		100	072		77184					240.00
		100	072		77181					105.00
		100	072		77182					55.00
		100	072		77183					45.00
		60101	072		78390					4.26
		100	072		77185					60.00

AUTHORITY FOR PAYMENT

RES/DOC. NO.
I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Ray Salido

DEPT. HEAD OR DESIGNEE PURCHASING APPROVAL

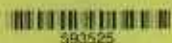
AGENT AUDITOR APPROVAL

PREPARED BY **Paulette Crawford** PHONE 527-3400

DATE 2/27/2002

SERIES DIV NAME/Metro Mt. Hope Cemetery # M.S. 72

DP



on grave of
Eladia vid
ashes on
left

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-7-2002

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

of Miguel Vidauri 11:30

in a ASH VAULT Type of Burial Container Funeral, date, time FRI. February 15th

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 64 Grave 9 Row _____ Section 3 Division/Block 12

Grave space & Care Fund D-8758 _____

Additional spaces and care fund **PAID** _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

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

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

COL A07923 27
5-2-06

Total Due _____ 269.26

Paid receipt number M/C _____ 269.26

Balance due _____ 0

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

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

Signature of recorded holder of deed _____

Guadalupe Hidalgo
Signature
1131 25th ST. APT 103
Address
SAN DIEGO CA 92154
City Zip Code
(619) 423-2932
Telephone

Work Order # **E 16907**

Invoice # _____

Acct. # _____

Ducy
323 226-7161
to type mt + pr
on their copies

10801

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

on the GRAVE of ELADIA Vidauri

			3 Wayne-Born	4 Section	5 Rhodes	6 Hampton
	Tree		9 X Vidauri	10 Clark	11 Chamell	12 Richardson

Interment space for: Miguel Vidauri

Interment Date: 2-15-02 Time: 11:30

Lot: 64 Grave: 9 Row: _____ Sect: 3 Div: 12

Grave Laid out by: DARROYL & Chuck

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/15/02

Flag on group

E16907

55

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MIGUEL	1B. MIDDLE -	1C. LAST (FAMILY) VIDAURI	2. DATE OF BIRTH MONTH DAY YEAR 09/29/1946	3. DATE OF DEATH MONTH DAY YEAR 11/15/2001	4. SEX M
5A. CITY OF DEATH LONG BEACH		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE L.A.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CESAR SILVA—Nephew 1344 E. Wingate St. Covina, CA 91724		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CESAR SILVA— 1344 E. Wingate St., Covina, CA 91724		7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 02/16/02

ACKNOWLEDGMENT OF APPLICANT <small>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.</small>	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	9B. DATE PERMIT ISSUED 02/06/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 2525 GRAND AVE LONG BEACH, CA 90815		9E. 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 checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input 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 <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 RES: c. silva 1344 E. Wingate St., Covina, CA 91724	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-7-02

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

in a LINER Type of Burial Container Funeral, date, time MON 2-11 1:00

Church, Chapel, Graveside CA FUNERAL ALTERNATE Mortuary 760 737-2890

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 207 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-need A-7366 _____

Additional spaces and care fund PAID _____

Opening/Closing & Setup _____ 375.00

Burial Container FEB 11 2002 _____ 190.00

Handling Fees _____ 145.00

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

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 769.73

Paid receipt number n/c Balance due 420.00
349.73

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

I hereby authorize the interment in lot I hold under deed _____
Signature Patricia Keating
Address 540 Broadway
City El Cajon Ca 92027
Telephone 619-447-6400

Work Order # E 16908

Invoice # _____
Acct. # _____

marsha

Ext 760

737-2892

Paul - Crest Gallery
444-4442

1808

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

E-16908

	205 BLOOM	206 Heating	207 X	208	209	210 WOODS

Interment space for: DOROTHY REINHART

Interment Date: MON 2-11 Time: 1:00

Lot: 207 Grave: _____ Row: _____ Sect: 1 Div: 8

Grave Laid out by: N F D F

Agrees with Legal Card: Yes No

*Flag on
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Allison Date: 2/8/02

POWER OF ATTORNEY SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Patrick Keating
Hereinafter individually and/or collectively "principal", hereby makes, constitute and appoint
David N. Swim, DBA Cemetery Sales Information Services and any of its authorized agents principal's
true and lawful attorney to act for principal's name, place and stead for principal's
use and benefit 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 other party or parties to that certain parcel of Cemetery Property
described as:

CEMETERY DESCRIPTION:

This listing and Power of Attorney: (check one only)

May NOT be cancelled for 5 years from the date of listing. Free

May NOT be cancelled for One (1) year from the date of listing. \$25.00

May be cancelled at any time by giving ten (10) days written notice, **provided** no sale
is in progress by the broker or its agents at the time. \$50.00

Any cancellation must be in writing to David N. Swim, DBA Cemetery Sales Information Services.
This Power of Attorney shall not be affected by the subsequent incapacity of the principal.

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.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 19th day of November, 2001.

P.J. Keating
Principal's Signature
P.J. KEATING
Print Name

Principal's Signature

Print Name

STATE OF California

COUNTY OF Riverside }ss.

On this 19th day of November, in the year of 2001, before me, the
undersigned, a Notary in and for the said State, personally appeared P.J. KEATING,
personally known to me (or proved to me basis of satisfactory evidence) to be the person 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(s) 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.

[Signature]
Notary Public in and for said State





COUNTY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

M H C

E-16514

OWNERSHIP AND INTERMENT PRIVILEGES

TO PATRICK KEATING for the sum of \$ (DOLLARS)

LEGAL DESCRIPTION LOT 207, SECTION 1, DIVISION 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-16514

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 Waiter
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director

E16908
77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

REF. #90395

1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHY	1B. MIDDLE ALLEN	1C. LAST (FAMILY) REINHART	2. DATE OF BIRTH MONTH, DAY, YEAR 10/11/1922	3. DATE OF DEATH MONTH, DAY, YEAR 02/06/2002	4. SEX F
5A. CITY OF DEATH OXNARD		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE VENTURA	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JUDITH A. ADAMS - DAUGHTER 133 BELLERIVE COURT VISTA, CA 92084		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH JAMES A. REARDON MORTUARY 511 NORTH 'A' STREET, OXNARD, CA 93030		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD725	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Roreta M. Ruff</i>		8B. DATE SIGNED 02/06/2002
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 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 02/06/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ROBERT H. LEVIN, MD <i>Roreta M. Ruff</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 3147 LOMA VISTA ROAD VENTURA, CA 93003	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSECRANS STREET SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 375 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-11-02	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 2-8-02

*Pre-need
Lot*

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 155 Grave 6 Row _____ Section 2 Division 12 Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

PAID

APR 07 2003

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

Total Due 895.00
Paid receipt number R-54642 224.00
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.

X John A. Smothers
Signature
X 429 Madison Ave
Address
X San Diego, CA 92116-1026
City Zip Code
X (619) 294-2289
Telephone

Signature of recorded holder of deed _____

Invoice # _____

Work Order # **E 16909**

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUCTION

CITY OF SAN DIEGO, CALIFORNIA

56088

E16909

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 2, 2003

From: Jack Smothers Address: 929 Madison av. 30 92116

Eighty Three dollars & 00/100 Dollars (\$ 83.00)

in part Payment of pre need lot

Lot 155 Grave 6 Row _____ Section 2 Division 12
 Block 12

Invoice No. E16909

Acct. No. _____

W.O. _____

BALANCE DUE 10.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

3154

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

PAID

APR 02 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>83</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	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 83 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56108

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 7, 2003

From: G. Smothers Address: 929 Madison Ave SD 92116

Ten Dollars 700/100 Dollars (\$ 10-)

in Full Payment of pre need lot

Lot 135 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. E 116909

Acct. No. _____

W.O. _____

BALANCE DUE 0

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

PAID

APR 07 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Ron Hartzel

CREDIT	67007	<u>10</u>	<u>-</u>
20% Sales Care	77184		
80% Sales of Lots	77184		
Opening/ Closing	77181		
Burial	100		
Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	77186		
	60101		
	78390		

TOTAL PAID \$ 10 -

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

55974

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 4, 20 03

From: J. Smothers Address: 929 Madison ave SD 92114

Twenty eight dollars 00/100 — Dollars (\$ 28.00),
 in paid Payment of pre need lot

Lot 155 Grave 6 Row _____ Section 2 Division Block D

Invoice No. E 16409

Acct. No. _____

W.O. _____

BALANCE DUE 93.00

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

PAID

MAR 04 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO

ISSUED BY

Pam Helzel

CREDIT	67007		
20% Sales Care	77184	<u>28</u>	<u>00</u>
90% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 28 00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1923

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55877

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb. 3, 20 03

From: John Smothers Address: 929 Madison ave SO 92116
Twenty eight dollars + 00/100 Dollars (\$ 28.00)
 in part Payment of Pre-need lot

Lot 155 Grave 6 Row _____ Section 2 Division Block B

Invoice No. E116909

Acct. No. _____

W.O. _____

BALANCE DUE 121.00

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

PAID

FEB 03 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Ram Hetzel

CREDIT	67007		
20% Sales Care	77184	<u>28</u>	<u>00</u>
80% Sales of Lots	100		
Opening/	77184		
Closing	100		
Burial	77181		
Containers	100		
Handling Fee	77182		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>28</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55770

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Jan. 2, 2003
 From: John A. Smothers Address: on record
Fifty Six and 00 Dollars (\$ 56.00)

 in part Payment of Pre-need lot.
 Lot 1155 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16909BALANCE DUE \$ 149.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 1842NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.

ISSUED BY

Paulette C.

CREDIT	67007	<u>56.00</u>
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	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 56.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55683

MOUNT HOPE CEMETERY

(619) 527-3400

Date: December 3, 2022

From: John A. Smothers Address: on record
Fifty-Six and 00 Dollars (\$ 56.00)

in part Payment of Pre-need lot account
 Lot 155 Grave 6 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-16909

BALANCE DUE \$ 205.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1801

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

ISSUED BY Paukette C.

CREDIT	67007		
20% Sales Care	77184		
90% Sales	100	<u>56</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>56.</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55575

MOUNT HOPE CEMETERY

(619) 527-3400

Date: November 4, 20 02

From: John A. Smothers Address: on record

Twenty-Eight Dollars (\$ 28.00)

In part Payment of Pre-need lot account coupon 15

Lot 155 Grave 6 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-16909

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

1758

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

ISSUED BY Paulette C.

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>28.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

No 55460

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 10/01, 2002

From: John A. Smothers Address: OWN FILE

FIFTY-SIX AND 00 Dollars (\$ 56.00)

In PART Payment of PRE-NEED LOT ACCOUNT
COUPON PAYMENT # 13, 14

Lot 155 Grave 6 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16909

BALANCE DUE \$ 289.00

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

AC-212 (Rev. 5-94)

1715

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

ISSUED BY Debbie C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>56.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	79390	
TOTAL PAID	\$	<u>56.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55269

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Aug. 2, 20 02

From: JOHN A. SMOTHERS Address: on record
Fifty-Six and 00 Dollars (\$) 56.00
 In part Payment of Pre-need lot.

Lot 155 Grave 6 Row - Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16909

BALANCE DUE \$ 373.00

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

1621

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

ISSUED BY Raulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>56.00</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	60101	
78390		
TOTAL PAID	\$	<u>56.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 54928

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 5-2, 20 02

From: John A. Smothers Address: on record

Fifty-Six ⁰⁰ Dollars (\$ 56.00)

In part Payment of Pre-need Lot for account on John Smothers
coupon # 526

Lot 155 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. G-16909

BALANCE DUE \$ 513.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1487

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

Paulette C

ISSUED BY _____

CREDIT	57007	
25% Sales Care	77184	
80% Sales of Lots	100	<u>56.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>56.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Nº 55056

Date: 6/3, 2002

From: J. Smothers Address: on record

Twenty-Eight Dollars (\$) 28.00

In part Payment of Pre-need lot account for
John Smothers, coupon # 7

Lot 155 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-16909
 BALANCE DUE _____

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

ISSUED BY Paulette C

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>28.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
1534

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55158

MOUNT HOPE CEMETERY

(619) 527-3400

From: John A. Smothers Address: on record Date: July 1, 2002

In Fifty - Six and 00/100 Dollars (\$ 56.00),
 in part Payment of pre-need lot account

Lot 155 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16909

BALANCE DUE \$ 429.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>56.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>56.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1570 ISSUED BY deleted

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54824

Date: 4-3-02, 20__

From: John Brothers Address: On Record

Fifty six Dollars (\$ 56.00)

In part Payment of Pre-Need Lot

Lot 153 Grave 6 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-16909

BALANCE DUE 569.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>56</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	83033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>56</u>	<u>00</u>

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

1448

ISSUED BY: J. Shuller

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

54728

Date: 3-6-02, 20

From: John Smothers Address: On Record

In part Payment of Pre-Need Lot Dollars (\$ 46.00)

Lot 155 Grave 6 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-16909

BALANCE DUE 625.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>46</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>46</u>	<u>00</u>

1410

ISSUED BY

J. Schubert

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55367

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 9-4, 2002

From: John Smothers Address: on record

Twenty-Eight Dollars (\$ 28.00)

In part Payment of pre-need lot account coupon # 12

Lot 155 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16909

BALANCE DUE \$ 345.00

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

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>28.00</u>
Opening/ Closing	100	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9922	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>28.00</u>

1668

ISSUED BY Paulette C.

SMOTHERS, JOHN 929 Madison Avenue, San Diego 92116-1026 294-2289

02-08 02	Opened pre-need lot.	177 20%	DEBIT	CREDIT	BALANCE
	Lot 155, Grave 6, Sec 2, Div 12	716 20%	895.00		895.00
02-02	R-54642			224.00	671.00
3-6-02	R-54728	Coupon #1 & #2		46.00	625.00
4-3-02	R-54828	3 & 4		56.00	569.00
5-2-02	R-54928	5 & 6		56.00	513.00
06-03-02	R-55056	Coupon 7		28.00	485.00
07-01-02	R-55158	Coupons 8 & 9		56.00	429.00
8-2-02	R-55269	" 10 & 11		56.00	373.00
9-4-02	R-55366	#12		28.00	345.00
10-1-02	R-55460	#13 & 14		56.00	289.00
11-04-02	R-55575	#15		28.00	261.00
12-3-02	R-55683	#16 & 17		56.00	205.00
1-2-03	R-55770	#18 & 19		56.00	149.00
2-3-03	R-55877	20		28.00	121.00
3-4-03	R-55974	21		28.00	93.00
4-2-03	R-56088	22 & 24		83.00	10.00
4-7-03	R-56108			10.00	0.00

PAID

APR 07 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ASH GR

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-8-2002

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

of Salwa Hishmeh Kamisizian
in a Ash Burial Type of Burial Container Funeral, date, time Fri Feb 15th 2:30

Church, Chapel, Graveside _____; Goodbody 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 263 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 300.00

Additional spaces and care fund **PAID**

Opening/Closing & Setup 105.00

Burial Container FEB 08 2002 55.00

Handling Fees 60.00

Flower vases - Marker setting fee **125.00**

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 694.26

Paid receipt number VB PAID 694.26

Balance due 0

Allen B3817224
VS 582-1700 4-05

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. Hall
Signature
✓ 5805 El Cajon Blvd #101
Address
✓ San Diego CA 92115
City Zip Code
✓ 619 582 2309
Telephone

Work Order # **E 16910**

Invoice # _____
Acct. # _____

E16910

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. *corner of Parley / Lincoln*

		Ziniga	X			

Interment space for: Salwa Hishmeh Kamisizian ⊗

Interment Date: _____ Time: 2:30pm

Lot: 263 Grave: 2 Row: _____ Sect: 2 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No *Flag on grave*

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E16910

68

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SALWA	1B. MIDDLE HISHMEH	1C. LAST (FAMILY) KAMISIZIAN	2. DATE OF BIRTH MONTH DAY YEAR 05/15/1933	3. DATE OF DEATH MONTH DAY YEAR 02/01/2002	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 KAMISIZIAN: SON 5885 EL CAJON BOULEVARD, #101 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>Diana Lewis</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/06/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 02/07/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT DIANA LEWIS 2202333
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 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 12/16 CREMAINS: MOUNT HOPE CEMETERY: 3751 MARKET STEET, 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 GREENWOOD CREMATORY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 2/9/02	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 2-8-02

Congdon

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

in a ASH VAULT Funeral, date, time Thurs. Feb 14th 3:00

Church, Chapel, Graveside Witness : ANDRA LASHAN Mortuary.

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

will be applied and billed to undersigned. _____

Lot 448 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need 0-2025 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

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

2019102

Work Order # E 16911

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. E-16911 *ashes right*

445	446	447 ALLISON	448 X	449 SLAGEL	450 HOMMAS	451 JOHNSON

Interment space for: ESTHER CONGDON

Interment Date: THUR 2-14 Time: 3:00

Lot: 448 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: DARRYL CHICK

Agrees with Legal Card: Yes No

*thru on
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/13/02

E16911

80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Esther	1B. MIDDLE E.	1C. LAST (FAMILY) Congdon	2. DATE OF BIRTH MONTH DAY YEAR 04/04/1915	3. DATE OF DEATH MONTH DAY YEAR 02/07/2002	4. SEX Fe
5A. CITY OF DEATH San Pedro		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Donna B. Youtsey - Niece 3527 Denison Ave San Pedro, CA 90731		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH McNerney's Mortuary 570 W. 5th Street San Pedro, CA 90731		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-418	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ Janus Starr		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/12/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/12/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ J. STARR	798-16827
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 313 N. Figueroa St. Los Angeles, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 Rosecrans St. San Diego, CA		

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 (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	11B. DATE BURIED 02/18/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Roosevelt Crematory 18255 S. Vermont Ave Gardena, CA	12B. DATE CREMATED 02/12/2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ MR [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-8-02

*Pre-Need
Info*

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

of Muslim Organization

in a _____ Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ Mortuary _____

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

will be applied and billed to undersigned. _____

148, 149, 150

MUSLIM

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

Grave space & Care Fund 3 LOTS AT \$5000 1650.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container **PAID** _____

Handling Fees _____

Flower vases - Marker setting fee FEB 08 (100) _____

Recording and filing fee MT. HOPE CEMETARY _____

Sales taxes CITY OF SAN DIEGO _____

Total Due 1650.00
Paid receipt number R-54641 1650.00

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 16912**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-11-02

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

in a LINER Type of Burial Container Funeral, date, time WED 2-13 11:00

Church, Chapel, Graveside ; CABORIAL 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 106 Grave 3 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 FEB 11 2002 190.00

Handling Fees 145.00

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

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-64650 1564.73

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 record holder of deed _____

William McGee
 Signature
3676 VANDYKE AVE #1
 Address
SAN DIEGO 92105
 City Zip Code
619-255-1051
 Telephone

Invoice # _____

Work Order # **E 16913**

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

E-16913

CLEMONS 1	MORGAN 2	MCGEE 106 X 3	4	5	TAYLOR 6	
DUCKER 7	LOPEZ 8	HALL 9	10	MYERS 11	12	

Interment space for: ALFREDA McGEE

Interment Date: WED 2-13 Time: 11:00

Lot: 106 Grave: 3 Row: _____ Sect: 3 Div: 12

Grave Laid out by: NF - DF

Agrees with Legal Card: Yes No *Buy a Grave*

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 2/12/02

E16913

40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ALFREDA	1B. MIDDLE PATRICIA	1C. LAST (FAMILY) TOOMER-McGEE	2. DATE OF BIRTH MONTH DAY YEAR 06/12/1961	3. DATE OF DEATH MONTH DAY YEAR 02/01/2002	4. SEX FE
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 ALLAN McGEE, JR—HUSBAND 3676 VAN DYKE #1 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>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 02/12/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/12/2002 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 22026605
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 2-13-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-12-02

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

of MARIE BISHOP
in a LINER Funeral, date, time TUES 2-19 11:00

Church, Chapel, Graveside CA BURIAL NAT. CITY 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 213 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		<u>895.00</u>
Additional spaces and care fund		
Opening/Closing & Setup	PAID	<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees	<u>FEB 14 2002</u>	<u>145.00</u>
Flower vases - Marker setting fee	<u>MT. HOPE CEMETARY</u>	<u>45.00</u>
Recording and filing fee	<u>CITY OF SAN DIEGO</u>	<u>14.73</u>
Sales taxes		<u>14.73</u>

Total Due 1664.73

Paid receipt number R-54659 1664.73

Balance due 0

I hereby certify I am the X Greice of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery 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 Barbara Noel
Signature
X 150 Satimes ST
Address
X San Diego Ca 92114
City Zip Code
X (619) 243-7066
Telephone

Work Order # **E 16914**

Invoice # _____

Acct. # _____

E 16914

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		WASSE	213 X 1	2	3	4
			7	8	9	10

EDMONDS

Interment space for: MARIE BISHOP

Interment Date: FVE 2-19 Time: 11:00

Lot: 213 Grave: 1 Row: _____ Sect: 2 Div: 12

Grave Laid out by: Picky

Agrees with Legal Card: Yes No

they on grave

Agrees with Map: Yes No

Blind Check & Verified By: Mrs Collins Date: 2/14/02

E16914

APPLICATION 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 M.	1C. LAST (FAMILY) BISHOP	2. DATE OF BIRTH MONTH DAY YEAR 02/05/1921	3. DATE OF DEATH MONTH DAY YEAR 02/12/2002	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 BARBARA NOEL—NIECE—150 LATIMER ST., SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA 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>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				8B. DATE SIGNED 02/14/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/14/2002 C. RUSS	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2202820
	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2-19-02	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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-13-02

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

of DOROTHY EDER
in a LINER Funeral, date, time FRI 2-15 9:00
Type of Burial Container

Church, Chapel, Graveside WITNESS : PINKHAM MITCHELL Mortuary,
Delivery ONLY

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 37 Grave 2 Row _____ Section 2 Division/Block 4

Grave space & Care Fund Pre-Paid

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Paid E-16563

Burial Container _____

Handling Fees Interment transfer 2-20-02

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 16915

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	CLOYD	3	37 X 3		1		
		WOODWARD					

Interment space for: DOROTHY EDER

Interment Date: _____ Time: _____

Lot: 37 Grave: 3 Row: _____ Sect: 2 Div: 4

Grave Laid out by: Ricky

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collier Date: 2/13/02

216915

81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHY	1B. MIDDLE LINCOLN	1C. LAST (FAMILY) EDER	2. DATE OF BIRTH MONTH DAY YEAR 03/19/1926	3. DATE OF DEATH MONTH DAY YEAR 02/13/2002	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 Willard E. Eder - Husband 1525 First Street, #T-212 Coronado CA 92118		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Pinkham-Mitchell Mortuary 808 13th Street Imperial Beach CA 91932		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1178	6A. SIGNATURE OF APPLICANT—(Person taking permit) <i>Judith King</i>		

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

8B. DATE SIGNED: **02/14/2002**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/14/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records - P.O. Box 85222 San Diego CA 92186-5222		
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 2-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

GRAVE of
WILLIS KENLINE *

Date 2-13-02

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

in a LINER Funeral, date, time SAT. FEB. 16th 12:30

Church ~~Graveside~~ Graveside; GREENWOOD Mortuary.

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

Lot 18 Grave 7 Row _____ Section 4 Division/Block 6

Grave space & Care Fund Pre-need D-5431 0

Additional spaces and care fund Saturday overtime 600.00

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee **PAID**

Recording and filing fee 45.00

Sales taxes FEB 13 2002 14.73

..... 1369.73

..... R-54657

..... Balance due 0

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

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

Signature of recorded holder of deed

X GEORGE A. KENLINE
Signature
X PO BOX 1214 3122 OAKH DR
Address
X BG BEAR LAKE, CA 92315
City Zip Code
X 909-866-3124
Telephone

Invoice # _____

Work Order # **E 16916**

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. E-16916 GRAVE WILLIS KENLINE

	PULL OUT Ashes				
	HEAD	of GRAVE	Left	Side	
				REPLACE	
12	9	8	18 X 7		AFTER BURIAL
Novotny	Kenline	Kenline			

Interment space for: NINA KENLINE

Interment Date: _____ Time: _____

Lot: 18 Grave: 7 Row: _____ Sect: 4 Div: 6

Grave Laid out by: DARRELL & RICKY

Agrees with Legal Card: Yes No

dig on
Grave

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/14/02

E16916

81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) NINA	1B. MIDDLE PIMBLEY	1C. LAST (FAMILY) KENLINE	2. DATE OF BIRTH MONTH DAY YEAR 08/18/1912	3. DATE OF DEATH MONTH DAY YEAR 02/11/2002	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 GEORGE A. KENLINE: SON P.O. BOX 1214 BIG BEAR LAKE, CA 92315			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Victoria Azzam</i>			8B. DATE SIGNED 02/15/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2202886
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/11/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-14-02

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

in a #1 LINER Funeral, date, time Tue 2-19 1:00
Type of Burial Container
 Church, Chapel, Graveside CA BURIAL Mortuary.

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

lot 217 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	
Opening/Closing & Setup PAID	<u>375.00</u>
Burial Container	<u>95.00</u>
Handling Fees <u>FEB 15 2002</u>	<u>50.00</u>
Flower vases <small>Marker setting fee</small>	<u>45.00</u>
Recording and <small>City of San Diego</small>	<u>7.36</u>
Sales taxes	
	<u>1467.36</u>
	Total Due
Paid receipt number <u>R-54664</u>	<u>1467.36</u>
	Balance due <u>0</u>

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 A Bonner 228938
 Signature
X 7138 Terra Cotta Rd
 Address
X San Diego 92114
 City
X (619) 445-8831 Zip Code
 Telephone

Work Order # **E 16917**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1 BONNER	2 BONNER	X 3	4	5 HALLMAN	6 GRAVES
	7	8	9	10	11	12

Interment space for: TIANNA BONNER

Interment Date: Tue 2-19 Time: 1:00

Lot: 217 Grave: 3 Row: _____ Sect: 2 Div: 12

Grave Laid out by: Ricky

Agrees with Legal Card: Yes No *ply on ground*

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/15/02

E10917
1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) TIANNA	1B. MIDDLE HAI	1C. LAST (FAMILY) BONNER	2. DATE OF BIRTH MONTH DAY YEAR 02/10/1995	3. DATE OF DEATH MONTH DAY YEAR 02/10/2002	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANDREA BONNER—MOTHER 7138 TERRA COTTA RD. SAN DIEGO, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code. 8B. DATE SIGNED
02/18/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 02/19/2002 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2202971	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	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 2/14/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARRY H. DEARBORN ~~♂~~

in a ASH VAULT Funeral, date, time FRIDAY, FEB. 22nd 1:00

Church, Chapel (Graveside) ELCAJON Mortuary Mortuary, GARY 444-5033

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 4471 Grave _____ Row _____ Section _____ Division/Block 10
Grave space & Care Fund pre-paid C-4159 ⊖

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ **PAID** 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ FEB 20 2002 _____

Recording and filing fee _____ 45.00

Sales taxes _____ MT. HOPE CEMETARY 4.26
CITY OF SAN DIEGO, CA

Total Due 269.26
Paid receipt number R-54673 269.26

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 16918 Invoice # _____
Acct. # _____

E16918

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Lewis J 4390	4377 Lewis		
			X	4472 Deaton	4473	4474 Tsuchida 4475 Wick

Interment space for: Harry H. Deaton

Interment Date: 2-22-2002 Time: 1:00

Lot: 4471 Grave: — Row: — Sect: — Div: 10

Grave Laid out by: VF DF DN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

F. Cog. or grave

Blind Check & Verified By: Ken & Robert Date: 2/21/02

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2/14/02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARRY H. DEARBORN ~~♂~~

in a ASH VAULT Funeral date, time FRIDAY, FEB. 22nd

Church, Chapel, Graveside : EL CAJON MORTUARY Mortuary, 619-442-9033

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>4471</u> Grave _____ Row _____ Section _____ Division/Block <u>10</u>	
Grave space & Care Fund <u>Premier C-4159</u>	<u>0</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container	<u>55.00</u>
Handling Fees	<u>60.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>4.26</u>
Total Due	<u>269.26</u>

Paid receipt number _____ Balance due _____

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 authorized holder of deed

X BETTY J. NELSON
Signature
1762 GREENFIELD DR
Address
EL CAJON CA 92021
City
619-442-3011
Telephone

Work Order # E 16918

Invoice # _____
Acct. # _____

This information is available in alternative formats upon request.

E 16918

95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) HARRY	1B. MIDDLE HUSTED	1C. LAST (FAMILY) DEARBORN	2. DATE OF BIRTH MONTH, DAY, YEAR 08/06/1914	3. DATE OF DEATH MONTH, DAY, YEAR 02/13/2002	4. SEX M
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 BETTY JANE NELSON-DAUGHTER 1762 GREENFIELD CT EL CAJON, CA 92021		
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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code		8B. DATE SIGNED 02/15/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JACKIE KOZICA
	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P O BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102	11B. DATE BURIED 2-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. ...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 2/19/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>S. Schuch</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.

COPY 1

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

VS 9 (REV. 8/91)

Pre-need
Lots

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-15-02

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

of Muslim Organization

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

151, 152, 153, 154

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

Grave space & Care Fund 4 Lots A+ 550.00 2200.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 2200.00

Paid receipt number R-54662 2200.00

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 _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 16919**

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-15-02

*1st burial
Esteban Lucero*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evangelina Esteban 9:00
in a Double Death Funeral, date, time THUR 2-21
Church, Chapel, Graveside Berze Roberts Mortuary.

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

Lot 243 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Revised E-14167 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container " " 0

Handling Fees FEB 15 2002 " " 0

Flower vases MT HOPE CEMETARY 0

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____

Total Due 420.00

Paid receipt number R-54663 420.00

Balance due 0

I hereby certify I am the X Daughters of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Lucero
Signature
X 1834 Red Court
Address
X San Diego CA
City
X (619) 207-2693 92139
Telephone

Invoice # _____

Work Order # **E 16920**

Acct. # _____

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. E-16920 2nd Burial

					1	DD	
			X		2	3	4
							ANDREW'S
			Shell	7	8	9	10

Interment space for: Evangelina Esteban

Interment Date: THUR 2-21 Time: 9:00

Lot: 243 Grave: 1 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF DF DN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 2/20/02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E16920
71

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EVANGELINA	1B. MIDDLE -	1C. LAST (FAMILY) LUCERO	2. DATE OF BIRTH MONTH DAY, YEAR 12/24/1930	3. DATE OF DEATH MONTH DAY, YEAR 02/14/2002	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 MARTHA LUCERO - DAUGHTER 1834 REO COURT SAN DIEGO, CA 92139		
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		8. SIGNATURE OF APPLICANT—Person taking permit <i>Paucette Valente</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 02/15/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/19/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2202969 F Valente
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 2-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. H. B...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-15-2002

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

in a LINER Funeral, date, time FRI. Feb. 22th 1:00

Church, Chapel, Graveside: CABURIAL 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 61 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..... **PAID** 190.00

Handling Fees 145.00

Flower vases - Marker setting fee FER 1.5 2002

Recording and filing fee 45.00

Sales taxes CITY OF 14.73

Total Due 1664.73

Paid receipt number R-54665 1664.73

Balance due 0

*234-3272
Gloria
Faxed to 286-2674*

I hereby certify I am the Raymond George 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 _____

Raymond George
Signature
1537 La Corta St.
Address
Alhambra CA. 91945
City Zip Code
619-461-0336
Telephone

Work Order # **E 16921**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-15-2002

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

in a LINER Funeral, date, time FRI. Feb 22nd 1:00
Type of Burial Container
 Church, Chapel, Graveside CABUCIAL Mortuary
Location

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

Lot 61 Grave 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 PAID 190.00

Handling Fees 145.00

Flower vases - Marker setting fee FEB 15 2002

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-54665 1664.73

Balance due 0

*234-3272
Gloria
Faxed to 234-2674*

I hereby certify I am the Raymond George 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.

Raymond George
 Signature
1537 La Corta St.
 Address
Woman Grave CA 91945
 City
619-461-0336
 Telephone
 Zip Code

Signature of recorded holder of deed _____

Work Order # E 16921

Invoice # _____

Acct. # _____

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

2-20-03

Printed on recycled paper

GRAVE #2 COLLAPSED AND THE LINER/CASKET SHIFTED TO THE WEST WHEN DIGGING GRAVE #1 FOR A DOUBLE DEPTH CRYPT. THIS OCCURRED AFTER GRAVE #1 WAS DUG. THE BOTTOM OF GRAVE #2 GAVE AWAY WHEN THE LINER WAS BUMPED BY THE BACK-HOE. THIS ALSO CAUSED THE SURFACE TURF OF THE GRAVE TO SINK IN. WE HAD TO UNCOVER THE LINER, REDIG THE GRAVE (#2) TO SAME DEPTH AS GR #1 AND SLID IT BACK IN PLACE IN GR #2.

E16921



Seaman-Poe Monument Co.

Peggy Halseen

3993 Imperial Ave
San Diego, CA 92113
www.seaman-poe.com

Ph (619) 264-1933 Fax (619) 264-1973

E16921

Raymond George
Home 619-267-3637
Cell 619-804-2425

Daughter Marshaef

E16921

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

(*Vet. Section*)

		7	8	9		
		1	2 X	3	4	5
		7 <i>Vachon</i>	8	9	10	11

Interment space for: Odell George

Interment Date: 2-22-2002 Time: 1:00

Lot: 61 Grave: 2 Row: _____ Sect: 1 Div: 11

Grave Laid out by: NF - DF D.N.

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: Ken Collins Date: 2/20/02

E16921
97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ODELL	1B. MIDDLE -	1C. LAST (FAMILY) GEORGE	2. DATE OF BIRTH MONTH DAY YEAR 02/02/1925	3. DATE OF DEATH MONTH DAY YEAR 02/14/2002	4. SEX MALE
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 RAYMOND GEORGE—BROTHER 1537 LA CORTA ST. LEMON GROVE, CA 91945	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
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.		8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i>	
				8B. DATE SIGNED 02/19/2002	

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 02/19/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. BENYARD
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 -		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (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	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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-19-2002

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

of ELVIRA E. Steiskal

in a T.S. vault Type of Burial Container Funeral, date, time Fri. Feb. 22nd 12:00

Church, Chapel, Graveside Delivery Only El Cajon Mortuary mike

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 1117 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund 0-2274 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees FEB 19 2002 185.00

Flower vases - Marker setting fee _____

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

Sales taxes 19.38

Total Due 874.38

*mike
box # 440-0176*

Paid receipt number R-54670 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 Judith S. Tokun
Signature
X 31457 Hollywood Ct
Address
Monterey, CA 92584
City Zip Code
909-679-1859
Telephone

Work Order # **E 16922**

Invoice # _____

Acct. # _____

E16922

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Delivery only

44						
		1116 Steiskal	1117 X	1118	1119 Dobson	1120 Wotkin

Interment space for: Elvira E. Steiskal

Interment Date: Fri 2-22-02 Time: _____

Lot: 1117 Grave: _____ Row: _____ Sect: 3 Div: 8

Grave Laid out by: NF. P.F. P.N.

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Callus Date: 2/26/02

F. Leg or
grow

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E16922
87

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Elvira	1B. MIDDLE Esther	1C. LAST (FAMILY) Streiskal	2. DATE OF BIRTH MONTH DAY YEAR 04/02/1914	3. DATE OF DEATH MONTH DAY YEAR 02/15/2002	4. SEX F
5A. CITY OF DEATH Murrieta		5B. COUNTY OF DEATH—OUTSIDE CALIF. OUTER STATE Riverside	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Judith Tokas (Daughter) 31457 Hallwood Court Menifee CA 92584		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Valley Funeral Home 42011 A St. Murrieta CA 92562		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1541	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 02/19/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 140278 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/19/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Fax Auth#7758571 <i>[Signature]</i>
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> Riverside County Health Dept. P O Box 7600 Riverside CA 92513	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> San Diego County Health Dept. P O Box 85222 San Diego CA 92186-85222		

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 2-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-19-02

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

of ALBERTO B. ORTIZ PA# 20020947

in a DOUBLE DEPTH Funeral, date, time THUR 2-21 8:30
Type of Burial Container

Church, Chapel, Graveside DELIVERY : 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 8 Grave 4T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126

Additional spaces and care fund

Opening/Closing & Setup 423

Burial Container 123.01

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45

Sales taxes 9.53

Paid 5-6-02

Total Due 726.54

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Signature of recorded holder of deed _____

Work Order # E 16923

Invoice # 360694

Acct. # 006952

3-12-02

E16923

33

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ALBERTO	1B. MIDDLE -	1C. LAST (FAMILY) BELTRAN-ORTIZ	2. DATE OF BIRTH MONTH, DAY, YEAR 09/03/1968	3. DATE OF DEATH MONTH, DAY, YEAR 02/04/2002	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 BEAUPARLANT-DEPUTY P. 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 7856 LA MESA BLVD., LA MESA, CA 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE ND-1658	6A. SIGNATURE OF APPLICANT—Person taking permit, <i>Nancy Lopez</i>		

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 02/20/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. Jones</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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2/21/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth A. 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 2-19-02

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

in a _____ Funeral, date, time FRI 2-22 10:30

Type of Burial Container
Church, Chapel, Graveside ; FEATHERINGILL Mortuary.

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

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature of recorded holder of deed _____

Work Order # E 16924

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-19-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADELINDA RAMOS 230226

in a LINER Funeral, date, time MON 2-25 10:30

Church, Chapel, Graveside CA BURIAL Mortuary, MAT CITY

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 85 Grave 3 Row _____ Section 1 Division/Block 13

Grave space & Care Fund	PAID	<u>895.00</u>
Additional spaces and care fund		<u>—</u>
Opening/Closing & Setup	<u>FEB 21 2002</u>	<u>375.00</u>
Burial Container	<u>MT. HOPE CEMETAR</u>	<u>190.00</u>
Handling Fees	<u>CITY OF SAN DIEGO</u>	<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 1664.73

Paid receipt number R-54676 1664.73

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 _____
Pin 230225 X KAREN ALVIZ
 Signature KAREN ALVIZ
 Address 438 N. AVE. # 11
 City NATIONAL CITY, CA - 91910
 Telephone 619-474-3415 / 962-4085

Work Order # **E 16925**

Invoice # _____

Acct. # _____

E16925

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.
E - 16925

	1 ALLEN	2 McBRIDE	85 X 3	4	5	6
	7	8	9	10	11 Jimenez JUAN A.	12

Interment space for: ADELINDA RAMOS

Interment Date: MON 2-25 Time: 10:30

Lot: 85 Grave: 3 Row: _____ Sect: 1 Div: 12

Grave Laid out by: NF-DN

Agrees with Legal Card: Yes No **Key on Grave*

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 2/25/02

E16925
43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ADELINDA	1B. MIDDLE C.	1C. LAST (FAMILY) RANOS	2. DATE OF BIRTH MONTH, DAY, YEAR 02/28/1958	3. DATE OF DEATH MONTH, DAY, YEAR 02/18/2002	4. SEX F.
5A. CITY OF DEATH POWAY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KARREN ALVIZ-DAUGHTER 938 N. AVE. #11 NATIONAL CITY, CA 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CALIFORNIA 91950			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689		8A. SIGNATURE OF APPLICANT—Person taking permit <i>C. Russ</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 02/22/2002		

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 02/25/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203377 C. RUSS
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 2-25-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. L. Russ</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-19-2002

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

of Annie L. McMullen
in a T.S. Vault Funeral, date, time SAT. 23rd Feb. 1:00

Church: Chapel, Graveside : Anderson-Rogday 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 173 Grave 9 Row - Section 1 Division/Block 11

Grave space & Care Fund		895.00
Additional spaces and care fund	<u>Overturning fee</u>	600.00
Opening/Closing & Setup		375.00
Burial Container	PAID	250.00
Handling Fees		185.00
Flower vases - Marker setting fee	<u>FEB 19 2002</u>	
Recording and filing fee	<u>MT. HOPE CEMETARY</u>	45.00
Sales taxes	<u>CITY OF SAN DIEGO, CA</u>	19.38
	Total Due	2369.38
	Paid receipt number <u>R-54669</u>	2369.38
	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 _____

Annie L. McMullen
Signature
8372 Cactus St.
Address
Spring Valley 91977
City Zip Code
(619) 479-5410
Telephone

Work Order # E 16926

Invoice # _____

Acct. # _____

E169260

MT HOPE CEMETERY

VA Section

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Joseph Reynolds	1	2	3	4	5	6
	7	8	9 X	10	11	12

Interment space for: Annie L McMullen

Interment Date: 2-23-02 Time: 1:00

Lot: 173 Grave: 9 Row: _____ Sect: 1 Div: 11

Grave Laid out by: NFON

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 2/21/02

Flag on Grave

E 169260

64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Annie		1B. MIDDLE Louise		1C. LAST (FAMILY) McMullen		2. DATE OF BIRTH MONTH DAY YEAR 09/14/1937		3. DATE OF DEATH MONTH DAY YEAR 02/17/2002		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 Payton McMullen, Husband 8372 Cacus St. Spring Valley, CA 91977					
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>Jeffrey Whelan</i>		8B. DATE SIGNED 02/19/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 30576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.									
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 02/21/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203241			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222				9E. 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. Hope Cemetery; 3751 Market St. San Diego, CA 92102			11B. DATE BURIED 2/23/02		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>			
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -			12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -			13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -			14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -			15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-19-02

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

of ARMANDA MEDINA DE LACRUZ
 in a T-S VAULT Funeral, date, time FRI 2-22 10:00
 Church, Chapel Graveside : GUADALUPANA Mortuary.

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

will be applied and billed to undersigned. _____

Lot 39 Grave 05 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** 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing MT HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO 19.38

Total Due 1769.38

Paid receipt number R-54671 1769.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Maria Dolores Jimenez
 Signature
5001 Ros Cree Ave
 Address
CHAIREMONT MESA 92117
 City Zip Code
858 292 8246
 Telephone

Work Order # E 16927

Invoice # _____

Acct. # _____

E16927

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

E-16927

2	3	4	39 X 5	6		
			WASSIE			
8	9	10	11	12		
	HINES		STEWART			

Interment space for: Armando Medina Delacruz

Interment Date: Feb 2-22 Time: 10:00

Lot: 39 Grave: 5 Row: _____ Sect: 1 Div: 12

Grave Laid out by: DAVE E. DARREY

Agrees with Legal Card: Yes No *they on grave*

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 2/20/09

E16927
mf

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ARMANDO <i>Armando</i>	1B. MIDDLE -	1C. LAST (FAMILY) MEDINA DE LA CRUZ	2. DATE OF BIRTH MONTH DAY YEAR 07/06/1969	3. DATE OF DEATH MONTH DAY YEAR 02/18/2002	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 MARIA DOLORES MEDINA DE LA CRUZ—WIFE 5001 ROSECREA AVE SAN DIEGO, CA, 92117			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA, 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jose Chavez</i>			8B. DATE SIGNED 02/21/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 JOSE CHAVEZ 02/21/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203207
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA, 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 MOUNT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA, 92102	11B. DATE BURIED 2-22-02	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 2-20-03

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

of JEAN HANSBORO

in a LIVER Funeral, date, time FRI 2-23 1:00

Church, Chapel, Graveside : RAGSDALE Mortuary.

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

Lot 105 Grave 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Need E-16391 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 16928

E16928

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4	5	6			
8	9 ASHLEY	10 HANSBORD	105 X	11	12		

Interment space for: JEAN HANSBORD

Interment Date: FRI 2-22 Time: 1:00

Lot: 105 Grave: 11 Row: _____ Sect: 1 Div: 11

Grave Laid out by: NF DF DN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/21/02

*thy on
Grove*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

72
E16928

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Jean	1B. MIDDLE Alma	1C. LAST (FAMILY) Hansboro	2. DATE OF BIRTH MONTH DAY YEAR 04/23/1929	3. DATE OF DEATH MONTH DAY YEAR 02/15/2002	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 Michael Jordan, Son 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 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>[Signature]</i>	
				8B. DATE SIGNED 02/18/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/22/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203290
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 LOCAL (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	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 2-21-02

*Pre-Need
Trust*

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 116 Grave 9 Row _____ Section 1 Division/Block 11
 Grave space & Care Fund Pre-Need E-6722 0

Additional spaces and care fund	
Opening/Closing & Setup	PAID	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>FEB 21 2002</u>	<u>145.00</u>
Flower vases - Market setting fees	
Recording and filing	MT. HOPE CEMETARY CITY OF SAN DIEGO	<u>45.00</u>
Sales taxes	<u>14.73</u>
	Total Due	<u>769.73</u>
	Paid receipt number <u>R-54675</u>	<u>769.73</u>
	Balance due	<u>0</u>

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

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

Signature of recorded holder of deed _____

Mattie Sue Branch
 Signature
7504 EASHILL DR
 Address
SD. 92114
 City Zip Code
619 266-2666
 Telephone

Work Order # **E 16929**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-21-02

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

of Roy Melvin PA # 20020992
 in a Double Depth 1st Burial Funeral, date, time TUES Feb 20th 11:00
Type of Burial Container

Church, Chapel, Graveside Delivery : Featheringill Mortuary, Jerny 383454

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 9 Grave 1B Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126

Additional spaces and care fund

Opening/Closing & Setup 423

Burial Container VOID - ESTATE 123.01

Handling Fees CASE - NOT PA

Flower vases - Marker setting fee

Recording and filing fee see E-17046 45

Sales taxes 12,211.39, 10 9.53

Total Due 726.54

Paid receipt number _____ Balance due _____

*P.A. Darnell!
 Price 858
 674-3507*

I hereby certify I am the _____ of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability 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 16930 Invoice # 360630
 Acct. # 000952

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

E-16930 18

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) Roy	1B. MIDDLE -	1C. LAST (FAMILY) Melvin	2. DATE OF BIRTH MONTH, DAY, YEAR 07/12/1923	3. DATE OF DEATH MONTH, DAY, YEAR 02/12/2002	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 Darnell Price, 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 FD 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 02/21/2002

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 02/21/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203261 <i>[Signature]</i>
	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 2-26-02	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-16930

CITY of SAN DIEGO
MEMORANDUM

FILE NO. :
DATE : April 18, 2002
TO : Ernest Hamilton - Auditor's Office
FROM : Sue Shackelton, CAII, Mt. Hope Cemetery
SUBJECT: Cancel Invoice

Please cancel Invoice #360630 dated 03-11-02. We billed in error.

Thank you.

Sue Shackelton

Sue Shackelton

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-22-02

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

of HAROLD CARY

In a T.S. Vault Funeral, date, time WED'S FEB. 27th 1:45

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.

Let 168 Grave 3 Row _____ Section _____ Division/Block 1 ^{Division 3}

Grave space & Care Fund Pre need lot 6

Additional spaces and care fund _____

Opening/Closing & Setup PAID 345.00

Burial Container 250.00

Handling Fees FEB 22 2002 185.00

Flower vases - Marker setting fee 46.93

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

Sales taxes 19.38

Total Due 921.31

Paid receipt number MYC 921.31

Balance due 0

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

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

Signature of recorded holder of deed _____

[Signature]
Signature
1818 Terrance St
Address
San Diego, CA 92103
City Zip Code
619/296-0442
Telephone

Work Order # E 16931

Invoice # _____
Acct. # _____

MT HOPE CEMETERY *E-16931*

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			3 X			

Interment space for: HAROLD CARY

Interment Date: 2-27-2002 Time: 2:00

Lot: 168 Grave: 3 Row: _____ Sect: _____ Div: 1
Division 3
BLK

Grave Laid out by: NF DF

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/25/02

Flag on grave

E-16931

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) HAROLD	1B. MIDDLE FREDERICK	1C. LAST (FAMILY) CARY	2. DATE OF BIRTH MONTH DAY YEAR 02/23/1913	3. DATE OF DEATH MONTH DAY YEAR 02/21/2002	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 DAVID CARY - SON 1834 TORRANCE STREET 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>Rose M. Zullo</i>		8B. DATE SIGNED 02/26/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/26/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203542
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 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

<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 82102	11B. DATE BURIED 2/27/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-22-02

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

of OPAL L. OFFER (Fuhrmann)

in a LINER Funeral, date, time Thurs. Feb 28th 11:00

Church, Chapel Graveside; OAKDALE 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 2431 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-7771 194

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees FEB 25 2002 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 45.00

Recording and filing fee CITY OF SAN DIEGO, CA.

Sales taxes 14.73

Total Due 769.73

Paid receipt number PAID VISA 769.73

Balance due may exp 2004 0

*Payk
626-335-4403
Lose Flores
626-691-2000*

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 16932**

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-16932

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		2430 OFFER	2431 X	2432 Lasater	2433 Letfler	2434 Letfler
			2500 Sturck		Branard	mcfar

Interment space for: Opal L. OFFER

Interment Date: Thurs Feb 28 Time: 11:00

Lot: 2431 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: N.F.

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: Kenneth Collins Date: 2/27/02

E-16932 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) OPAL	1B. MIDDLE LUCILLE	1C. LAST (FAMILY) FURHMANN	2. DATE OF BIRTH MONTH DAY YEAR 06/24/1914	3. DATE OF DEATH MONTH DAY YEAR 02/21/2002	4. SEX F
5A. CITY OF DEATH COVINA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARILYN S. CRAIG - DAUGHTER 4903 N. DELAY ST. COVINA, CA 91722	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH OAKDALE MORTUARY 1401 S. GRAND AVE., GLENDORA, CA 91740			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1127		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i>		
			8B. DATE SIGNED 02/26/2002		

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 02/26/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 447-1967
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. FIGUEROA ST. LOS ANGELES, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY HEALTH DEPT. 3851 HOSHCRAWS ST. SAN DIEGO, CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-28-02	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.

E-16932

OAKDALE MEMORIAL PARK MORTUARY

1401 S. GRAND AVENUE, GLENDORA, CA 91740-5406
(626) 335-0281 • (909) 599-4382 • (213) 722-2323

FAX TRANSMISSION

TO: Paulette

FAX NUMBER: 619-527-3403

DATE: 2/25/2002

MESSAGE: _____

Here are the I.O's for
OPM Funeral.

FROM: Jose Flores (Oakdale)

NO. OF PAGES INC. THIS PAGE: 3

IF YOU DO NOT RECEIVE ALL PAGES,
PLEASE CONTACT: Jose (626) 691-2000

E-16932

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-22-02

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

of OPAL L. OFFER

in a LINER Funeral date, time _____
Type of burial container

Church, Chapel, Graveside OAKDALE 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 2431 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-7771 _____

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 _____

Total Due 769.93

Paid receipt number _____

Balance due _____

*Pat
666-335-4403
Jose Flores
R 626-691-3000*

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

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

Signature of recorded holder of deed _____

Marilyn S. Craig
Signature
4403 N. Del Rey Street
Address
Covina, CA 91722
City State Zip Code
(626) 966-6242
Telephone

Invoice # _____

Work Order # E 16932

Acct # _____

REA-104 (7-00)

This information is available in alternative formats upon request.

3 Printed on recycled paper

E-16932

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-22-02

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

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

Church, Chapel, Graveside DAKDALE 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 2431 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-7771 _____

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 _____

Balance due _____

I hereby certify I am the X Gerald D. Opfer of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery 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 Gerald D. Opfer
Signature

X 8724 VIA DIEGO CT.
Address

X LAKESIDE 92040
City Zip Code

X 619 561 5947
Telephone

Invoice # _____

Acct. # _____

Work Order # E 16932

PCA-10a (7-06)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-22-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OPAL L. OFFER in a LINER Funeral date, time _____ Church, Chapel, Graveside OAKDALE Mortuary All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot <u>2431</u> Grave _____ Row _____ Section _____ Division/Block <u>10</u>	
Grave space & Care Fund <u>C-7771</u>	<u>0</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>769.73</u>

*Ask
626-335-4403
Josie Flores
626-691-2000*

Paid receipt number _____ Balance due _____

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

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

Marilyn S. Craig
Signature
4403 N. Del Rey Street
Address
Covina, CA 91722
City State Zip Code
(924) 966-6242
Telephone

Signature of recorded holder of deed _____

Work Order # E 16932

Invoice # _____
Acct. # _____

RCA-104 (7-00)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-22-02

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

of OPAL L. OPFER

in a LINER Funeral date, time _____

Church, Chapel, Graveside OAKDALE 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 2431 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-7771 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases ~ Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number _____

Balance due _____

*Ask
626-335-4403
Loree Flores
626-691-3000*

I hereby certify I am the X Herald D. Opfer of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Herald D. Opfer
Signature
X 8724 VIA DIEGO CT.
Address
X LAKEVIEW 92040
City ZIP Code
X 619 561 5947
Telephone

Work Order # E 16932

Invoice # _____

Acct # _____

PCA-104 (7-00)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-25-02

*Pre-Nud
 Intert*

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

of Bettye Hansett

in a T.S. VAULT Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 53 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Nud E-4937 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 _____

Recording and filing fee FEB 25 2002 45.00

Sales taxes 19.38

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

Total Due 874.38

Paid receipt number VISA 874.38

Balance due 0

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

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

Signature of recorded holder of deed _____

X Bettye R. Hansett
Signature
X 8585 Innesdale Lane
Address
X San Diego, Ca. 92114
City Zip Code
X 619-479-2813
Telephone

Work Order # **E 16933**

Invoice # _____

Acct. # _____

E-16933

Mt Hope Cemetery Agreement Confirmation

05/18/2002

Agreement Number: E-16933-T

Agreement Date: 02/25/2002

Purchaser: Hansett, Bettye R
8585 Innsdale Lane

Purchaser Number: 94 /

Phone: 619-479-2813

San Diego ,CA 92114

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38	
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
BASE PRICE			855.00			
SALES TAX			19.38			
TOTAL CASH PRICE			874.38			
TOTAL DOWNPAYMENT			874.38-			
TRANSFER ALLOWANCE			0.00-			
DISCOUNT OR ALLOWANCE			0.00-			
FINANCE CHARGE			0.00			
TOTAL OF PAYMENTS			0.00			
DEFERRED PAYMENT PRICE			874.38			
NUMBER OF INSTALLMENTS			1			
REGULAR PAYMENT OF			0.00			
ODD PAYMENT OF			0.00			
DATE FIRST PAYMENT DUE			06/18/2002			
PAYMENT PLAN			MONTHLY			

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

E-16933

Mt Hope Cemetery
Contract Entry Verification
05/18/2002

Contract Number: E-16933-T

Contract Date: 02/25/2002

Purchaser: Hansett, Bettye R
8585 Innsdale Lane

Purchaser Number: 94 /

Phone: 619-479-2813

San Diego ,CA 92114

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Top Seal Vault	250.00	19.38		
1	Handling Fee	#5 Top Seal Vlt Handling	185.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property						
	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
BASE PRICE			855.00			NUMBER OF INSTALLMENTS
SALES TAX			19.38			REGULAR PAYMENT OF 0.00
TOTAL CASH PRICE			874.38			ODD PAYMENT OF 0.00
TOTAL DOWNPAYMENT			874.38 -			DATE FIRST PAYMENT DUE 06/18/2002
TRANSFER ALLOWANCE			0.00 -			PAYMENT PLAN: MONTHLY
DISCOUNT OR ALLOWANCE			0.00 -			

FINANCE CHARGE	0.00 @	0.000% AMORTIZE				SOURCE: Walk-in
TOTAL OF PAYMENTS	0.00					
DEFERRED PAYMENT PRICE	874.38					
ACCOUNT CONTRIBUTIONS		AMOUNT	FRACTION			
I V P/N Trust		855.00	1.0000			
R S Equity		-112.00				
A Interest		0.00				
R S Tax Recovery		19.38				
R S Cost of Goods		112.00				
R V Late Charge		0.00				

CONTRACT ENTERED BY: _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-25-2002

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

of Floyd D. Mitchell

in a liner Funeral, date, time FRIDAY MAR. 1ST 1:30

Church, Chapel, Graveside : RAGSDALE Mortuary.

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

✓ Lot 115 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

PAID Paid receipt number R-51699 1664.73

Balance due 0

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

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

Signature X Shirley J. Mitchell
 Address X 546 Winston Dr.
 City X S.D. Ca. 92114 Zip Code
 Telephone X 619-262-4571

Signature of recorded holder of deed _____

Work Order # **E 16934**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY E-16934

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

VA Section

			1 X	2	3 White	4 Wallace
			7	8	9 Aunty	

Interment space for: Floyd D. Mitchell

Interment Date: FRIDAY 3-1-2002 Time: 1:30

Lot: 115 Grave: 1 Row: Sect: 1 Div: 11

Grave Laid out by: NF - DF

Agrees with Legal Card: Yes No *Flag on grave*

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 2/27/02

E1693A
61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Floyd	1B. MIDDLE Douglas	1C. LAST (FAMILY) Mitchell	2. DATE OF BIRTH MONTH, DAY, YEAR 03/26/1940	3. DATE OF DEATH MONTH, DAY, YEAR 02/24/2002	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 Shirley J. Mitchell, Wife 846 Winston 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		8. DATE SIGNED 02/26/2002
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.			SIGNATURE OF APPLICANT—Person taking permit <i>Arthur Williams</i>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/28/2002 <i>Arthur Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203667
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/1/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-25-02

*Pre-need
trust*

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

of Randa Burkholder

in a ast vault Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2177 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre-need _____

Additional spaces and care fund _____

Opening/Closing & **PAID** _____ 105.00

Burial Container _____ 55.00

Handling Fees FEB 25 _____ 60.00

Flower vases _____ Marker setting fee _____

Recording **MT. HOPE CEMETARY** _____ 45.00
CITY OF SAN DIEGO, CA

Sales taxes _____ 4.13

Total Due 269.13

Paid receipt number R-54683 269.13

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 35

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order #

E 16935

E-16935

4655 No. Victoria St.
Apartment 318
Shoreview, MN 55126
February 14, 2002

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

Dear Sir/Madam:

Enclosed you will find a check for \$269.13 to cover the prepayment for the burial of the ashes of Randa Forney Burkholder in Lot 2176 or 2177, adjacent to that of her husband, Dallas Burkholder. The lot is in Section 3, Division 8.

At the time of her death (she is 106 years old) I will have the ashes shipped to you and Greenwood Mortuary will refile the permit.

You may contact me at the above address if there is any change in your charges. This amount was given to me by my niece who visited your offices last spring.

Sincerely yours,

Barbara J. Burkholder

Barbara J. Burkholder
(Mrs. Everett)

August F. Wilhelm at foot of grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-2002

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

9:00

in a Ash Vault Funeral, date, time Wed 3/6/02

Church, Chapel, Graveside Church @ 9:00 ; Bishop's 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 1367 Grave Row Section 3 Division/Block 8
Grave space & Care Fund C-1528 1964

Additional spaces and care fund

Opening/Closing & Setup PAID 105.00

Burial Container 55.00

Handling Fees MAR 01 2002 60.00

Flower vases - Marker setting fee

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

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-54702 269.26

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 Bishop Mortuary
X Address 3444 Citrus St
X City Lemon Grove CA 91745
X Telephone 619 466-4462

Work Order # E 16936

Invoice #

Acct. #

Trace

MT HOPE CEMETERY

F 16936

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

August F. Wilhelm is at foot of this grave.

<i>1363</i> Buckley	Buckley	Fisher	Itu back			
<i>1364</i> 1363 mason	1365 Jones	1366 Paulgren	1367 X			

Interment space for: Carmen Wilhelm

Interment Date: March 6, 02 Time: 10:30 am

Lot: 1367 Grave: Row: Sect: 3 Div: 8

Grave Laid out by: N.F.D.N.

Agrees with Legal Card: Yes No *Flag on grave*

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 3/5/02

E16936

94

94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Carmen	1B. MIDDLE Jacoste	1C. LAST (FAMILY) Wilhelm	2. DATE OF BIRTH MONTH, DAY, YEAR 12/10/1907	3. DATE OF DEATH MONTH, DAY, YEAR 02/25/2002	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 A. Jacoste, Nephew 566 Cedar Street El Cajon, California 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Bishop Mortuary 3444 Citrus Street, Lemon Grove, CA 91945		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1673	8A. SIGNATURE OF APPLICANT—Person taking permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code		8B. DATE SIGNED 02/28/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/28/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT G. Mitchell
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego County Health Dept. P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 3-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda, Inc. 14065 Hwy 8 Bus., El Cajon, CA 92021	12B. DATE CREMATED 3-1-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER 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 2-26-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 272 Norris Cammon

in a Liner Type of Burial Container Funeral, date, time FRI MARCH 1st 11:00
Church, Chapel Graveside : GA BURIAL Mortuary.

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

Lot 219 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund 0

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees FEB 27 2002 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-54691 1664-73

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 _____

271
X Flora Mccoy
 Signature
X 824 42nd
 Address
X SAN Diego 92102
 City Zip Code
X (619) 263-3605
 Telephone

Work Order # E 16937

Invoice # _____

Acct. # _____

*Janette
 took
 229-275
 will bring it*

MT HOPE CEMETERY

E-16937

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Tree				
		3 of lot 4	5 X				

Interment space for: Norris Cannon

Interment Date: 3-1-2002 ^{Friday} Time: 11:00

Lot: 219 Grave: 5 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on Grave

Blind Check & Verified By: Ken Collins Date: 2/27/02

E-16937

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) NORRIS	1B. MIDDLE N.	1C. LAST (FAMILY) CAMMON, JR.	2. DATE OF BIRTH MONTH DAY YEAR 01/01/1946	3. DATE OF DEATH MONTH DAY YEAR 02/24/2002	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF. SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FLORA MC COY—SISTER 824 42ND ST. 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>Galena Benyard</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 02/27/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/27/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. BENYARD
		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"/> 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 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen 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 2-26-02

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

in a Urn Funeral, date, time Tues Mar 5th 2:00

Church, Chapel, Graveside Delivery only: Good body Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 582-1700

will be applied and billed to undersigned. _____

Lot 8 Grave 2 Row _____ Section 3 Division/Block 1
E-13349 1996

Grave space & Care Fund	0
Additional spaces and care fund	-
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases - Marker setting fee	-
Recording and filing fee	0
Sales taxes	0
Total Due	0

*Spoke with
Great nephew
Tom Tilson
206-819-8399*

Paid receipt number _____
Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Zip Code

Work Order # E 16938 Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-16938

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Delivery only!

	4 HUNTLY	3 HUNTLY	2 X	1 Hubbard		

DIV 1 - Sect 1
NORTH OAKWOOD

Interment space for: Helen H. Nicholson

Interment Date: 3-5-2002 Time: 2:00

Lot: 8 Grave: 2 Row: _____ Sect: 3 Div: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: _____ Date: _____

E-16938
91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN	1B. MIDDLE H.	1C. LAST (FAMILY) NICHOLSON	2. DATE OF BIRTH MONTH DAY YEAR 02/27/1910	3. DATE OF DEATH MONTH DAY YEAR 02/20/2002	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 TILSON: GREAT NEPHEW 4036 SOUTH CENTER BOULEVARD SEATTLE, WASHINGTON 98188		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY: 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 790	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Azzaro</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 02/28/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/28/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203682
		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	11B. DATE BURIED 3-5-02	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.

*Pre-need
for: Just*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-27-2002

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

of Glen D. Fuller / Jimmy Fuller

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 104 Grave 1 Row - Section 2 Division/Block 12

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 - Marker setting fee

Recording and filing fee 90.00

Sales taxes 29.45

Total Due 2464.45

Paid receipt number R-54690 616.00

Balance due 1848.45

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

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

Signature of recorded holder of deed _____

46' X Glen D. Fuller
Signature
X 1619-48th St.
Address
X San Diego, CA 92102
City Zip Code
X 619-266-0959
Telephone

Paulette

Work Order # **E 16939**

invoice # _____

Acct. # _____

ORIGINAL CARD MISSING.

E-16939

Fuller, Glen D. & Jimmy Fuller

1619--48th St., S.D. CA 92102

(619) 266-0959.

DEBIT

CREDIT

BALANCE

			DEBIT	CREDIT	BALANCE
2/27/2002	Opened pre-need lot & trust account, 25% down on account. R-54690		895.00		
	Lot 104, Grave 1, Section 2, Division 12		1,569.45		2,464.45
4/5/2002	R-54840 Coupon #1			616.00	1,848.45
4/30/2002	R-54916 Coupon #2			77.00	1,771.45
6/5/2002	R-55077 Coupon #3			77.00	1,694.45
7/25/2002	R-55240 Coupon #4			77.00	1,617.45
3/5/2003	R-55980 Coupons 6, 7, 8			77.00	1,540.45
4-9 03	R56128	9, 10, 11		231.00	1,309.45
4-20 03	R56153	12, 13		154.00	1,155.45
6-3 03	R56312	14		77.00	1,078.45
7-2 03	56433	15		77.00	1,001.45
8/2/03	R-36626	16, 17		154.00	847.45
10-2-03	56744	18		77.00	770.45
11-4 03	R6882	19		77.00	693.45
12-5 03	56979	20		77.00	616.45
12-12 03	56997	21		77.00	539.45
2-9 04	57194	22, 23		154.00	385.45
8-30 02	55351	#5		77.00	308.45
3-2 04	57273	24		77.45	231.00

*to trust***PAID**

MAR 02 2004

MOUNT HOPE CEMETERY154.45
77.45
0

FULLER, GLEN & JIMMY 1619 - 48th Street, San Diego, CA 92102

(619) 266-0959

			DEBIT	CREDIT	BALANCE
2-27-02	Opened Pre-need Lot & Trust.				
2-27-02	Lot 104, Grave 1, Section 2, Division 12		895.00		
	Pre-need Trust includes: TWO Opening/Closing Double-Depth Container, Handling Fees, TWO Recording and Filing Fees, and Sales Taxes.	179 716	1569.45		2,464.45
2-27-2002	25% down payment R-54690.			616.00	1,848.45
4-4-2002	R-54840 Coupon No. 1			-77.00	1,771.45
4-30-02	R-54916 " 2			77.00	1,694.45
6-5-02	R-55077 " 3			77.00	1,617.45
7-25-02	R-55240 " 4			77.00	1,540.45
8-30-02	R-55384 " 5			77.00	1,463.00
				pd 1004.00 Lot pd \$100.00 towards trust	
3-7-03	Marked delinquent notice				
4-16-03	Cancel trust monies absorbed by City				

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 54916

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 4-30-02, 20__

From: Glen Fuller Address: On Record

Seventy Seven Dollars (\$ 77.00)

In part Payment of Pre-Need Lot - Trust

Lot 104 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16939

BALANCE DUE 1694.45

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

ISSUED BY J. Schellton

CREDIT	67007	
20% Sales Care	77184	<u>23 00</u>
80% Sales of Lots	100	<u>54 00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>77 00</u>

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

9433

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-16939

Nº 55077

Date: 6-5-02, 20

From: Don Kuller Address: On Record

Seventy Seven Dollars (\$ 77.00)

In part Payment of Pre-need lot - trust

Lot 104 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16939

BALANCE DUE 1617.45

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

CREDIT	67007	
20% Sales Care	77184	<u>77.00</u>
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>77.00</u>

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

ISSUED BY S. Schellert

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55240

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-25, 20 02

From: MS. Glend Fuller Address: on RECORD
Seventy-Seven 00 Dollars (\$ 77.00)
 In part Payment of pre-need lot & trust

Lot 104 Grave 1 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-16939

BALANCE DUE \$1540.45

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

2765

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

PAID

JUL 25 2002

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY J. L. Lette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>48.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>29.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>77.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55354

MOUNT HOPE CEMETERY

(619) 527-3400

From: MS. GLEN D. FULLER Address: on record Date: 8/30, 2002

Seventy-Seven Dollars (\$ 77.00)

In part Payment of Pre need lot/trust account
Coupon # 5

Lot 104 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-16939

BALANCE DUE \$ 1463.45

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

AC-212 (Rev. 5-94)

2780

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>77 00</u>
Sales Tax	77186	
	60101	
	78390	
TOTAL PAID	\$	<u>77 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55980

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 05, 2003

From: Mrs. Glen D. Fuller Address: 1619 48th Street, SD Ca 92102

Two-hundred Thirty One⁰⁰ Dollars (\$ 231.00)

in part Payment of Pre-need lot + trust account 6,7, \$ Simpson

Lot 104 Grave 1 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-16939

BALANCE DUE \$ 1309.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2914

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

ISSUED BY Paulotte C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>231.00</u>
Opening	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 231.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56128

Date: April 9, 20 03

From: Glen Fuller Address: 1619 48th St 3D 92102

Two Hundred Thirty one ⁰⁰/₁₀₀ Dollars (\$ 231.00)

in Part Payment of pre need lot + trust

Lot 104 Grave 1 Row _____ Section 2 Division 12
 Block _____

Invoice No. E 16939

Acct. No. _____

W.O. _____

BALANCE DUE 1078.45

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

PAID

APR 09 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>231</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>231</u>	<u>00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

9082

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56312

MOUNT HOPE CEMETERY

(619) 527-3400

From: Glen Fuller Date: June 3, 20 03
 Address: 1619 48th St. SD 92102
Seventy Seven dollars + 00/100 Dollars (\$ 77.00)
 in part Payment of pre need lot + trust
 Lot 104 Grave 1 Row _____ Section 2 Division Block D

Invoice No. E 116939
 Acct. No. _____
 W.O. _____
 BALANCE DUE 847.45

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

PAID

JUN 03 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Pam Hebel

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>77.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>77.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56433

From: Glen Fuller Date: July, 20 03
 Address: 1419 48th St SD 92102
Seventy Seven & 00/100 Dollars (\$ 77.00)
 in part Payment of pre need lot trust
 Lot 104 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. E 16939
 Acct. No. _____
 W.O. _____
 BALANCE DUE 770.00

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

PAID

JUL 02 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening	100	
Closing	77181	
Bural	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>77.00</u>
Trust	77186	
Sales Tax	60191	
	78390	
TOTAL PAID	\$	<u>77.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
9741

AC-212 (Rev. 10-02)
 This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 (619) 527-3400

56626

E-16939

Date: September 2, 2003

From: Ms. Glen D. Fuller Address: on record

One hundred fifty four and 00/100 Dollars (\$ 154.00)

in part Payment of Pre-need lot & trust account.

Lot 104 Grave 1 Row _____ Section 2 Division 12
 Block 12

Invoice No. E-16939

Acct. No. _____

W.O. _____

BALANCE DUE \$ 616.45

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>154.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY Paul [Signature]

3037

TOTAL PAID \$ 154.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56744

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Oct 2, 2003

From: Jimmy Juler Address: 11614 48th St 80 92102
Jimmy Juler Dollars (\$ 77.00)

in part Payment of pre-need
 Lot 104 Grave 1 Row _____ Section 2 Division 12
 Block _____

Invoice No. E 116939
 Acct. No. _____
 W.O. _____
 BALANCE DUE 539.45

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

PAID

OCT 02 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

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		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>77</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56852

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Nov. 4, 20 03

From: Men Suller Address: 1619 48th St SD 92102
Swing Seven Dollars (\$ 77.00)

in part Payment of pre-need
 Lot 104 Grave 1 Row _____ Section 2 Division 12
 Block _____

Invoice No. E10939
 Acct. No. _____
 W.O. _____
 BALANCE DUE 462.45

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

PAID

NOV 04 2003

MOUNT HOPE CEMETERY

ISSUED BY Tom Habel

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>77</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>77</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
0617

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56979

From: John Fuller Date: Dec 5, 20 03
 Address: 11619 48th St 80 92102

Dollars (\$ 77.00)

in part Payment of pre-mud
 Lot 104 Grave 1 Row _____ Section 2 Division 12
 Block _____

Invoice No. E 16939

Acct. No. _____

W.O. _____

BALANCE DUE 385.00

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID IN FULL"
PAID
 DEC 05 2003
 MOUNT HOPE CEMETERY
 ISSUED BY Pam Hebel

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>77.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>77.00</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

56997

MOUNT HOPE CEMETERY

(619) 527-3400

From: Glen Fuller Address: 1419 48th st. 80. 92102 Date: Dec. 12, 20 03

Dollars (\$ 77.00)

in part Payment of pre need
 Lot 104 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. E 11939
 Acct. No. _____
 W.O. _____
 BALANCE DUE 308.45

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.
PAID
DEC 12 2003
MOUNT HOPE CEMETERY
 ISSUED BY: [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>77</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
3119

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57194

MOUNT HOPE CEMETERY

(619) 527-3400

From: Glen Fuller Address: 1619 48th St. 80 92102 Date: Feb 9, 20 04

Dollars (\$ 154.00)

in part Payment of pre need
 Lot 104 Grave 1 Row _____ Section 2 Division 12
 Block 12

Invoice No. E 116939
 Acct. No. _____
 W.O. _____
 BALANCE DUE 154.45

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

PAID

FEB 09 2004

MOUNT HOPE CEMETERY

ISSUED BY Tam Hobel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Bunal	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>154.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>154.00</u>

31167

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57273

MOUNT HOPE CEMETERY

(619) 527-3400

From: Glen Fuller Address: 11619 48th St SD 92182 Date: March 2, 2004
 Dollars (\$ 77.45)

in full Payment of pre need
 Lot 104 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. E-16939
 Acct. No. _____
 W.O. _____
 BALANCE DUE 0

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

PAID

MAR 02 2004

MOUNT HOPE CEMETERY

ISSUED BY Kam Hata

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
Handling Fee	77182	
Recording &	100	
Misc. Fees	77183	
Pre-Need Trust	65033	77.45
Sales Tax	77186	
	60101	
	78390	
TOTAL PAID	\$	77.45

3158

*Pre-need
dot E Trust*

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-27-2002

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

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

Church, Chapel, Graveside _____ Mortuary _____

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

Lot 104 Grave 12 Row ← Section 2 Division/Bleek 1B

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 2.00 775.00 750.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 2.00 45.00 90.00

Sales taxes 29.45

Total Due 2464.45

Paid receipt number R-54689 616.00

Balance due 1848.45

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

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

Signature of recorded holder of deed _____

Ysabel D. Fuller
Signature

1619-48th St.
Address

San Diego, CA 92102
City Zip Code

619-266-0959
Telephone

Invoice # _____

Work Order # E 16940

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-27-03

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

in a _____ Funeral, date, time FRI 3-1 10:00

Church, Chapel, Graveside Mortuary, _____

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

Lot 1353 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 160.00

Additional spaces and care fund

Opening/Closing & Setup 125.00

Burial Container VOID

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 270.00

USING HOLY CROSS

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 16941

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 02-27-2002

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

in a T.S. Vault Funeral, date, time FRI. Mar 1st 12:00

Church, Chapel, Graveside : Featherhill 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 89 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	PAID	<u>895.00</u>
Additional spaces and care fund		<u>375.00</u>
Opening/Closing & Setup	<u>FEB 28 2002</u>	<u>250.00</u>
Burial Container		<u>185.06</u>
Handling Fees	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	<u>45.00</u>
Flower vases - Marker setting fee		<u>19.38</u>
Recording and filing fee		<u>874.38</u>
Sales taxes		<u>874.38</u>
	Total Due	<u>874.38</u>
	Paid receipt number <u>Ula Paid</u>	<u>874.38</u>
	Balance due	<u>0</u>

Via Exp 06-04

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 16942**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

E-16942

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	4 Ayer	5 Dennis	6 X	7 Ayer		

Interment space for: Jane Blankinship

Interment Date: March 1, 2002 Time: 3:12:00

Lot: 89 Grave: 6 Row: _____ Sect: 1 Div: 11

Grave Laid out by: N P D N

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 2/23/02

for on grave

E-16942
86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Jane	1B. MIDDLE Rosier	1C. LAST (FAMILY) Blankenship	2. DATE OF BIRTH MONTH, DAY, YEAR 02/19/1916	3. DATE OF DEATH MONTH, DAY, YEAR 02/26/2002	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 James Blankenship, son 3730 Catamarca Dr. San Diego, CA 92124		
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 02/28/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 02/28/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. MAGGARD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-1-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

*Pre-need
Trust
Paid in full*

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-28-2002

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

of Evelyn's Charles Burns

in a D. D. Crist Funeral, date, time _____

Church, Chapel, Gravesite _____; _____ 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 68 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund D-8459 Ø

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 375.00 750.00

Burial Container _____ 380.00

Handling Fees _____ 320.00

Flower vases - Marker setting fee _____ FEB 28 2002

Recording and filing fee 2 @ 45.00 90.00

Sales taxes _____ 29.45

MT. HOPE CEMETERY
CITY OF SAN DIEGO, C.
Total Due 1569.45

Paid receipt number R-54693 1569.45

Balance due Ø

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

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

Evelyn Burns
Signature
4307 Clairmont Dr.
Address
San Diego Calif 92117
City Zip Code
858-273-0534
Telephone

Signature of recorded holder of deed _____

Work Order # E 16943

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-28-02

*Pre-need
Set + Trust*

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 85 Grave 8 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

SEE E-1700 Total Due 1664.73

Paid receipt number R-54692 500.00

Balance due 1164.73

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

DONNA JACKSON

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

Signature of recorded holder of deed _____

X Donna Jackson
Signature
X 17420 Lisbon St.
Address
X SAN DIEGO CA 92114
City Zip Code
X (619) 2639611
Telephone

Invoice # _____

Work Order # E 16944

Acct. # _____

From Liner to D.D
Talk to Donna
new total bal.
is okay she
understands

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-1-02

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

of NORMA SCHULTZ

in a LINER Type of Burial Container Funeral, date, time Tues 3/5/02 1:00

Church, Chapel, Graveside DELIVERY ONLY: POWAY-BERNARDO 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 897 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees MAR 04 2002 145.00

Flower vases - Marked MT. HOPE CEMETARY _____

Recording and filing CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number A-51715 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

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

Work Order # E 16945

Invoice # _____

Acct. # _____

OUR REF. NO. Date	YOUR INV. NO.	INVOICE DATE Description	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT Net Amt
03/01/02		SCHULTZ	202076			769.73

Payee MT. HOPE CEMETERY

Check 8657

Date 03/01/02

NET CHECK

769.73

MT HOPE CEMETERY E-16945

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			899 Walter Schultz	850 Ethel Schultz		
	Zeigler	Ferguson	897 X	898	899 Brome	Hudson

Interment space for: Norma Schultz

Interment Date: 3-5-02 Time: 1:00

Lot: 897 Grave: _____ Row: _____ Sect: 1 Div: 8

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on the ground

Blind Check & Verified By: _____ Date: _____

E-16945
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) Norma	1B. MIDDLE Lorraine	1C. LAST (FAMILY) Schultz	2. DATE OF BIRTH MONTH, DAY, YEAR 05/07/1918	3. DATE OF DEATH MONTH, DAY, YEAR 02/28/2002	4. SEX F	
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 Ferne G. Schultz - Sister 16555 Caminito Vecinos #39 San Diego, CA 92128			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Poway Bernardo Mortuary 13243 Poway Road; Poway, CA 92064		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-1195	8A. SIGNATURE OF APPLICANT—Person taking permit <i>J. Holmberg</i>			8B. DATE SIGNED 03/01/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/01/2002 J. Holmberg	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203787
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"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen 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 3-1-02

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

of NORMA SCHULTZ

In a LINER Funeral, date, time 1:00 PM Tues, March 5th 2002

Church, Chapel, Graveside DELIVERY ONLY POWAY-BERNARDO 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 897 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>769.73</u>

Paid receipt number _____

Balance due _____

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

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

Signature of / authorized holder of deed _____

X Jane G. Scheldt
 Signature
X 16555 CAMINITO VECINO, #39
 Address
X SAN DIEGO, CA 92128
 City Zip Code
X (619) 673-9052
 Telephone

Work Order # E 16945

Invoice # _____

Acct. # _____

E-16945

Poway-Bernardo Mortuary

Family Owned and Operated

March 1, 2002

Mt. Hope Cemetery
3751 Market St.
San Diego, CA 92102

(619) 527-3400
FAX (619) 527-3403

To The Staff at Mt. Hope:

I, Ferne G. Schultz, am the sole surviving next-of-kin of my sister,
Norma Lorraine Schultz.

Our mother, Ethel C. Schultz, who is burried in your cemetery, purchased
Lot 897 Section 1 Division 8 for my sister, Norma, to be buried in.

My sister has been mentally handicapped all her natural life and never married or
had children. Our mother, Ethel, wanted to make sure Norma had a proper place of
burial.

So, as Norma's only surviving family member, I authorize her to be buried in
Lot 897 Section 1 Division 8.

13243 Poway Road
Poway, CA 92064

858.748.4101
Fax 858.748.4069

Thank-you.

Ferne G. Schultz
Ferne G. Schultz



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-1-02

MOCK Set-up

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

in a _____ Funeral, date, time WED'S MAR. 6th 11:30
Type of Burial Container _____
Church, Chapel, Graveside _____: RAGSDALE Mortuary.

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

VA SECTION

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due \$ 50.00

Paid receipt number R-51736

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 _____
✓ Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 16946

Invoice # _____

Acct. # _____

*Spoke to Deb
Will be my check*

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

E-16946

MESSAGE CONFIRMATION

03/01/2002 10:56
ID=SD MT. HOPE CEMETERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
03/01	00'24"	92631507	CALLING	01	OK 0000

03/01/2002 10:52 SD MT. HOPE CEMETERY → 92631507 NO.611 001

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

MOCK set-up

Date 3-1-02

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

of JAMES McElroy

in a _____ Funeral, date, time WED'S MOR. 6th 11:30

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

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

will be applied and billed to undersigned _____

VA SECTION

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

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee \$ 50.00

Sales taxes

Total Due \$ 50.00

Paid receipt number _____

Balance due _____

*Spoke to Deb
will bring check*

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-01-2002

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

of Rafael A. Dominguez
in a NO ASH VAULT Type of Burial Container Funeral, date, time Tues, Mar 5th 9:00

Church, Chapel, Graveside Witness Only: Humphrey Mortuary.

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

Lot <u>399</u> Grave _____ Row _____ Section <u>4</u> Division/Block <u>8</u>	
Grave space & Care Fund	<u>300.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	<u>23.78</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	_____
	Total Due <u>473.78</u>
	Paid receipt number <u>R-54703</u> <u>473.78</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 record holder of deed _____

X [Signature]
Address 2524 Oak Knoll Court
Chula Vista, CA 91914
City Chula Vista, CA Zip Code 91914
Telephone 619-216-2739

Work Order # E 16947

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-16947

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

URN GARDEN

			399	400 Martin	401 Phillips	402 GNERVA

Interment space for: Rafael A. Dominguez

Interment Date: 3-5-02 Time: 9:00 AM

Lot: 399 Grave: _____ Row: _____ Sect: 4 Div: 8

Grave Laid out by: N.F.

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: Kenneth Collins Date: 3/5/02

E-16947

61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) RAFAEL	1B. MIDDLE ARMAZ	1C. LAST (FAMILY) DOMINGUEZ	2. DATE OF BIRTH MONTH DAY YEAR 08/24/1940	3. DATE OF DEATH MONTH DAY YEAR 02/17/2002	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 LUZ MEGA, DAUGHTER 2524 OAK KNOLL COURT CHULA VISTA, CA 91914		
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, 8B. DATE SIGNED <i>[Signature]</i> 03/04/2000		

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 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/04/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203891 A. FLORES
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 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 3/5/02	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

DISINTERMENT

City of San Diego

Date 3-4-02

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

in a _____ Funeral, date, time TUES - MARCH 12th 10:00

Church, Chapel, Graveside _____ Mortuary, BAYVIEW

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ ED: 758-277-1820

will be applied and billed to undersigned. _____

Lot 243 Grave _____ Row _____ Section 2 Division 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases _____

Recording and filing fee DISINTERMENT FEE 400.00

Sales taxes _____

Total Due 400.00

Paid receipt number R-54704 400.00

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 see attached

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 16948

Acct. # _____

F-16948

APPLICATION 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 SCOTT	1C. LAST (FAMILY) ELMHURST	2. DATE OF BIRTH MONTH DAY YEAR 01/03/1957	3. DATE OF DEATH MONTH DAY YEAR 03/30/1957	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 BERNARD ELMHURST—FATHER 13822 NE 80TH ST. REDMOND, WA 98052	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW MEMORIAL FUNERAL HOME 564 BROADWAY EL CAJON, CA 92021			7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD 1709		8A. SIGNATURE OF APPLICANT—Person taking permit R CURTICE
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 11126 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 03/05/2002		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.060	9B. DATE PERMIT ISSUED 03/05/2002 R CURTICE	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203979
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		
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"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY VISTA, CA 92083	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED BERNARD ELMHURST'S MEMORIAL CEMETERY 1575 145TH PLACE BELLEVUE, WA 98007	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E-16948

B-1687

Name ELMHURST, Joseph Scott
Last First Middle Ashes

Buried 243 2 8
Lot Grave Row Section Blk. Div.

3/30/1957 4/3/1957 Age 0 3 27
Date of Death Date of Burial Yrs. Mos. Days

San Diego, Calif. W M
Place of Death Race Sex

ELMHURST—Joseph Scott. Son of Mr. and Mrs. Bernard Elmhurst. Grandson of M. C. Charbarrs. Services Wed. 2 p.m. North Park Baptist Church. Sherrill Moristy conducting. Interment Mt. Hope.



E-16948

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

DISINTERMENT FEE \$400.00

February 11, 2002
MONTH YEAR

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

JOSEPH SCOTT ELMENHURST

from Lot 243 Grave _____ Section 2 Row _____ Block _____

Division 8 And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery _____

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

<u>[Signature]</u>	<u>Father</u>	<u>13822 NE 80th St Redmond, WA 98052</u>
<u>E.N. Elmenhurst</u>	<u>Mother</u>	<u>11</u>
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

X [Signature] _____ 2/21/02
(Lot owner must sign if not legal custodian) Date

X E.N. Elmenhurst _____ 2/21/02
(This form must be notarized, if not signed in presence of cemetery staff.)



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Riverside

On February 21, 2002 before me, Christie L. Christensen
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Elizabeth and Bernard Elmenhurst
Name(s) of Signer(s) etc

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Christie L. Christensen
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Authority to Disinfect, Remove or Reinstall

Document Date: 2/11/02 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: [Signature]

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: [Signature]

- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-02

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

of JESSIE STARKES
 in a LINER Funeral, date, time TUES 3-5 11:00

Church, Chapel, Graveside CA BURIAL Mortuary.
Type of Burial Container

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

will be applied and billed to undersigned.

Lot 43 Grave 12 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 MAR 14 2002 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 45.00

Recording and filing fee CITY OF SAN DIEGO 14.73

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-1664.73

Balance due 0

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

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

X Regina L Starkes
 Signature
X 7128 Jacmar Ave
 Address
X San Diego CA 92114
 City Zip Code
X 619 264-5568
 Telephone #
470-6894

Signature of recorded holder of deed _____

Invoice # _____

Acct. # _____

Work Order # **E 16949**

MT HOPE, CEMETERY E-16949

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

E-16949

3	4	5	6			
opened						
9	10	11	12	X		
		Roberts				

Interment space for: JESSIE STARKES

Interment Date: Tues 3-5 Time: 11:00

Lot: 43 Grave: 12 Row: _____ Sect: 1 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

*stay on
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

73
E16949

1A. NAME OF DECEDENT—FIRST (GIVEN) JESSIE	1B. MIDDLE M.	1C. LAST (FAMILY) STARKES	2. DATE OF BIRTH MONTH DAY YEAR 07/18/1928	3. DATE OF DEATH MONTH DAY YEAR 02/27/2002	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 REGINA STARKES—DAUGHTER 7128 JACHAR AVE. 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>Danalle Benyard</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 03/05/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/05/2002 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203935
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"/> 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 92182	11B. DATE BURIED 3-5-02	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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-2002

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

of Sarah Stevens
in a Lines Funeral, date, time FRI - MARCH 8th 1:00

Church, Chapel, Graveside S.D. Memorial Mortuary 692 3090

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 128 Grave 5 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 **MAR 07 2002** 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 1664.73

Paid receipt number R-54740 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 _____

Invoice # _____

Work Order # **E 16950**

Acct. # _____

MT HOPE CEMETERY E-16950

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3 Gutierrez	4 Garza	5 X	6	
7 8	9	10	11	12	

Interment space for: Sarah Stevens

Interment Date: Fri Mar. 8th Time: 1:00

Lot: 128 Grave: 5 Row: _____ Sect: 2 Div: 12

Grave Laid out by: N.F. D.N.

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 3/7/62

Flag on grave

E-16950
63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SARAH	1B. MIDDLE B.	1C. LAST (FAMILY) STEVENS	2. DATE OF BIRTH MONTH DAY YEAR 12/29/1938	3. DATE OF DEATH MONTH DAY YEAR 02/28/2002	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 INDEMNANT EVELYN FOWLER DAUGHTER 5051 KLUMP AVE. #203 NORTH HOLLYWOOD, CA 91601	
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 03/04/2002			ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/05/2002 J. JOHNSON	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203971
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 3-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-4-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jarab Stevens in a Lines Funeral, date, time Fri - MARCH 8th 1:00 Church, Chapel, Graveside J.D. Memorial Monday 007 3090
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>128</u> Grave <u>5</u> Row _____ Section <u>2</u> Division/Block <u>12</u>	
Grave space & Core Fund	<u>895.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup.....	<u>575.00</u>
Burial Container.....	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1664.73</u>

*Check to Kingcheck
PA 592-0896*

Paid receipt number _____ Balance due _____

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

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

Signature of registered holder of deed _____

Shirley A Sullivan
3441 University
San Diego, Ca 92104
619-692-3090

for San Diego Memorial

Work Order # E 16950

Invoice # _____
Acct # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-2002

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

of Garnik Shageryan
 in a DOUBLE NEPA Funeral, date, time WED 3-6 11:00
 Type of Burial Container Church, Chapel, Graveside : Mayer's Mortuary.
 Phone: 381-7055

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 5249 Grave _____ Row _____ Section _____ Division/Block 10
 Grave space & Care Fund 895.00 1095.00

Additional spaces and care fund _____
 Opening/Closing & Setup 2 at 375 750 375.00

Burial Container _____ 380.00 250.00
 Handling Fees _____ 320.00 185.00

Flower vases - Marker setting fee _____
 Recording and filing fee 2 at 45 90.00 45.00

Sales taxes _____ 29.45 19.38

Total Due 1969.38
 Paid receipt number R-54708 1969.38

6 taxed to mayer

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.

r Drina Shageryan
 Signature _____
 Address 4544 Kansas St
San Diego 12116
 City _____ Zip Code _____
 Telephone (619) 640-0854

Signature of recorded holder of deed _____

Work Order # E 16951 Invoice # _____
 Acct. # _____

1969.38
495.07
2464.45

220 o/c
135 H.F.
130 B.C.
10.07 Tax
495.07

PAY
MR. [unclear]
CITY OF SAN DIEGO

18831

MT HOPE CEMETERY E-16951

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1870-1890

5246 Bosley	5247 Bosley	5248 Collins	5249 X	5250	5251 Alonso

Interment space for: Garnik Shageryan

Interment Date: _____ Time: _____

Lot: 5249 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: N.F. D.N.

Agrees with Legal Card: Yes No

Flag on grave

Agrees with Map: Yes No

Blind Check & Verified By: Karen Collins Date: 3/5/02

E-16951
65

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Garnik	1B. MIDDLE -	1C. LAST (FAMILY) Shageryan	2. DATE OF BIRTH MONTH DAY YEAR 02/13/1932	3. DATE OF DEATH MONTH DAY YEAR 03/03/2002	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 Irina Shageryan, Daughter 4544 Kansas Street San Diego, CA 92116		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED <i>Dorcas J Meyer</i> 03/05/2002		
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/05/2002 <i>B.E. Mayer</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203956
		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 3-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>William F. Meyer</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-02

226

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

of JAMES BELL
 in a Double Death crypt 1st Burial Funeral, date, time Mar 3-8 11:00
Type of Burial Container
Church/Chapel, Graveside; RAGSDALE Mortuary.

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

Lot 104 Grave 12 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 380.00

Handling Fees MAR 06 2002 320.00

Flower vases - Marker setting fee MT. HOPE CEMETARY 45.00

Recording and filing fee CITY OF SAN DIEGO, CA 29.45

Sales taxes 2044.45

Total Due 616.00

Paid receipt number R-54735 Balance due 1428.45

X daughter 224

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 Glen D. Fuller Signature
X 11019 43rd st. Address
X San Diego, CA 92102 City Zip Code
X (619) 226-0959 Telephone

Invoice # _____

Work Order # E 16952 Acct. # _____

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

MT HOPE CEMETERY E 16952

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3 Dunneva	4 Sallie	5 Bell	6	7 Tree			
	10 Madison	11	12 X				

Interment space for: James Bell

Interment Date: 3-8-02 Time: 11:00

Lot: 104 Grave: 12 Row: _____ Sect: 2 Div: 12

Grave Laid out by: N.F.D.N.

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 3/6/02

Flag on grave

E16.952 76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE -	1C. LAST (FAMILY) Bell	2. DATE OF BIRTH MONTH, DAY, YEAR 04/05/1925	3. DATE OF DEATH MONTH, DAY, YEAR 03/02/2002	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 Glen Fuller, Daughter 1619 48th St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 03/07/2002		

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.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/07/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT. 2204132
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
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-4-02

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

of JULIETTE JENNINGS PRICE
in a T.S. VAULT Funeral, date, time THUR 3-7 1:00

Church, Chapel, Graveside GRAVESIDE Mortuary RAGSDALE

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

Lot 25 Grave C Row _____ Section 3 Division/Block 2

Grave space & Care Fund Pre-Paid _____

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees MAR 06 2002 185.00

Flower vases - Marker setting fee _____

Recording and filling fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number R-84733 874.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Deanne Jennings
1118 Hensley St
San Diego CA 92102
619 235 9382
619 459 - 8786

Work Order # **E 16953**

Acct. # _____

MT HOPE CEMETERY *E-16953*

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

E-16953

		<i>WOODS</i>	<i>WOODS</i>	<i>WOOD</i>	<i>S</i>	
			<i>25 X C</i>			<i>VA</i>

Interment space for: *Jubette Bruce*

Interment Date: *Thu 3-7* Time: *1:00*

Lot: *25* Grave: *C* Row: _____ Sect: *3* Div: *2*

Grave Laid out by: _____

Agrees with Legal Card: Yes No

*They on
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

E16953
37

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Juliette	1B. MIDDLE -	1C. LAST (FAMILY) Jennings-Price	2. DATE OF BIRTH MONTH DAY YEAR 03/17/1964	3. DATE OF DEATH MONTH DAY YEAR 02/28/2002	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 Alvis Price, Jr., Husband 5020 Federal Blvd. Apt. 116 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		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10226 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. ▶ *Alvis Price, Jr.* 03/04/2002

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/05/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2203945
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— 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 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 3-7-02	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 3-4-03

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

of Transfer From Ray Dugo

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary, _____

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

will be applied and billed to undersigned. _____

Lot 25 Grave C Row _____ Section 3 Division/Block 2

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 _____

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due _____
Paid receipt number R-54714

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 16954



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12229

DEED

E-16954

OWNERSHIP AND INTERMENT PRIVILEGES

TO Kay V. Drago for the sum of \$ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 25, Grave C, Section 3, Division 2

AS DESCRIBED ON PURCHASE ORDER NUMBER E 5866

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

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

Flat Marker Only

J. Lisa Wait
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E1695A

STATEMENT

TELEPHONE: 264-3151

DATE

01/14/1986

YOUR ORDER NO.

E5866

TO:

Kay Drago
750 E. Carson Blvd.
Space 27
Carson, CA 90745

DESCRIPTION OF CHARGE

AMOUNT

Purchase of cemetery lot as follows:

Lot 25

Grave C

Section 3

Division 2

\$495.00

This lot is reserved for you. You may pay in full or send payments as you wish.

E-16954

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That _____

KAY DRAGO

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 2 LOT 35 GRAVE 1 SECTION 3

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.

x Kay Drago

Signature

Signature

ALL PURPOSE ACKNOWLEDGEMENT

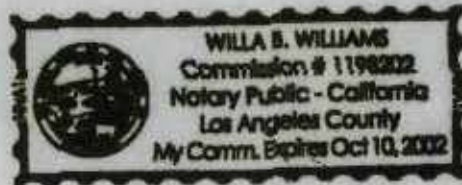
State of California County of Los Angeles

On March 29, 2001 before me, the undersigned, a Notary Public in and for said State personally appeared, Kay Drago

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

Willa B. Williams (SEAL)
Notary Public Signature



Handwritten initials

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
DATE OF DOCUMENT _____ NUMBER OF PAGES _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-4-02

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

of JESS LEA JOHNSON 11:00

in a LINER Type of Burial Container Funeral, date, time FRI 3-8 10:00

Church, Chapel, Graveside ; HUMPHREY Mortuary.

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

Lot 360 Grave _____ Row _____ Section 2 Division/Block CHINESE

Grave space & Care Fund Pre-Paid 0

Additional spaces and care fund paid 23.78

Opening/Closing & Setup **PAID** 375.00

Burial Container 190.00

Handling Fees MAR 01 145.00

Flower vases Marker setting fee MT. HOPE CEMETARY 125.00

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes 14.73

Total Due 918.51

Paid receipt number R-54734 918.51

Balance due 0

I hereby certify I am the Wife 66 yrs of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Mary Louise Johnson
Signature 2554
Address _____
City _____ Zip Code _____
Telephone _____

Signature of recorded holder of deed _____

Work Order # E 16955

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-116955

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			360 X			
			297			
293 LIV	294 HOM	295	296			

Interment space for: JOHNSON

Interment Date: _____ Time: _____

Lot: _____ Grave: 360 Row: _____ Sect: 2 Div: China

Grave Laid out by: N F CHUCK

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 3/7/03

E16955
93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JESS	1B. MIDDLE LEA	1C. LAST (FAMILY) JOHNSON	2. DATE OF BIRTH MONTH DAY YEAR 11/29/1908	3. DATE OF DEATH MONTH DAY YEAR 03/02/2002	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 MARY LOUISE JOHNSON - WIFE 2554 CLOVE STREET SAN DIEGO, CA 92106	
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 I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				6B. DATE SIGNED 03/07/2002	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/07/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204141 A. FLORES
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 <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 <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 3/8/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-5-02

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

of Winfied (Jim), JAMES Gordon

in a Double Depth Funeral, date, time Fri 3/8/02 1100

Church, Chapel, Graveside Churah; FEATHERINGILL Mortuary.

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

Lot 144 Grave 5 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

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed _____

X Signature _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 16956**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-5-02

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

of RODNEY D. IVY
in a LINER Funeral, date, time FRI 3-8 1:30

Church, Chapel Graveside : RAGSDALE Mortuary.

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

Lot 38 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1664.73</u>
Paid receipt number <u>R-54741</u>	<u>1664.73</u>
Balance due	<u>0</u>

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

HECTOR IVY

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

Signature of recorded holder of deed _____
Address _____
City 239-7422 Zip Code _____
Telephone _____

Work Order # E 16957 Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-16957

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			PERF-Z ₂ ¹	BAIRD ²	3	4
			38 X 7	8	9	10 FRENCH

Interment space for: RODNEY IVY

Interment Date: FRI 3-8 Time: 1:30

Lot: 38 Grave: 7 Row: _____ Sect: 7 Div: 12

Grave Laid out by: NF - Chuck

Agrees with Legal Card: Yes No

By on grave

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 3/7/02

E-16957
49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Rodney		1B. MIDDLE Dele	1C. LAST (FAMILY) Ivy	2. DATE OF BIRTH MONTH DAY YEAR 02/18/1953	3. DATE OF DEATH MONTH DAY YEAR 03/03/2002	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 Hector V. Ivy, Brother 3352 Durant 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 FD1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/08/2002 <i>William</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204228
	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 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 3/8/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 3-6-02

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

of Georgia Bechtel

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 42 Grave 6 Row _____ Section 5 Division/Block 2

Grave space & Care Fund C-1912 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container **PAID** 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 VISA 769.73

Balance due 0

I hereby certify I am the + Nina of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Angeline B. Basso
Signature
X 1114 S Houston
Address
X Wenison, Jct 75021
City
X 903-465-4989
Telephone Zip Code

Work Order # **E 16958**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-7-2002

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

of Eva Witter P.A. # 2002 1070
in a "Double-Depth" 2nd burial Funeral, date, time Tues. Mar. 12th 11:00

Church, Chapel, Graveside 'Delivery Only' 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 9 Grave 1-T Row _____ Section 1 Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 183.00

Burial Container 123.01

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 9.63

Total Due 726.54

Paid receipt number _____

Balance due _____

*PA
Fax Nancy Hobbs
694-694-3987
694-3531*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 E-16999

Work Order # **E 16959**

Invoice # 360746
Acct. # 000952

E-16959 fr

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EVA	1B. MIDDLE -	1C. LAST (FAMILY) WITTER	2. DATE OF BIRTH MONTH, DAY, YEAR 08/11/1919	3. DATE OF DEATH MONTH, DAY, YEAR 02/27/2002	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 NANCY HOBBS - PUBLIC ADMINISTRATOR 5201 A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 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>Rose M. Zullo</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 03/07/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/07/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204134 R.M. ZULLO
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PP.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	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen 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.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-7-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eva Witter P.A. # 2002 1070

in a Double Depth Type of burial container Funeral date time Tues. Mar. 12th 11:00

Church, Chapel, Graveside 'Delivery Only' Merkly-Mitchell Mortuary

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

will be applied and billed to undersigned. _____

Lot 9 Grave L-T Row _____ Section _____ Division/Block 13

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

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

Signature of recorded holder of deed _____

M. Hobbs
 Signature _____
 Address 5201 A Ruffin Dr
San Diego 92123
 City _____ Zip Code _____
 Telephone 858 694-3531

Work Order # E 16959

Invoice # _____

Acct # _____

E-16959

City of SAN DIEGO
MEMORANDUM

FILE NO.:

DATE : March 22, 2002

TO : Ernest Hamilton, Auditor's Office

FROM : Paulette Crawford, CAII, Mt. Hope Cemetery, 527-3400

SUBJECT: Cancel Invoice

Please cancel Invoice # 360746. I billed in error.

Thank you,

Paulette Crawford
Paulette Crawford

Attachment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-7-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eva Witter P.A. # 2002 1070
in a Double Depth Type of Burial Container 2nd bur. Funeral, date, time Tues. Mar. 12th 11:00
Church, Chapel, Graveside Delivery Only; Merhly-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 <u>9</u>	Grave <u>1-T</u>	Row _____	Section _____	Division/Block <u>13</u>
Grave space & Care Fund				<u>126.00</u>
Additional spaces and care fund				_____
Opening/Closing & Setup				<u>192.00</u>
Burial Container				<u>123.01</u>
Handling Fees				_____
Flower vases - Marker setting fee				_____
Recording and filing fee				<u>45.00</u>
Sales taxes				<u>9.53</u>
Total Due				<u>726.54</u>

PA Nancy Hobbs
for 698-694-3987
694-3531

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

Work Order # E 16959

Invoice # 360746
Acct. # 000952

REA-104 (7-86)

This information is available in alternative formats upon request.

Printed on recycled paper

3-14-02

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-7-03

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

of ANTONIA NOBLES
 in a T.S. VAULT Funeral, date, time MON 3-11 10:00

Church Chapel Graveside Mortuary

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

Lot 2798 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need 2-8249 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 R-54743 874.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature X W. Vincent Nobles

Address X 3928 Hembler St

City X (619) 262-1569 Zip Code 92113

Telephone _____

Work Order # E 16960 Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-16960

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

E-16960

					2800	2801
WILKINSON	2797 NOBLES	2798 X	2799		BOONE	BOONE

Interment space for: ANTONIA NOBLES

Interment Date: MON 3-11 Time: 10:00

Lot: 2798 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: N.F. D.N.

Agrees with Legal Card: Yes No

They are given

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 3/11/02

E-16960
91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ANTONIA	1B. MIDDLE L	1C. LAST (FAMILY) NOBLES	2. DATE OF BIRTH MONTH, DAY, YEAR 08/02/1910	3. DATE OF DEATH MONTH, DAY, YEAR 03/05/2002	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 WALLACE V. NOBLES - SON 3928 HEMLOCK 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>Wallace V. Nobles</i>		8B. DATE SIGNED 03/08/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 14036 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/11/2002 <i>P. Valentine</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204305
	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 3-11-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wallace V. Nobles</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-8-02

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

of (Shillborn) Angela Esparza

in a _____ Funeral, date, time WEDS MAR. 13th 1:00

Church, Chapel, Graveside _____: ARHAN Funerals 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 1209 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 0

Handling Fees 0

Flower vases - Marker setting 45.00

Recording and filing fee 0

Sales taxes 0

Total Due 270.00

Paid receipt number R-54748 270.00

Balance due 0

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

Signature _____

3021 J ST

Address _____

SAN DIEGO CA 92102

City _____ Zip Code _____

619 233-0824

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 16961

Added to Affidavit # Pasellito (619) 233-0824

MT HOPE CEMETERY

E-16961

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1209 X	}	Rollins	Rollins

Interment space for: Angela Espurza (Stillborn)

Interment Date: Weds. Mar 13th Time: 1:00

Lot: 1209 Grave: _____ Row: _____ Sect: 1 Div: 9

Grave Laid out by: N.F. PAULD

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 3/12/02

Flag on grave

E-16961

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Angela	1B. MIDDLE -	1C. LAST (FAMILY) Esparza-Ahumada	2. DATE OF BIRTH MONTH DAY YEAR 03/05/2002	3. DATE OF DEATH MONTH DAY YEAR 03/05/2002	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 Martha E. Ahumada - Mother 3021 J ST. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan 7856 La Mesa Blvd., La Mesa, CA 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 03/11/2002		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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 Nancy Lopez 03/11/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204322
		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 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 St. San Diego, CA 92102	11B. DATE BURIED 3-13-02	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 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 3-11-02

GRAVE of
ALFIO GIGLITTO
ASKS RIGHT SIDE

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

in a ASH VAULT Funeral, date, time Weds Mar. 20th 1:00

Church, Chapel, Graveside Witness Only: MERKLEY M. Tschell Mortuary.

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

will be applied and billed to undersigned. _____

Lot 78 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund PRE-NEED D-7901

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container **PAID** 55.00

Handling Fees 60.00

Flower vases - Marker setting fee MAR 13 2002

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-54759 269.26

Balance due

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

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

Signature of recorded holder of deed _____

Frank Giglitto
Signature
1140 GWINZOT S.
Address
SAN DIEGO 92107
City Zip Code
222-5670
Telephone

Work Order # **E 16962**

Invoice # _____

Acct. # _____

E-16962

MT HOPE CEMETERY

1511

OVERSIZE VAULT

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. E-16962

ashes right side

GRAVE of ALFIO GIGLITTO						
1 COLLING	2 GIBSON	78 X 3	4 BRADFORD	5 ROMAN	6 BRYANT	
7	8	9 FOY	10	11	12	

Interment space for: MARY GIGLITTO

Interment Date: WED 3-20 Time: 1:00

Lot: 78 Grave: 3 Row: Sect: 2 Div: 11

Grave Laid out by:

Agrees with Legal Card: Yes No

They on Grave

Agrees with Map: Yes No

Blind Check & Verified By: Date:

E-16962 a 25758
12041

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY ANN	1B. MIDDLE -	1C. LAST (FAMILY) GIGLITTO	2. DATE OF BIRTH MONTH DAY YEAR 03/09/1916	3. DATE OF DEATH MONTH DAY YEAR 03/06/2002	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 FRANK GIGLITTO - SON 1140 GUIZOT STREET SAN DIEGO, CA 92107		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD., SAN DIEGO, CA 92107		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-816	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Beardsley Mitchell</i>		8B. DATE SIGNED 03/08/2002
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 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 03/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204269
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 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	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 (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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Donald E. Webb</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY, 1625 GISLER AVENUE, COSTA MESA, CA 92626	12B. DATE CREMATED MAR 1 2 2002	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Donald E. Webb</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-11-2002

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

of Walter Scheumacher
in a Asn vault Funeral, date, time Fri. Mar 22 2:00 pm
Church, Chapel, Graveside Mortuary.

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

Lot 23 Grave 2 Row _____ Section 1 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 _____

Total Due _____

Paid receipt number R-54774 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

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

Work Order # E 16963

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E16963

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. * CORNER OF N. DAKWOOD/GREYVILLA AVE

			X	3 Gilbert	4 McCaughy	5

Interment space for: Walter Scheumacher

Interment Date: 3-22-02 Time: 2:00

Lot: 23 Grave: 2 Row: _____ Sect: 1 Div: 3

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-16963 *2TTT
81

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WALTER	1B. MIDDLE ALLEN	1C. LAST (FAMILY) SCHUMACHER, JR.	2. DATE OF BIRTH MONTH DAY YEAR 03/16/1926	3. DATE OF DEATH MONTH DAY YEAR 03/11/2002	4. SEX M
5A. CITY OF DEATH SACRAMENTO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SACRAMENTO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGARET A. LARSEN - DAUGHTER 9381 FOREST VISTA WAY ELK GROVE, CA 95758		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SACRAMENTO MEM. LAWN, 6100 STOCKTON BLVD. SACRAMENTO, CA 95824		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 974	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 03/13/2002		

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00
AUTHORIZATION OF LOCAL REGISTRAR	9B. DATE PERMIT ISSUED 03/13/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Y. VANKEPEN
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 7001-A, EAST PARKWAY, STE. 650 SACRAMENTO, CA 95823	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSECRANS STREET SAN DIEGO, CA 92186

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. ROSE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA	11B. DATE BURIED 3-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SACRAMENTO MEM. LAWN, 6100 STOCKTON BLVD., SACRAMENTO, CA 95824	12B. DATE CREMATED 3-18-02	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-16963

Sacramento, California
May 30, 1991

To whom it may concern;

I hereby request permission be granted to my sister, Mariann McDonald, to arrange for my burial at Mt Hope Cemetery, next to my grandfather, Emil F. Schumacher in lot 23, grave # 2, Section 1, Block division 3, in the Gilbert Plot, at the time of my death.

Sincerely yours

Walter A. Schumacher

Walter A. Schumacher
701 Fairgrounds Dr # 214
Sacramento, Ca, 95817

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-13-2002

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

of Ethel Thompson

in a ts vault Funeral, date, time SAT. MARCH 16, 12:00

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 45 Grave 10 Row _____ Section 2 Division/Bleek 12

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	<u>Sat. Service O.T. Fee 600.00</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>250.00</u>
Handling Fees	<u>185.00</u>
Flower vases - PAID Marker setting fee <u>Flower Vase (Tern)</u>	<u>46.93</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>19.38</u>

PAID
MAR 13 2002
MT HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 2,416.31
Paid receipt number R-54761 2416.31
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 Eula J Wilburn
Signature
4440 La Brea St
Address
National City Ca
City
619-263-1301
Telephone
Zip Code

Work Order # **E 16964**

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-16969

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1	2	3	4	5 Johnson	6 Wilder	
7	8	9 DINH LE SUNG	10 X			

Interment space for: Ethel Thompson

Interment Date: Sat, Mar. 16th Time: ~~3:00~~ 12:00

Lot: 45 Grave: 10 Row: _____ Sect: 2 Div: 12

Grave Laid out by: N.F. DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 3/16/02

Flag
on
grave

E11696A

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Ethel		1B. MIDDLE -	1C. LAST (FAMILY) Thompson	2. DATE OF BIRTH MONTH DAY YEAR 06/23/1912	3. DATE OF DEATH MONTH DAY YEAR 03/09/2002	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 Eula Wilburn, Granddaughter 1740 La Posado St. National City, CA 91950		
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>Ethel Wilburn</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 03/14/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204718
		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 92108-5	11B. DATE BURIED 3-16-02	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 3-12-02

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

In a T. S. Vault Funeral, date, time Fri. 12:00 Mar. 15th

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 243 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care **PAID**

Opening/Closing & Setup 345.00

Burial Container MAR 13 2002 260.00

Handling Fees 185.00

Flower vases 23.78

Recording and filing fee 46.00

Sales taxes 19.38

Total Due 1793.16

Paid receipt number R-54763 1793.16

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 _____

Betty J. Thomas
Signature
2787 Alamo Ct
Address
San Diego 92154
City Zip Code
934-69702
Telephone

Work Order # **E 16965**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-16965

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		7 Lucero	2	3	4	ANDREWS
		7 Shell	8 X			
		1	2 Ryan	ODOM		

Interment space for: Cynthia D. Smith

Interment Date: 3-15-02 Time: 12:00

Lot: 243 Grave: 8 Row: _____ Sect: 2 Div: 12

Grave Laid out by: N.F. DAIRD

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flagon Grave

Blind Check & Verified By: ROBERT Date: 3/14/02

E-16965
35

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Fud

1A. NAME OF DECEDENT—FIRST (GIVEN) Cynthia	1B. MIDDLE Deaise	1C. LAST (FAMILY) Smanson-Smith	2. DATE OF BIRTH MONTH DAY YEAR 07/11/1966	3. DATE OF DEATH MONTH DAY YEAR 03/09/2002	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 Betty Jean Thomas, mother 2787 Agno Ct. San Diego, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED 03/13/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/13/2002	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		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S) <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-12-02

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

of Jacelyn Ragsdale
in a WILBERT VAULT Funeral, date, time FRI 3-15 11:00

Church Chapel Graveside Ragsdale Mortuary.

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

Lot 2678 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid 0-4547 0

Additional spaces and care fund _____ —

Opening/Closing & Setup **PAID** 375.00

Burial Container _____ —

Handling Fees MAR 14 2002 _____ —

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 R-54754 420.00

Balance due 0

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

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

Signature of record holder of deed _____
Signature X J. Ragsdale
Address 850 STATE ST. #223
SAN DIEGO, CA 92101
City (619) 232-7749 Zip Code _____
Telephone _____

Work Order # E 16966 Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E 116966

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		2677 R. Ryzdale	2678 X	2679	2680	2681 KUBERER

Interment space for: Jocelyn Ryzdale

Interment Date: FRI 3-15 Time: 11:00

Lot: 2678 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF. PAU'D

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

*They on
Gravel*

Blind Check & Verified By: Robert Date: 3-13-02

E-16966

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Jocelyn	1B. MIDDLE Nicole	1C. LAST (FAMILY) Ragsdale	2. DATE OF BIRTH MONTH DAY YEAR 09/28/1985	3. DATE OF DEATH MONTH DAY YEAR 03/07/2002	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 H. W. Ragsdale, III, Father 850 Saate St. #223 San Diego, CA 92101		
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>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 03/12/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/12/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2284428
	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 3-15-02	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 3-13-02

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

of JAMES W. RAY
 in a T.S. vault Funeral, date, time Wed Mar. 20th 11:00
Type of Burial Container
 Church, Chapel, Graveside ; St. 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 80 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund		
Opening/Closing & Setup	PAID	<u>375.00</u>
Burial Container		<u>250.00</u>
Handling Fees	<u>MAR 14 2002</u>	<u>185.00</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>19.38</u>

Total Due 1669.38

Paid receipt number M/C PAUL 1669.38

Balance due 0

I hereby certify I am the James W. Ray of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 W. Ray
Signature of recorded holder of deed

James W. Ray
Signature
5123 Trinidad Highway
Address
San Diego CA 92104
City Zip Code
(619) 262-3233
Telephone

Work Order # **E 16967**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-16967

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4	X 5	6		
	THORNTON				YOUNG	
8	9	10	11	12		
	ROSE					

Interment space for: James W. Ray

Interment Date: 3-20-02 Time: 11:00

Lot: 80 Grave: 5 Row: _____ Sect: 2 Div: 11

Grave Laid out by: NF DAVIS

Agrees with Legal Card: Yes No

They on grave

Agrees with Map: Yes No

Blind Check & Verified By: Robert Date: 3/18/02

E-16967
76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JAMES	1B. MIDDLE WOODWORTH	1C. LAST (FAMILY) RAY	2. DATE OF BIRTH MONTH DAY YEAR 06/17/1925	3. DATE OF DEATH MONTH DAY YEAR 03/12/2002	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 VANESSA CHERRY-FRIEND 5123 TRINIDAD WAY 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>Rosa Nava</i>			8B. DATE SIGNED 03/15/2002
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 03/19/2002 ROSA NAVA	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204867
	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 -		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-20-02	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

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

Disinterment
&
Reinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-13-2002

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

of Eula Lee Thompson

in a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; RAGDALE 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 45 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	1000.00
Opening/Closing & Setup	375.00
Burial Container	—
Handling Fees	185.00
Flower vases - Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	2500.00

Paid receipt number _____

Balance due _____

I hereby certify I am the great 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 _____

Eula J. Wilburn
 Signature
1740 La Rosada St
 Address
National City, Co
 City
619-263-1301
 Telephone
 Zip Code 91950

Work Order # **E 16968**

Invoice # _____

Acct. # _____

Disinterment
&
Re-interment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-13-2002

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

of Eula Lee Thompson

in a T.S. Vault Funeral, date, time WED'S APR 11:00

Church, Chapel, Graveside Witness Only! Mortuary.

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

will be applied and billed to undersigned.

From: 106 3 2 11
 Lot 45 Grave 11 Row Section 2 Division/Bleek 12

Grave space & Care Fund 0

Additional spaces and care fund Disinterment Fee 1000.00

Opening/Closing & Setup 375.00

Burial Container **PAID** —

Handling Fees 185.00

Flower vases - Marker setting fee MAR 21 2002 —

Recording and filing fee 45.00

Sales taxes MT. HOPE CEMETERY CITY OF SAN DIEGO, CA

Total Due 1,605.00

Paid receipt number R-54764 1,500.00

R-54764 PAID Balance due 105.00

I hereby certify I am the X Great 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

Grand daughter
Eula Wilburn
688-0200
after 9:00 am

Work Order # **E 16969**

Signature Eula J Wilburn
 Address 1740 La Jolla Village
 City National City, CA Zip Code 91950
 Telephone 619-263-1300

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E16969

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Disinterment

			X			

Interment space for: Eula Lee Thompson

Interment Date: _____ Time: _____

Lot: 106 Grave: 3 Row: _____ Sect: 2 Div: 11

Grave Laid out by: NF. DAU: D

Agrees with Legal Card: Yes No

Flag on grave

Agrees with Map: Yes No

Blind Check & Verified By: Robert J. Date: 4-3-02

E-16969

A205-10
R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, ETHEL THOMPSON
of 1827 WILSON AVENUE, NATIONAL CITY, CA 91950
the undersigned Grantor, do hereby make and grant a general power of attorney to ETLA CARROLL &
Lorraine Thompson of 1740 LA POSADA STREET, NATIONAL CITY, CA 91950
and do hereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (K) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- (A) Real estate transactions
- (B) Tangible personal property transactions
- (C) Bond, share and commodity transactions
- (D) Banking transactions
- (E) Business operating transactions
- (F) Insurance transactions
- (G) Gifts to charities and individuals other than Attorney-in-Fact
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
- (H) Claims and litigation
- (I) Personal relationships and affairs
- (J) Benefits from military service
- (K) Records, reports and statements

AD-101

Nov. 699

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



0 79999 2002 1

W-21 (9-79) (Rev. 7-79) Before you use this form, read it. Fill in all blanks, and make whatever changes are necessary to your particular situation. If you do not use this form, you may be liable for any penalties and/or civil liabilities that may result from the use of this form. If you are not a resident of the United States, you may be liable for any penalties and/or civil liabilities that may result from the use of this form. If you are not a resident of the United States, you may be liable for any penalties and/or civil liabilities that may result from the use of this form.

E16969

12-71
1 1
12-71
12-71

- (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons, whom my attorney-in-fact shall select.
 - (M) Access to safe deposit boxes)
 - (N) All other matters
- Durable Provision:**
- (O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
- Other Terms:**

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this _____ day of _____, 2000.
Signed in the presence of:

Witness _____
Witness _____

[Signature]
Grantor
[Signature] / *[Signature]*
Attorney-in-Fact

State of CALIFORNIA
County of SAN DIEGO
On November 29, 2000 before me, John W. Polk

ERIC THOMPSON appeared 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, 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.
Signature *[Signature]*



(Seal) _____
Type of ID _____
if your state requires 6 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



E16969

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

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

Eula Lee Thompson

from Lot 106 Grave 3 Section 2 Row _____ Block _____

Division 11 And to remove the same to and reinter said remains in Lot 45

Grave 11 Section 2 Row _____ Block _____ Division 12

Cemetery Mount 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.

Eula J. Wilburn Great Niece 1740 La Borda St
Signature Relation to deceased Address

I hereby authorized the above disinterment:

X _____
(Lot owner must sign if not legal custodian) Date

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



E 16969



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

QUITCLAIM DEED

In consideration of an even exchange to new lot:
lot 45, Section 2, Division 12, Grave 12

I/We Eula T. Wilburn & Lorraine Thompson

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Mount Hope Cemetery

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 106 Grave 3 Row _____ Section 2 Division/Block 11

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 13th day of March, 2002

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESS:

Paulette G. Crawford

Eula T. Wilburn
Lorraine Thompson

Witnesses



DIVERSITY
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/14/02

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

In a LINER Funeral, date, time THUR 3-21 1:00

Church, Chapel, Graveside Church : RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 1500 will be applied and billed to undersigned. M.S.

Lot 87 Grave 3 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 895.00

Additional spaces and care fund
Opening/Closing & Return **PAID** 375.00

Burial Container 190.00
Handling Fees MAR 18 2002 145.00

Flower vases MT. HOPE CEMETARY
Recording and indexing CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-54772 1664.73

Balance due 0

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

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

Signature of recorded holder of deed

+ Michelle Stewart
Signature
+ 1044 Pyramud St
Address
+ San Diego Ca 92114
City Zip Code
+ 619-266-1168
Telephone

Work Order # **E 16970**

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-16970

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			DAVIS			
	1	2	87 X 3	4	5	6
	7	8	9	10	11	12

Interment space for: JOE HOWARD

Interment Date: THUR 3-21 Time: 1:00

Lot: 87 Grave: 3 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

*Apply on
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 3-19-02

E-16970

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Joe	1B. MIDDLE Frank	1C. LAST (FAMILY) Howard, Sr.	2. DATE OF BIRTH MONTH DAY YEAR 05/28/1911	3. DATE OF DEATH MONTH DAY YEAR 03/13/2002	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 Joyce Mosley, Daughter 6434 Akins Ave. #510 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>Debbie Williams</i>		8B. DATE SIGNED 03/19/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/20/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Debbie Williams</i> 2204943
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED BY CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/21/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>John B...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-15-02

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

of Beatrice Lopez 229657 9:00
 in a T. S. vault Funeral, date, time Mon. MARCH 18th

Church, Chapel, Graveside Guadalupe Mortuary,
 Fax 544 9334

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 82 Grave 12 Row _____ Section 2 Division/Elect- 12

Grave space & Care Fund 875.00

Additional spaces and care fund —

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees MAR 15 2002 185.00

Flower vases - Marker setting fee —

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

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-54770 1769.38

Balance due 0

I hereby certify I am the Carla Rene Lopez 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

Carla Rene Lopez 229656
 Signature
15047 STERLING, CT.
 Address
SAN DIEGO, CA 92105
 City Zip Code
865-2136
 Telephone

Work Order # **E 16971**

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E16971
37

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

1A. NAME OF DECEDENT—FIRST (GIVEN) BEATRICE	1B. MIDDLE -	1C. LAST (FAMILY) LOPEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 11/12/1944	3. DATE OF DEATH MONTH, DAY, YEAR 03/12/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CARLOS ROMO LOPEZ—HUSBAND 5047 STERLING CT SAN DIEGO, CA. 92105		
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		5047 Sterling Ct

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10136 of the Health and Safety Code, and was authorized pursuant to Section 7108 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/18/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Jose Chavez</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

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

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 3-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. 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 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

COMPLETE ALL APPLICABLE ITEMS

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-15-02

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

of JOHN SPADE
 in a T.S. VAULT Funeral, date, time Wed 3-22 12:00
Type of Burial Container
 Church, Chapel, Graveside ; Greenwood Mortuary.

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

Lot <u>430</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>
Grave space & Care Fund <u>Pre-Med E-11916</u>				<u>0</u>
Additional spaces and care fund _____				_____
Opening/Closing & Setup _____				<u>375.00</u>
Burial Container PAID				<u>250.00</u>
Handling Fees _____				<u>185.00</u>
Flower vases - <u>Marker setting fee</u> <u>MAR 18 2002</u>				<u>125.00</u>
Recording and filing fee <u>MT. HOPE CEMETARY</u>				<u>45.00</u>
Sales taxes <u>CITY OF SAN DIEGO</u>				<u>19.38</u>
Total Due _____				<u>999.38</u>
Paid receipt number <u>R-54777</u>				<u>999.38</u>
Balance due _____				<u>0</u>

friend

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

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

Signature of recorded holder of deed _____

X D Harbridge
 Signature
X 13629 Pata Ranch Rd
 Address
X Lakeside 92040
 City Zip Code
X 619 390-1144
 Telephone

Work Order # **E 16972**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

E-16972

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

427 YOUNG	428	429	X	431	432 WOLF	DeSONG

Interment space for: JOHN SPADE

Interment Date: FRI 3-22 Time: 12:00

Lot: 430 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: N F DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 3-20-02

*Key on
Grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-16972
40

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE EARL	1C. LAST (FAMILY) SPADE	2. DATE OF BIRTH MONTH DAY YEAR 04/09/1961	3. DATE OF DEATH MONTH DAY YEAR 03/09/2002	4. SEX M
5A. CITY OF DEATH CALIPATRIA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE IMPERIAL	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DAVE HARRIDGE - FRIEND 13629 PATA RANCH ROAD LAKESIDE, CA 92040		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Victorio Argano</i> 03/15/2002

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL, OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Greg R. [Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA IMPERIAL COUNTY HEALTH DEPT. - 925 BROADWAY, EL CENTRO, CA 92243	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY HEALTH DEPT. - 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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen 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 3-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John/Jane Doe PA# 20021152

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; Merkly-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 295-2177

will be applied and billed to undersigned. _____

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

Grave space & Care Fund 45.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container

Handling Fees

Flower vases - Market setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 195.00

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 _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 16973**

(1) RIGHT
FEMUR Bone
Native Am. Indian
ODD Fellows)
BLK 43/44
Fence line

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-18-02

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

of BOBOLLAH MASHOUFI

in a _____ Funeral, date, time TUE 3-19 1.00

Church, Chapel, Graveside _____ : GREENWOOD Mortuary.

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

will be applied and billed to undersigned. _____

Lot 133 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund **PAID** _____

Opening/Closing & Setup _____ 450.00

Burial Container MAR 18 2002 _____

Handling Fees _____

Flower vases - MT HOPE CEMETARY Marker setting fee _____

Recording and filing fee CITY OF SAN DIEGO _____ 45.00

Sales taxes _____ 6.20

Total Due _____ 501.20

Paid receipt number VISA _____ 501.20

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 Hassan Naghavi
Address #24 STRATFORD CT
City #B25 DELMAR Zip Code 92014
Telephone _____

Work Order # **E 16974**

Invoice # _____

Acct. # _____

E-16974
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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) BOBOLLAH	1B. MIDDLE -	1C. LAST (FAMILY) MASHOUFI	2. DATE OF BIRTH MONTH, DAY, YEAR 08/29/1925	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/2002	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 HASSAN HACHAVI: SON-IN-LAW 424 STRATFORD COURT, #B25 DEL MAR, CA 92014		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED <i>Victoria Azzaro</i> 03/18/2002		
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/19/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO, 2204798
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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Perques</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-18-02

*order right
side*

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

In a _____ Funeral, date, time MON 3-25 10:00

Church, Chapel, Graveside WITNESS : FAMILY Mortuary.

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

will be applied and billed to undersigned. _____

Lot 280 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 MAR 19 2002

Flower vases - MT. HOPE CEMETARY

Recording and filing fees - CITY OF SAN DIEGO 45.00

Sales taxes

Total Due 450.00
Paid receipt number R-5478-0 450.00
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 See attached

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 16975

Acct. # _____

MT HOPE CEMETERY

E-16975

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

asker right

			EROT			
				NINCENT		
			EROT X	WANSLEY		
				281		

Interment space for: ELENA MERRILL ~~⊗~~

Interment Date: MON 3-25 Time: 10:00

Lot: 280 Grave: _____ Row: _____ Sect: 4 Div: 8

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: Ker Collins Date: 3/25/02

E-16975

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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) Elena	1B. MIDDLE Maria	1C. LAST (FAMILY) Merrill	2. DATE OF BIRTH MONTH DAY YEAR 06/07/1925	3. DATE OF DEATH MONTH DAY YEAR 04/24/1997	4. SEX F
5A. CITY OF DEATH Silver Spring		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Maryland	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Gabriel Merrill, son 9 Featherwood Ct. #41 Silver Spring, MD 20904		
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 03/15/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized in Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. MAGGARD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 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 checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSPORT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-25-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E 16975

Mt. Hope Cemetery
3751 Market Street
San Diego, Ca 92102

Dear Sue Shackelton:

Enclosed you will find a check in the amount of \$450.00. This is for the burial of Elena Merrill. She was cremated in April of 1997. We are bringing the remains with us from Maryland and will be in San Diego only on Monday March 25 2002. Featheringill Mortuary is getting the burial permit for us and we will bring it with us also. I do not know how usual or unusual this is or who arranges for whatever needs to happen. We are not expecting a service because we had a service when she died in 1997, but I suppose that we will see her put in the ground. Since we are from Maryland you mentioned that you would pick the plot and make the necessary arrangements. It will only be my husband and myself. Elena was my husbands mother. The Urn Garden you mentioned to me on the phone when we spoke sounds fine. We will also want to see Vanier Merrill's grave. He died and was buried in your cemetery in 1958.

If you need to reach us you may call (301) 586-0406 or my work phone (202) 314-1763. We arrive in Los Angeles March 21 in the afternoon then we may be reached on my husband's cell phone (301) 785-8153. Maryland is 3 hours later than California.

Sincerely
Kathy Merrill

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-18-02

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

of John Doe PA # 20021151

in a Double-Death (1st Burial) Funeral, date, time MARCH - Tues 19th 1:00

Church, Chapel, Graveside _____; Community Mortuary, 426 20th St

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 9 Grave 2-B Row _____ Section _____ Division/Block 13

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 16976

E-16976

APPLICATION 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 10/25/70	3. DATE OF DEATH MONTH DAY YEAR 10/25/2001	4. SEX M	
5A. CITY OF DEATH Pine Valley			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE— OF INFORMANT Darnell Price - Public Administrator 5201-A Ruffin Road 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>[Signature]</i>		8B. DATE SIGNED 03/18/2002

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/18/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 3-17-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-18-02

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

in a Double-Depth (Type of Burial Container) (2nd Burial) Funeral, date, time Thurs, Mar. 21 10:00

Church, Chapel, Graveside _____: Merkley-Mitchell Mortuary (Scott)

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

✓ Lot 2 Grave 9 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-need E-119.10 / D-579.5 _____

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container _____

Handling Fees MAR 20 2002 _____

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 R-54786 420.00

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 _____

Signature Christine Horton Nipping

Address 1411 Robinson Ave #1

City San Diego, CA

Zip Code 92103

Telephone 619-298-1350

Work Order # **E 16977**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 16977

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2 OLA Lambert	3	4	5 Spells	6 Spells
	7 Milby	8 Smith	9 X	10	11	12

Interment space for: Charles Horton

Interment Date: 3-21-02 Time: 10:00

Lot: 2 Grave: 9 Row: _____ Sect: 1 Div: 11

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Flag or grave

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

E16977 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) CHARLES	1B. MIDDLE MEDLOCK	1C. LAST (FAMILY) HORTON	2. DATE OF BIRTH MONTH DAY YEAR 05/29/1919	3. DATE OF DEATH MONTH DAY YEAR 03/16/2002	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 CHRISTINE SPALDING - DAUGHTER 1411 ROBINSON AVENUE SAN DIEGO, CA 92103		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKEY-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>Rose M Zullo</i>		
8B. DATE SIGNED 03/20/2002		ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/20/2002 R.M. ZULLO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2204918
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 5222 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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-21-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kelita 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.

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-18-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Patrick Bennett (Disinterment)

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____: Merkly Mitchell Mortuary, Scott

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

will be applied and billed to undersigned. _____

Lot 82 Grave 10 Row _____ Section 2 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 _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 16978

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-18-02

*Pre-need
trust*

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 1086 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need E-6167 ⊕

Additional spaces and care fund _____

Opening/Closing & Setup 2nd burial 375.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting MAR 18 _____

Recording and filing fee _____ 45.00

Sales taxes MT. HOPE CEMETAR
CITY OF SAN DIEGO _____

Total Due 420.00

Paid receipt number R-54773 420.00

Balance due ⊕

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

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

Signature of recorded holder of deed _____

Signature _____

Address see

City attitude Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 16979

Acct. # _____

E-16979

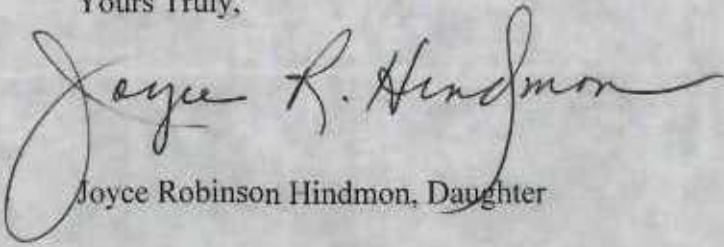
Mt. Hope Cemetery
3751 Market St.
San Diego, Calif. 92102

March 13, 2002
663 E. Queen St. #3
Inglewood, Ca. 90301

To Whom it may concern;

Enclosed you will find my check for \$420.00 in payment of opening up lot 1086, division 10 in the name of Mildred Robinson. Dan Robinson is buried in the double. Mildred Robinson Elston is terminal at the present time. I will contact you at the time she passes and let you know any further instructions. I understand you must be notified at least 48 hours in advance.

Yours Truly,



Joyce R. Hindmon

Joyce Robinson Hindmon, Daughter

**MT. HOPE CEME
INTERMENT ORDER**

City of San Diego

Date 3-18-02

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

in a LINER Type of Burial Container Funeral, date, time FRI. MAR 22nd 10:00

Church, Chapel, Graveside Delivery Only: MAYER 281-7055 John Mortuary.

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

will be applied and billed to undersigned. _____

Lot 86 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 MAR 19 2002 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 1664.73

Fax to 281-7587 Mayer to bring check

Paid receipt number R 54785 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 _____

Invoice # _____

Acct. # _____

Work Order # **E 16980**

MT HOPE CEMETERY *E-16980*

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1	2 Skipper	3	4 X	5 Haynes	6 Haynes	
7 Flowers	8 Flowers					

Interment space for: BLANCA AGUILERA

Interment Date: _____ Time: _____

Lot: 86 Grave: 4 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

Delivery only.

Agrees with Map: Yes No

Flag on Grave

Blind Check & Verified By: ROBERT Date: 3-20-02

E-16980

40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

San Diego

1A. NAME OF DECEDENT—FIRST (GIVEN) Blanca		1B. MIDDLE -	1C. LAST (FAMILY) Aguilera		2. DATE OF BIRTH MONTH DAY YEAR 04/28/1921	3. DATE OF DEATH MONTH DAY YEAR 02/12/2002	4. SEX F	
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards, 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 Avenue, San Diego, CA 92116				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i>		8B. DATE SIGNED, 02/20/2002

ACKNOWLEDGMENT OF APPLICANT <i>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.</i>		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/21/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205070
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 3-22-02	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.

E16980

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Blanca		1B. MIDDLE -	1C. LAST (FAMILY) Aguilera		2. DATE OF BIRTH MONTH DAY YEAR 04/28/1921	3. DATE OF DEATH MONTH DAY YEAR 02/12/2002	4. SEX F	
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards, 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 Avenue, San Diego, CA 92116				7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 03/20/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/21/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205070
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 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 -
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10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 3-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

COPY 1

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

VS 9 (REV. 5/91)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-19-2002

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

of Bernice Kish
 in a Liner Funeral, date, time MON. Mar. 25th 2:00
Type of Burial Container
 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 952 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund D-4260 10

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container **PAID** 190.00

Handling Fees MAR 19 2002 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-54784 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

[Signature]
 Address 1550 Camino to LA BAR
San Diego #1132124
 City San Diego
 Telephone 858-536-4129

Work Order # **E 16981**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-16981

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		951 Kish	952 X	953 Lucas	954 Junkin	955 Hyden Hyden

Interment space for: Bernice Kish

Interment Date: 3-25-02 Time: 1:00

Lot: 952 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF DAVIS

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Ken Collins Date: 2/25/02

Flag on grave

E-16981 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) Bernice		1B. MIDDLE Margaret	1C. LAST (FAMILY) Kish	2. DATE OF BIRTH MONTH, DAY, YEAR 11/08/1917	3. DATE OF DEATH MONTH, DAY, YEAR 03/18/2002	4. SEX F
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 Janel Kish, Daughter 11550 Camino La Bar San Diego, CA 92126		
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— <i>(Signature)</i> 8B. DATE SIGNED 03/19/2002		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 03/22/2002 P. Fiskratti	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205097
	90. 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 3-25-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>(Signature)</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>(Signature)</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-19-02

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

of GEORGIA BECHTEL
in a LINER Funeral, date, time FRI 3-22 1:30

Church, Chapel Graveside Mortuary, GREENWOOD

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 42 Grave 6 Row _____ Section 5 Division Bleek 2

Grave space & Care Fund Pre-need C-1912

Additional spaces and care fund _____

Opening/Closing & Setup Pre-need E-16958

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 See attached

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 16982**

E-16982

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-6-02

Pre-Need Trust

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

of Georgia Bechtel

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 42 Grave 6 Row _____ Section 5 Division/Block 2

Grave space & Care Fund C-1912 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ **PAID** 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ MAR 06 2002

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 VISA 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Angeline B. Bechtel
1114 S. Houston
Weninger, Jef 75021
903-465-4989

Work Order # E 16958

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E16982

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2	3	ELMER BECHTEL		
none	GARTIN 4	GARTIN 5	COOK 6	X		
MARKER UPSIDE DOWN - ELMER'S PROBABLY TO GO WITH						

Interment space for: GEORGIA BECHTEL

Interment Date: FRI. 3-22 Time: 1:30

Lot: 42 Grave: 6 Row: _____ Sect: 5 Div: 2

Grave Laid out by: NF BOUTER

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 3/21/02

*they own
grave*

E-16982
100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGIA	1B. MIDDLE B.	1C. LAST (FAMILY) STAUFFER	2. DATE OF BIRTH MONTH, DAY, YEAR 10/05/1901	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/2002	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 JACQUELINE BLEDSOE: NIECE 1114 SOUTH HOWSTON STREET DENISON, TEXAS 75021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. ▶ *Victoria Azano* 03/21/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/21/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZANO 2205027
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 3-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-19-02

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

of Mavis Taylor

in a Under (ex. Ar.) Funeral, date, time FRI. Mar. 22nd 1:30

deep 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 146 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E-3601 1983

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Neice Balance due _____

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

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

Signature of recorded holder of deed _____

Neice
Signature
4777 A Street Apt #10
Address
SAN DIEGO CA 92102
City Zip Code
619 264 8488
Telephone

Work Order # E 16983

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-16983

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		1 TREE	2 Jones Taylor	3. Robertson	4 Scott	5 Smith
		7 Salinas	8	9	10	11 Alberty

Interment space for: Mavis Taylor

Interment Date: 3-22-02 Time: 1:30

Lot: 146 Grave: 2 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: [Signature] [Signature] Date: 3/20/02
ROBERT

E-16983
81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mavis		1B. MIDDLE Robertson	1C. LAST (FAMILY) Taylor	2. DATE OF BIRTH MONTH, DAY, YEAR 08/02/2002	3. DATE OF DEATH MONTH, DAY, YEAR 03/18/2002
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 Hazel Smith, Niece 1920 4777 A St. Apt. 5 San Diego, CA 92002	
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: **03/22/2002**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/22/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205095 <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-22-02	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.

E16983

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mavis	1B. MIDDLE Robertson	1C. LAST (FAMILY) Taylor	2. DATE OF BIRTH MONTH, DAY, YEAR 08/02/1920	3. DATE OF DEATH MONTH, DAY, YEAR 03/18/2002	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 OF INFORMANT Hazel Smith, Niece 4777 A St. Apt. 5 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>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 03/22/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/22/2002 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205095
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen F. Jansen</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER 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 3-20-02

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

In a T.S. VAULT Funeral, date, time FRI 3-22 10:00

Church, Chapel, Graveside GUADALUPANA 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 224 Grave 5 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 MAR 20 2002 185.00

Flower vases - Marker setting fee _____

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

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-54789 1769.38

Balance due 0

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

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

Signature of recorded holder of deed

✕ Ana Alcazar
Signature
✕ 3654 Del Sol Blvd
Address
✕ SAN DIEGO
City Zip Code
CA 92154
Telephone (619) 428 2626

Invoice # _____

Work Order # **E 16984**

Acct. # _____

MT HOPE CEMETERY

E-16984

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4	221 X 5	6		
	150 M					
8	9	10	11	12		
			Mitchell	JONES		

Interment space for: JESUS MIRANDA

Interment Date: FRI 3-22 10:00 Time: _____

Lot: 221 Grave: 5 Row: _____ Sect: 2 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

they on grave

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

E-16984

23

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Jesus	1B. MIDDLE R.	1C. LAST (FAMILY) Miranda	2. DATE OF BIRTH MONTH DAY, YEAR 07/15/1978	3. DATE OF DEATH MONTH DAY, YEAR 03/18/2002	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 ANA ALCARAZ—MOTHER 3654 DEL SOL APT#E SAN DIEGO, CA, 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92154		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 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 03/21/2002			

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 JOSE CHAVEZ 03/21/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205062
	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 3-22-02	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.

E-16959
E-16999

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-02

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

of Eva Wittes

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

Church, Chapel, Graveside _____; Merkley-Mitchell Mortuary.

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

will be applied and billed to undersigned.

Lot 208 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 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-54787 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 _____

Invoice # _____

Acct. # _____

Work Order # E 16985

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-02

*Pre-need
lot*

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

Lot 173 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees MAR 20 2002 _____

Flower vases - Marker setting fee _____

Recording and filing fee MT HOPE CEMETARY _____

Sales taxes CITY OF SAN DIEGO _____

Total Due 895.00

Paid receipt number R-54788 895.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Rayton Mc Mullen
Signature
8372 CACUS ST
Address
SPRING VALLEY 91977
City
(619) 479 5410 - 520 0259
Telephone

Work Order # E 16986

Invoice # _____

Acct. # _____

P/14

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-20-02

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

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

Church, Chapel, Graveside _____ Mortuary _____

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

✓ Lot 58 Grave 5 Row _____ Section 1 Division/Block 12

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>APR 0 3 2002</u>	<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee	MT. HOPE CEMETARY CITY OF SAN DIEGO	<u>—</u>
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>14.73</u>

Total Due 1664.73

Paid receipt number R-54835 1664.73

Balance due 1664.73

Meg Brown

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

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

Meggy A. B.
Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature of recorded holder of deed _____

Work Order # **E 16987**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-02

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

in a _____ Funeral, date, time Fri 3/22/01 12:00

Church, Chapel, Graveside GRAVESIDE : Payson 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 747 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 MAR 20 2002

Handling Fees _____

Flower vases - Marker setting fee 45.00

Recording and filing fee _____

Sales taxes _____

Total Due 270.00
Paid receipt number VISA 270.00
Balance due 0

I hereby certify I am the X Grandfather of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 R. Wilbur
Address 1740 LA POSADA
City NATIONAL CITY, CA 91950 Zip Code
619-263-1301
Telephone

Work Order # E 16988

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-16988

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		JORDAN	SP	STEPHENS		
745 SPANN	746	747 X	748	749	750	

Interment space for: Edward James Richardson

Interment Date: Fri 3-22 Time: 12:00

Lot: 747 Grave: _____ Row: _____ Sect: 1 Div: 9

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

*By on
Grave*

Blind Check & Verified By: _____ Date: _____

E16988

11 days

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Edward		1B. MIDDLE James	1C. LAST (FAMILY) Richardson		2. DATE OF BIRTH MONTH DAY YEAR 03/09/2002	3. DATE OF DEATH MONTH DAY YEAR 03/20/2002	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 Euranika C. Carroll, Mother 1740 La Posada St. National City, CA 91950		
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>Alba Wilson</i> 03/22/2002	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/22/2002 <i>Alba Wilson</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205085
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"/> 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; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. Kemp</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Disinterment

Date 3-21-02

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

of William P. Bennett

in a _____ Funeral, date, time 9:30 AM 3-28

Church, Chapel, Graveside _____ Mortuary. St. Mark's

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

will be applied and billed to undersigned. _____

Lot 82 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Disinterment 1000.00

Recording and filing fee **PAID** _____

Sales taxes _____

MAR 21 2002

Total Due 1000.00

Paid receipt number R-54791 1000.00

MT. HOPE CEMETARY
CITY OF SAN DIEGO

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 See attached Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 16989**



E-16989

THE CITY OF SAN DIEGO

AUTHORITY TO DISINTER, REMOVE OR REINTER

3 02 :
MONTH YEAR

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

WILLIAM P. BENNETT

from Lot 82 Grave 10 Section 2 Row _____ Block _____

Division 12 And to remove the same to and reinter said remains in Lot _____

Grave _____ Section _____ Row _____ Block _____ Division _____

Cemetery FT. ROSECRAWS

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.

Dawn O. Bennett
DAWN O. BENNETT

SPOUSE

6910 PARK RIDGE BLVD
SAN DIEGO, CA 92120

Dawn O Bennett
Signature

wife

Relation to deceased

Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

Date

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



E-16989

APPLICATION 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 PATRICK	1C. LAST (FAMILY) BENNETT	2. DATE OF BIRTH MONTH DAY YEAR 12/16/1921	3. DATE OF DEATH MONTH DAY YEAR 01/08/1980	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 DAWN O. BENNETT - WIFE 6916 PARK RIDGE BOULEVARD SAN DIEGO, CALIFORNIA 92120			
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 Rose M. Zullo			8B. DATE SIGNED 03/27/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/27/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT R.M. ZULLO
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-	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 LEFT AT (Name and Address)	
<input checked="" type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA.		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY FORT ROSECRANS NATIONAL CEMETERY, CABRILLO MEMORIAL DR., SAN DIEGO, CA 92106	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY, 1625 GISLER AVENUE, SAN DIEGO, CA 92626	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

COMPLETE ALL APPLICABLE ITEMS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-02

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

in a LINER Funeral, date, time THUR 3-28 11:00
Type of Burial Container
 Church) Chapel, Graveside S&W Memorial Mortuary.

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

Lot 118 Grave 4 Row _____ Section 2 Division/Block 13

Grave space & Care Fund		<u>895.00</u>
Additional spaces and care fund		—
Opening/Closing & Setup	PAID	<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees	<u>MAR 26 2002</u>	<u>145.00</u>
Flower vases - Marker setting fee	<u>MT. HOPE CEMETARY</u>	<u>45.00</u>
Recording and filing fee	<u>CITY OF SAN DIEGO, CA</u>	<u>14.73</u>
Sales taxes		<u>14.73</u>

Total Due PAID 1664.73

Paid receipt number R- 54806 1664.73

Balance due 0

mortuary to bring check

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

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

Signature of recorder holder of deed _____

X Gloria Farley
Signature
X 4485 Illinois St #8
Address
X San Diego CA 92116
City Zip Code
X (619) 5018455
Telephone

Work Order # E 16990

Invoice # _____
 Acct. # _____

E-16990

34

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FND

1A. NAME OF DECEDENT—FIRST (GIVEN) JONATHAN	1B. MIDDLE C	1C. LAST (FAMILY) WILLIS	2. DATE OF BIRTH MONTH/DAY/YEAR 03/07/1968	3. DATE OF DEATH MONTH/DAY/YEAR 03/20/2002	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 GLORIA A FAIRLEY—MOTHER 4485 ILLINOIS ST #8 SAN DIEGO CA 92116		
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>Rosa Nava</i>		8B. DATE SIGNED 03/26/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/26/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205305 ROSA NAVA
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	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 3-28-02	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 3-21-02

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

of Jeanne Dadisman PA 2001206
 in a Double-Depth (2nd ^{burial}) Funeral, date, time WEDS 4/3/02 10:30
Type of Burial Container
 Church, Chapel, Graveside Delivery Only : S.D. Memorial Mortuary.

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

Lot 9 Grave 2T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund..... _____

Opening/Closing & Setup..... 423.00

Burial Container..... 183.01

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes..... 9.53

Total Due..... 726.54

Paid receipt number R-34798 726.54

Balance due 0

*fax to Kim
 Public Admin.
 858-495-5127*

I hereby certify I am the _____ of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope 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 16991**

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-21-02

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

of Jeanne Dadisman

in a Double-Depth (2nd burial) Funeral, date, time _____

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

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

will be applied and billed to undersigned. _____

Lot 9 Grave 2-T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 423.00

Burial Container 183.01

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 9.53

Total Due 726.54

*Ex to Kim
Public Admin.
858-495-6127*

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 16991

Acct. # _____

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-02

E16991

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

of Jeanne Dadisman

In a Double-Death (2nd ^{burial}) Funeral, date, time Tues 4/2/02 11:00

Church, Chapel, Graveside Delivery Only : SD Memorial Mortuary

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

will be applied and billed to undersigned. _____

Lot 9 Grave 2T Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 423.00

Burial Container 183.01

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 9.53

Total Due 726.54

Paid receipt number R-54798 726.54

Balance due 0

*fax to Kim
Public Admin.
858-495-6122*

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

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

Rosa A. Nava
Signature of individual holder of deed

Rosa A. Nava
Address 2441 University Ave
San Diego CA 92104
City (619) 692-3090
Telephone

Work Order # E 16991

Invoice # _____

Acct # _____

E16991
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) JEANNE	1B. MIDDLE -	1C. LAST (FAMILY) DADISMAN	2. DATE OF BIRTH MONTH DAY YEAR 11/09/1914	3. DATE OF DEATH MONTH DAY YEAR 03/16/2002	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 KIMBERLY WHITE—PUBLIC GUARDIAN 5201-A RUFFIN ROAD 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>Rosa Nava</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7150 of the Health and Safety Code.			8B. DATE SIGNED 03/27/2002		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/27/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ROSA NAVA
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-26-02

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

in a Bell Uper Funeral, date, time Fri, Mar 29th 10:00
 (Chapel) Graveside RAGSDALE Mortuary.

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

Lot 92 Grave 1 Row _____ Section 3 Division/Block 11

Grave space & Care Fund	PAID	<u>895.00</u>
Additional spaces and care fund		_____
Opening/Closing & Setup	<u>MAR 29 7am</u>	<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees	<u>MT. HOPE CEMETARY CITY OF SAN DIEGO, CA</u>	<u>145.00</u>
Flower vases - Marker setting fee		_____
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>14.73</u>
	Total Due	<u>1664.73</u>
	Paid receipt number <u>R-54815</u>	<u>1664.00</u>
	Balance due	<u>0</u>

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

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

Signature of recorded holder of deed _____

300
 Signature Florence Lockhart
 Address 3221 Van Dyke Ave
SD
 City _____ Zip Code _____
 Telephone 619-528-0346 or
619 264-6635

Work Order # **E 16992**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

E16992

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Christiane	Mireles		
			1 X	2	3 Thomas
			7	8	9

Interment space for: BRIAN PAUL LOCKHART

Interment Date: 3-29-02 Time: 10:00

Lot: 92 Grave: 1 Row: _____ Sect: 2 Div: 11

Grave Laid out by: NF - DAVIO

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Robert

Date: 3/28/02

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F16992
24

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Brian	1B. MIDDLE Paul	1C. LAST (FAMILY) Lockhart	2. DATE OF BIRTH MONTH DAY YEAR 01/06/1978	3. DATE OF DEATH MONTH DAY YEAR 03/24/2002	4. SEX M
5A. CITY OF DEATH Oceanside		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego 30		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Josephine Saulter, Grandmother, 1143 S. 41st St. Apt. 7 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		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>		8B. DATE SIGNED 03/27/2002	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/28/2002 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205499
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 3-29-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenna 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 3-22-02

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

In a LINER Funeral, date, time June 3-26 1:00
Type of Burial Designator
 Church, Chapel, Graveside : RAGSDALE Mortuary.

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

Lot 94 Grave 11 Row _____ Section 1 Division/Block 11
Pre-Paid E-3728 0

Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	PAID	190.00
Handling Fees		145.00
Flower vases - Marker setting fee	MAR 25 2002	
Recording and filing fee		45.00
Sales taxes	MT. HOPE CEMETERY CITY OF SAN DIEGO, CA	14.73

Total Due 769.73
 Paid receipt number Paid R-54795 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 Elyvia Knight
 Signature 2863 BOSTON AVE
 Address San Diego Ca 92113
 City (619) 234-5951 Zip Code
 Telephone _____

Work Order # **E 16993**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

E16993

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

TORRES ²	HAWKINS ³		STEWART ⁵	CROSDY ⁶		
BALLINGER ⁸		OWENS ¹⁰	X	KASSEN ¹²	BROCK	

Interment space for: Alan Owens

Interment Date: June 3-26 Time: 1:00

Lot: 94 Grave: 11 Row: _____ Sect: 1 Div: 11

Grave Laid out by: NF POUJO

Agrees with Legal Card: Yes No

fly on grave

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

F-16993
76

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Alean		1B. MIDDLE E.	1C. LAST (FAMILY) Owens	2. DATE OF BIRTH MONTH DAY YEAR 07/03/1925	3. DATE OF DEATH MONTH DAY YEAR 03/19/2002	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 Elyria Knight, Daughter 2863 Boston 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 FD1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Bette 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 03/25/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/25/2002 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205195
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-26-02	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 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-25-02

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

in a LINER Funeral, date, time FRI 3-29 11:00
Church, Chapel, Graveside S.D. MEMORIAL Mortuary.

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

Lot 40 Grave 1 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 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due PAID 1664.73

Paid receipt number R-54805 1664.73

Balance due _____

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

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

Signature of recorded holder of deed _____

X Signature MARIA 282
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # **E 16994**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E16994

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		NASSIE	40 X 1	2	3	4
			6	7	8	9

Interment
#

Interment space for: Nathaniel Allison

Interment Date: Thu 3-29 Time: 11:00

Lot: 40 Grave: 1 Row: Sect: 1 Div: 12

Grave Laid out by: NF PAUIDO

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 3-28-02

*fly on
grave*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E16994
3a

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

1A. NAME OF DECEDENT—FIRST (GIVEN) NATHANIEL	1B. MIDDLE GERALD	1C. LAST (FAMILY) ALLISON	2. DATE OF BIRTH MONTH DAY YEAR 05/16/1962	3. DATE OF DEATH MONTH DAY YEAR 03/21/2002	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	5C. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA C ALLISON-WIFE 1686 DEL SUR BLVD APT 207 SAN YSIDRO CA 92173		
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>Rosa Nava</i> 03/26/2002		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/26/2002
AUTHORIZATION OF LOCAL REGISTRAR	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205283	
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 3-29-02	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 3-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NATHANIEL ALLISON in a LINER Church Chapel of the Resurrection Church Funeral date, time FRI 3-29 11:00 S.D. MEMORIAL Mortuary. All Funeral cars must arrive before 9:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot _____	Grave _____	Row _____	Section _____	Division/Block <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>190.00</u>				
Handling Fees <u>185.00</u>				
Flower vases - Marker setting fee				
Recording and filing fee <u>45.00</u>				
Sales taxes <u>14.73</u>				
				Total Due <u>1664.73</u>
Paid receipt number _____				
Balance due _____				

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.

Rose A. Hava
Signature of relative or other

X Rose A. Hava
Signature
X 2441 University Ave.
Address
X San Diego CA 92104
City
X (619) 692-3070
Telephone

Work Order # E 16994

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*on the grave
of Garland
Dennis Roberts*

Date 3-25-02

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

in a ash vault Type of Burial Container Funeral, date, time SAT. MAR 30th 1:00
Church, Chapel, Graveside Valley Funeral Homes Mortuary.

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

Lot 48 Grave 1 Row _____ Section 1 Division/Bleek 11

Grave space & Care Fund D-3561 Ø

Additional spaces and care fund Overtime Saturday fee 210.00

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees PAID 60.00

Flower vases - Marker setting fee _____

Recording and filing fee MAR 26 2002 45.00

Sales taxes _____ 4.26

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA
Total Due M/P AID 479.26

Paid receipt number _____
Balance due Ø

*San Craig Roberts
#cell 509-952-8255
West of me*

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

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

Signature of recorded holder of deed _____

*Daughter
TO bring Ashes*

Work Order # **E 16995** Invoice # _____
Acct. # _____

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

E-16995
80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Clara	1B. MIDDLE —	1C. LAST (FAMILY) Roberts	2. DATE OF BIRTH MONTH, DAY, YEAR 09/28/1921	3. DATE OF DEATH MONTH, DAY, YEAR 03/22/2002	4. SEX F
5A. CITY OF DEATH Yakima		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Yakima		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Georgene Smith, Daughter 507 N. 23rd Ave. B Yakima, WA 98902	
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 7109 of the Health and Safety Code.			8B. DATE SIGNED, 03/29/2002		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 03/28/2002 T. Truesdale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205442
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA —	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-30-02	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

E-16995

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

on Grave of Garland Roberts.

			X	2 Brown	3
			7 Salvie	8 Brown	9 Hedger
					4 Daniels 10 Patterson

Interment space for: Clara E. Roberts ~~X~~

Interment Date: 3/30/02 Time: ?

Lot: 48 Grave: 1 Row: _____ Sect: 1 Div: 11

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Flag on grave

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-25-07

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

of JAMES DENNIS
in a T.S. VAULT Funeral, date, time THUR 3-28 11:00

Church Chapel Graveside : RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Lot 84 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Cars Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-54808 1769.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature EMMA DENNIS

Address 9920 DAFTER DR

City SAN DIEGO

Telephone 262-5161

Invoice # _____

Acct. # _____

Work Order # **E 16996**

MT HOPE CEMETERY *E-16996*

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Jones mcintosh	84 X 2	3	4	5
		7 HARRIS	8	9	10	11

Interment space for: James Dennis

Interment Date: Mar 3-28 Time: 11:00

Lot: 84 Grave: 3 Row: _____ Sect: 1 Div: 12

Grave Laid out by: X DAVID N. N.E.

Agrees with Legal Card: Yes No *fly on grave*

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 3-27-02

E-16996 21

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE -	1C. LAST (FAMILY) Dennis	2. DATE OF BIRTH MONTH DAY YEAR 05/20/1930	3. DATE OF DEATH MONTH DAY YEAR 03/20/2002	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Emma L. Dennis, Wife 4920 Dafter Dr. 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>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 10336 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8B. DATE SIGNED: **03/27/2002**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/27/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205359
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-28-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen 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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-25-02

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

of Della Ward

in a T.S. Vault Funeral, date, time Tues April 2nd, 10:00

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 \$ ^{SC#} 150.00

will be applied and billed to undersigned.

Lot 5 Grave 1 Row _____ Section MAS Division/Block B

Grave space & Care Fund _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 395.00

Burial Container _____ **PAID** 250.00

Handling Fees _____ 185.00

Flower vases - Marker setting fee _____ MAR 30 2002

Recording and filing fee _____ 45.00

Sales taxes _____ MT. HOPE CEMETARY 19.38

Total Due 874.38

Paid receipt number M/c PAID 0

Balance due 0

*LDL 20562804
6-14-02*

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 _____

John M. Ward
Signature
2050 Pacific Beach Dr #103
Address
San Diego, CA 92109-6268
City Zip Code
858 581-0831
Telephone

Work Order # E 16997

Invoice # _____

Acct. # _____

E-16997

To whom it may concern the following heirs of Martin Luther Ward are in verbal agreement to the burial of Della E. Ward in plot #1 of the Ward property at Mount Hope Cemetery:

Sons of John M. Ward:

John M. Ward Jr.

Philip L. Ward

Son of Paul Ward:

Martin P. Ward

Daughters of Martin Luther Ward Jr:

Barbara Lawson

Linda Keiser

John M. Ward Jr. 4-1-02

Philip L. Ward 4-1-02

MT HOPE CEMETERY

E-116997

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Interment space for: Della Ward

Interment Date: 4-2-02 Time: 10:00

Lot: 5 Grave: 1 Row: _____ Sect: MAS Div: B

Grave Laid out by: NF PNUID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT

Flag on
grave

Date: 4-2-02

F-16997
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) DELLA	1B. MIDDLE ELIZABETH	1C. LAST (FAMILY) WARD	2. DATE OF BIRTH MONTH, DAY, YEAR 11/19/1916	3. DATE OF DEATH MONTH, DAY, YEAR 03/24/2002	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 WARD - HUSBAND 2050 PACIFIC BEACH DR. #103 SAN DIEGO, CA 92109		
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, 8B. DATE SIGNED ► Rose M Zullo 03/27/2002		

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. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00
		9B. DATE PERMIT ISSUED 03/28/2002
		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205478 R.M. ZULLO ►
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 5222 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		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 4-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-25-02

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

of PHILIP JOHN METHE

in a LINER Funeral date, time WED 3-27 1:00

Church, Chapel, Graveside DELIVERY ONLY; MAYER Mortuary.

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

will be applied and billed to undersigned. _____

Lot 75 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 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-54907 1664.73

Balance due 0

PAID

MAR 26 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

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 16998

mortuary to bring check

296

see attached

MT HOPE CEMETERY

E-16998

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3	4 WILLIAMS	5	6 WATERS			
9	10 STILES	11 TRELL	X			

Interment space for: Philip John Mathe

Interment Date: Wed 3-27 Time: 1:00

Lot: 75 Grave: 12 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

*fly on
Grave*

Blind Check & Verified By: Roberto Date: 3-27-02

E16998

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) Philip	1B. MIDDLE John	1C. LAST (FAMILY) Metha	2. DATE OF BIRTH MONTH, DAY, YEAR 10/29/1959	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/2002	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 Marco Delatoba, PA 5201-A Riffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	6A. SIGNATURE OF APPLICANT—Person taking permit, <i>Bernard 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.		6B. DATE SIGNED 03/25/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/25/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205215
	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 St., San Diego, CA 92102	11B. DATE BURIED 3-27-02	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.

ATTN: MARCO DELATORA

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Please sign & fax
back (619) 281-7587
Date 3-25-02 E-16998

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

of PHILIP JOHN METHE

in a LINER Funeral date time WED 3-27 1:00

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 \$

will be applied and billed to undersigned.

Lot 75 Grave 12 Row _____ Section 2 Division/Block 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 fee 45.00

Recording and filing fee _____

Sales taxes 14.73

Total Due 1664.73

Must bring check to

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 relative of decedent

[Signature]
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

Work Order # E 16998

Invoice # _____

Acct # _____

REA-104 (7-00)

The information is available in alternative formats upon request.

Disinterment
of
Reinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-02

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

in a Liner Funeral, date, time MAR 26th

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

FROM: 9 1-T 13
Lot 208 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 16999**

MT HOPE CEMETERY E-16999

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. *Disinterment/Re-interment*

8 Jones	9	10	X	12 Henderson		

Interment space for: Eva Witter

Interment Date: _____ Time: _____

Lot: 208 Grave: 11 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NT DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 3-26-02

Flag on grave

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-27-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert H. Shane 15

in a LINER Funeral, date, time SAT. MAR. 30th
Type of Burial Container Mortality Wetheringill

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 3684 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C-7651 Ø

Additional spaces and care fund O.T. Fee 600.00

Opening/Closing & Setup 375.00

Burial Container PAID 190.00

Handling Fees 145.00

Flower vases - Marker MAR 28 2002 —

Recording and filing fee 45.00

Sales taxes 14.73

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

Total Due 1369.73

Paid receipt number R-54813 1369.73

Balance due Ø

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

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

Signature of recorded holder of deed _____

St. R. Sh
 Signature
X 1431 Billings St
 Address
X Oxnard, Calif
 City
X 805 4885137
 Telephone
805 3771873 cell

Zip Code _____

Work Order # E 17000

Invoice # _____

Acct. # _____

E-17000

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

closer to Lincoln Ave

3681 Taylor	3682 Gross	3683	3684 X			

Interment space for: Robert H. Shane

Interment Date: SAT 3-30-02 Time: 7:15

Lot: 3684 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No *Flag on grave*

Blind Check & Verified By: _____ Date: _____

E-17000

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) Robert	1B. MIDDLE Homer	1C. LAST (FAMILY) Shane	2. DATE OF BIRTH MONTH DAY YEAR 12/22/1918	3. DATE OF DEATH MONTH DAY YEAR 03/27/2002	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 Steven R. Shane, Son 1431 Billings St. Oxnard, CA 93033		
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>R. Ardal</i>		
8B. DATE SIGNED 03/28/2002					

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 03/29/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. Maggard
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cem., 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/30/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-27-02

REVISED PRE-NEED LOT & TRUST

90 E-17560 Behind

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

of DONNA KAY JACKSON & Dionne

in a DOUBLE DEPTH Funeral, date, time JACKSON

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 85 Grave 8 Row Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 2 at 375 750.00

Burial Container 390.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 2 at 45 90.00

Sales taxes 29.45

Total Due 2464.45

Paid in full 6-24-02

Paid receipt number

Balance due OVER

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

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

Signature SIGNATURE

Address ON FILE

City Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 17001

2464.45

- 500.00 R- 54692

- 500.00 R- 54799

- 164.73 R- 54800

1299.72

BALANCE



JACKSON, DONNA KAY 7420 Lisbon St., San Diego 92114 263-9611

E-17001

		DEBIT	CREDIT	BALANCE
2-28-02	Opened pre-need lot and trust.			
	Lot 85, Grave 8, Sec 1, Div 12	895.00		895.00
	Trust includes opening/closing, liner, handling fee, recording fee, tax on liner.	769.73		1664.73
02-28-02	Receipt 54692		500.00	1164.73
03-25-02	Receipt 54799		-500.00	664.73
3-26-02	Receipt 54800		-164.73	500.00

& Dionne Jackson (Daughter)
JACKSON, DONNA KAY 7420 Lisbon St., San Diego 92114 263-9611

E-17001

F 90
91

		DEBIT	CREDIT	BALANCE
2-28-02	Opened pre-need lot & trust.			
03-27-02	<u>Revised</u> Lot 85, Grave 8, Sec 1, Div 12 Trust includes 2 opening/closings, Double Depth Crypt, handling fee, recording fee, tax on crypt, 2 recording fees.	895.00		895.00
02-28-02	Receipt 54692	1569.45	500.00	2464.45 1964.45
03-25-02	Receipt 54799		500.00	1464.45
03-26-02	Receipt 54800		164.73	1299.72
5-1-02	Receipt 54919 Paid by CK# 2634		199.72	500.00
5-22-02	R- 55013		250.00	250.00
5-24-02	R- 55017 Paid by CK# 5265		250.00	0

BALANCE TO
TRUST

PAID

MAY 24 1999

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Mt. Hope Cemetery Prepayment Plan Record

Donna Kay Jackson
7420 Lisbon Street
San Diego, CA 92114
619 263-9611
E-16944

E-17001

Preneed for:

PD 500.00
3/23/02

Lot 85 Grave 8, Sec 1, Div 12

Payment NO.	1
Payment Due Date	April-02
Payment Amount Due	49.00
Balance Due	1,115.73

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

MOUNT HOPE CEMETERY

(619) 527-3400

17001 54799

Date: March 25, 20 02
 From: Donna Kay Jackson Address: 7420 Lisbon St, San Diego CA 92114

Five hundred and 00 Dollars (\$ 500.00)

In part Payment of pre-need lot & trust account

Coupon #1

Lot 85 Grave 8 Row _____ Section 1 Division 62
 Block 62

Invoice No. _____

Acct. No. _____

W.O. E-16944

BALANCE DUE \$ 664.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

M.O. 9874761446

AC-212 (Rev. 5-94)

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

PAID

MAR 26 2002

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY

Paulette C.

CREDIT	67007	
20% Sales Care	77184	<u>179.00</u>
80% Sales	100	
of Lots	77184	<u>216.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>105.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>500.00</u>

17001

Mt Hope Cemetery Agreement Confirmation

05/18/2002

Agreement Number: E-17001-F

Agreement Date: 02/28/2002

Purchaser: Jackson, Donna Kay And/Or Jackson, Dionne
7420 Lisbon Street

Purchaser Number: 90 / 91

Phone: 619-263-9611

San Diego ,CA 62114

Child Protection: N

Beneficiary: Jackson, Dionne

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-1	895.00	0.00	
2	Opening/Closing	1st Burial Dbl Depth	750.00	0.00	
1	Burial Vaults	Double Depth Lawn Crypt	380.00	29.45	
1	Handling Fee	D/D Crypt Handling fee	320.00	0.00	
2	Misc Fees	Recording Fee	90.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	1		85	8	A

BASE PRICE	2,435.00
SALES TAX	29.45
TOTAL CASH PRICE	2,464.45

TOTAL DOWNPAYMENT	500.00 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	1,964.45

DEFERRED PAYMENT PRICE 2,464.45

NUMBER OF INSTALLMENTS	24
REGULAR PAYMENT OF	81.85
ODD PAYMENT OF	81.90
DATE FIRST PAYMENT DUE	03/28/2002

PAYMENT PLAN MONTHLY MONTHLY PAYMENT = \$ 81.85

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

Mt Hope Cemetery
Contract Entry Verification
05/18/2002

E-17001

Contract Number: E-17001-F

Contract Date: 02/28/2002

Purchaser: Jackson, Donna Kay And/Or Jackson, Dionne
7420 Lisbon Street

Purchaser Number: 90 / 91

Phone: 619-263-9611

San Diego ,CA 62114

Child Prot: N

Beneficiary: Jackson, Dionne

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-1	895.00	0.00		
2	Opening/Closing	1st Burial Dbl Depth	750.00	0.00		
1	Burial Vaults	Double Depth Lawn Crypt	380.00	29.45		
1	Handling Fee	D/D Crypt Handling fee	320.00	0.00		
2	Misc Fees	Recording Fee	90.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	1		85	8	A

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-27-02

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

of MITSUKO McADORY
 in a DOUBLE DEPTH Funeral, date, time TUE 4-2 10:00
Type of Burial Container
 Church, Chapel Graveside : RAGSDALE Mortuary.

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

Lot <u>5199</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>
Grave space & Care Fund				<u>Pre-Paid E-96771991</u> <u>0</u>
Additional spaces and care fund				_____
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</u>
Sales taxes				<u>0</u>
Total Due				<u>0</u>

Paid receipt number _____
 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 Charles J McAdory
Signature
X 506 SEARS AV
Address
X San Diego CA 92114-4934
City Zip Code
X (619) 463-0529
Telephone

Work Order # E 17002

Invoice # _____
 Acct. # _____

E-17002

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	5197 DESMOND	5198 SANDOVAL	5199 X	5200	5201 AYRIYAN	5202

Interment space for: MITSUKO McADORY

Interment Date: TUE 4-2 Time: 10:00

Lot: 5199 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

*They on
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: _____

E-17002

63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mitsuko	1B. MIDDLE Shida	1C. LAST (FAMILY) McAdory	2. DATE OF BIRTH MONTH, DAY, YEAR 06/25/1936	3. DATE OF DEATH MONTH, DAY, YEAR 03/24/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Charles L. McAdory, Husband 506 Sears Ave. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Wilbur Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 03/28/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/29/2002 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205542
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4.2.02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. H. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-29-02

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

of Mildred I. Robinson - Elston

in a Double-Depth (2nd Burial) funeral, date, time TUES. APR. 2nd 11:00

Church Chapel, Graveside _____; Solomon's Mortuary.

723-757-1754

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. _____

9-22-86

Lot 1086 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-Letter 0

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee _____

Recording and filing fee 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due 0

*daughter
310-673-8048
L.A.*

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 17003**

Invoice # _____

Acct. # _____

E-17003

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Walden		
1083 ERWIN	1084 /	1085 /	1086 X	1087 Smith	1088 Keld	1089 Whittle

Interment space for: Mildred Robinson - Elston

Interment Date: Tues. 2nd, 2002 Time: 11:00

Lot: 1086 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: _____ Date: _____

E-17003

a^o

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MILDRED	1B. MIDDLE IRENE	1C. LAST (FAMILY) ELSTON	2. DATE OF BIRTH MONTH, DAY, YEAR 09/11/1911	3. DATE OF DEATH MONTH, DAY, YEAR 03/26/2002	4. SEX F
5A. CITY OF DEATH INGLEWOOD		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOYCE HINDMAN DAUGHTER 663 E. QUEEN ST #3 INGLEWOOD, CALIF. 90301		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SOLOMONS 10625 SO. BROADWAY L.A., CA.		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1428	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

03/29/02

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.		9A. AMOUNT OF FEE PAID 7-	9B. DATE PERMIT ISSUED 03/29/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Freel Leaf</i>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 NO. FIGUEROA ST. L.A., CA.	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92138-5222			

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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEM. 3751 MARKET ST SAN DIEGO, CA	11B. DATE BURIED 4-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-29-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 893 MARY WILEY

in a LINER Funeral, date, time WED 4-3 2:00

Church, Chapel, Graveside DELIVERY ONLY. MAYER Mortuary.

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

will be applied and billed to undersigned. _____

Lot 220 Grave #7 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 **APR 02 2002** 145.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY** 45.00

Recording and filing fee **CITY OF SAN DIEGO, CA** 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number _____ 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
X _____
Telephone

Work Order # **E** 17004

Invoice # _____
Acct. # _____

E-17004

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			228 X 7	8	9	10
			240 RIVAS-ARCE			

Interment space for: MARY WILEY

Interment Date: WED 4-3 Time: 2:00

Lot: 228 Grave: 7 Row: _____ Sect: 2 Div: 12

Grave Laid out by: DAVID NF

Agrees with Legal Card: Yes No

FLAG ON GRAVE

Agrees with Map: Yes No

Blind Check & Verified By: Robert Date: 4-3-02

E-17004 88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

893

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE -	1C. LAST (FAMILY) Wiley	2. DATE OF BIRTH MONTH DAY YEAR 10/05/1913	3. DATE OF DEATH MONTH DAY YEAR 03/23/2002	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 Ellen Beuparlant, 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 Avenue, San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>B. E. Mayer</i>	

8B. DATE SIGNED
03/29/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7119 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 03/29/2002 B. E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205581
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 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 Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Harold Finkler</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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-17004

ATTN: Ellen Beauparcant
Please sign

FAIR BACK (619) 281-7587
MT HOPE CEMETERY
INTERMENT ORDER
City of San Diego
Date 3-29-02

You are hereby authorized and instructed, subject to local rules and regulations, to inter the remains of MARY WILEY
in LINER Function date and time WED 4-3 2:00
Church, Chapel, Grave-side DELIVERY ONLY MAYER

Grave space & Care Fund	775.00
Additional spaces and care fund	
Opening/Closing & Satuc	375.00
Burial Container	190.00
Handling Fees	45.00
Flower vases - Max/min selling fee	
Recording and filing fee	45.00
Sales taxes	19.73
Total Due	1669.73

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

I hereby authorize the interment in plot hold under code _____

X Ellen Beauparcant, DPA
X 5201-A Ruffin Rd.
X San Diego, CA 92123
X (858) 694-3602

Work Order # E 17004

This document is not valid if any portion is removed or altered.

17004

Mt Hope Cemetery Agreement Confirmation

03/11/2003

Agreement Number: E-17004-A

Agreement Date: 03/29/2002

Purchaser: Public Administrator
5201-A Ruffin Road

Purchaser Number: 2 /

Phone: 858-694-3501

San Diego, CA 92123-1699

Child Protection: N

Beneficiary: Wiley, Mary

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-2	895.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Bell Liner	190.00	14.73	
1	Handling Fee	Bell Liner Handling Fee	145.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 12	2		228	7	A

BASE PRICE 1,650.00
 SALES TAX 14.73
 TOTAL CASH PRICE 1,664.73

TOTAL DOWNPAYMENT 1,664.73 -
 TRANSFER ALLOWANCE 0.00 -
 DISCOUNT OR ALLOWANCE 0.00 -
 FINANCE CHARGE 0.00
 TOTAL OF PAYMENTS 0.00

DEFERRED PAYMENT PRICE 1,664.73

NUMBER OF INSTALLMENTS 1
 REGULAR PAYMENT OF 0.00
 ODD PAYMENT OF 0.00
 DATE FIRST PAYMENT DUE 04/11/2003
 PAYMENT PLAN MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-29-02

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

of 888 Eddie James Frazier

in a T.S. vault Funeral, date, time WEDS APR 3rd 12:00

Church, Chapel, Graveside _____; Ragsdale Mortuary.

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

Lot 12 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 89500

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 1938

Total Due 1769.38

Paid receipt number PAID MC 1769.38

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 _____

887
Kierres Frazier
 Signature
1801 Monarch Ridge Cir
 Address
Escondido CA 92019
 City Zip Code
619 897-4944-447-0261
 Telephone

Work Order # E 17005

Invoice # _____

Acct. # _____

E-17005

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			8 X	9	10	
		Steward	Giddings	Phillips	Hous	Lambert

Interment space for: Eddie James Frazier

Interment Date: 04-3-02 Time: 12:00

Lot: 12 Grave: 8 Row: _____ Sect: 1 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag engraving

Blind Check & Verified By: _____ Date: _____

E-17005

40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Eddie	1B. MIDDLE James	1C. LAST (FAMILY) Frazier	2. DATE OF BIRTH MONTH DAY YEAR 03/07/1922	3. DATE OF DEATH MONTH DAY YEAR 03/28/2002	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 Pierre S. Frazier, Son 1801 Monarch Ridge Circle El Cajon, CA 92019			
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 FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 04/03/2002
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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 04/03/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205804
	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>[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 4-2-02

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

of 82 Freddie Eugene Portlock

in a T.S. Vault Type of Burial Container Funeral, date, time FRI 4-5 11:00

Church, Chapel, Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Lot 18 Grave 10 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 250.00

Handling Fees APR 11 4 2002 185.00

Flower vases - Marker setting fee 23.78

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1793.16

Paid receipt number R-54836 1793.16

Balance due 0

Family to pay

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. 861

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

Signature of recorded holder of deed _____

Earline Portlock
 Signature 5197 Olvera St
 Address San Diego Ca 92114
 City 612-262-6904 Zip Code
 Telephone

Work Order # E 17006 Invoice # _____
 Acct. # _____

17006

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to a burial space.

		9 Watson	10 X			
	Mc Lin				Vert	Synhoast

Interment space for: Freddie Eugene Portlock

Interment Date: 4-5-02 Time: 11:00

Lot: 18 Grave: 10 Row: _____ Sect: 1 Div: 11

Grave Laid out by: N.F. DAVID

Agrees with Legal Card: Yes

No

Flag on Grave

Agrees with Map: Yes

No

Blind Check & Verified By: Robert

Date: 4-4-02

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 800 JANE DOE PA 20021153

in a DOUBLE DEPTH Funeral, date, time THUR 4-4 11:00
Type of Burial Container
 Church, Chapel, Graveside DELIVERY ONLY FEATHERING:LL Mortuary.

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

Lot <u>9</u> Grave <u>1B</u> Row _____ Section _____ Division/Block <u>13</u>	
Grave space & Care Fund	<u>126.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>423.00</u>
Burial Container	<u>123.00</u>
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>9.53</u>
<i>paid on 7-2-02</i>	<u>72.02</u>
Total Due	<u>726.54</u>

Paid receipt number _____

Balance due _____

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

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

 Signature of recorded holder of deed

 Signature

 Address

 City

 Zip Code

 Telephone

Billed 5/24

Work Order # **E 17007**

Invoice # 363633

Acct. # 0009520

E-17007

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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 01/24/2000	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 Marco De La Toba Public Admin., 5201-A Ruffin Rd. San Diego CA, 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 03/22/2002

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 03/28/2002 C. Maggard	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205502
	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 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 4-4-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E-17026

67

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Freddie	1B. MIDDLE Eugene	1C. LAST (FAMILY) Portlock	2. DATE OF BIRTH MONTH, DAY, YEAR 10/15/1934	3. DATE OF DEATH MONTH, DAY, YEAR 03/29/2002	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 Earline Portlock, Wife 5197 Olvera Ave. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Taharati Portlock</i> 04/04/2002		

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/04/2002 <i>M. Rinsley</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205921
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 4-5-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-2-02

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

of LINZY PIERSON JR. (208)
in a LINER Funeral, date, time MON 4-8 12:00

Church, Chapel, Graveside CEMETERY Mortuary N.C.

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 171 Grave 9 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 1664.73

Paid receipt number R-54826 Balance due 0

X Mather

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Gene Davis
Signature 101 S. 58 St (208)
Address SAN DIEGO CA 92119
City 619 262-6874
Telephone (619) 262-6874
Invoice # _____
Acct. # _____

Work Order # **E 17008**

E-17008

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the
 ock marked with "X". Place the name's, lot # and grave # of all
 isting marker's in the appropriate space(s) that are adjacent to
 e burial space.

	1 EDROSALAN	2	3	4	5	6 COOK
	7	8	9 X	10	11	12

terment space for: LINZY PIERSON

terment Date: WED 4-10 Time: 12:00

ot: 171 Grave: 9 Row: _____ Sect: 2 Div: 12

ave Laid out by: DAVID NF

grees with Legal Card: Yes No

grees with Map: Yes No

ind Check & Verified By: ROBERT Date: 4-5-02

**leg on
Grave*

E 17008

30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LINZY	1B. MIDDLE -	1C. LAST (FAMILY) PIERSON, JR.	2. DATE OF BIRTH MONTH, DAY, YEAR 08/28/1971	3. DATE OF DEATH MONTH, DAY, YEAR 03/30/2002	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 JUNE DAVIS-MOTHER 101 SOUTH 58TH ST. SAN DIEGO, CA 92114			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jeannette Benyard</i>			8B. DATE SIGNED 04/03/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/03/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. BENYARD	2205837
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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, CALIFORNIA 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 ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 4-8-02	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 04-02-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roberta J. Christian (210)

in a Liner Type of Burial Container Funeral, date, time Thurs. April 4th 2002

Church, Chapel, Graveside Delivery Only : mayer Mortuary John

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

will be applied and billed to undersigned _____

FAMILY will come to witness.

Lot 46 Grave 9 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 setting fee APR 03 2002 _____

Recording and filing fee MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA 14.73

Total Due 1664.73

Paid receipt number R-54832 1664.73

Balance due 0

mortuary check to bring

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 17009**

Invoice # _____
Acct. # _____

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

E-17009

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1 Garrett	2	3	4 Stevens	5	6
	7	8 Flores	9 X	10	11	12

Interment space for: Roberta J. Christian

Interment Date: 4-4-2002 Time: 2:00

Lot: 46 Grave: 9 Row: _____ Sect: 1 Div: 12

Grave Laid out by: N.F. David

I agree with Legal Card: Yes No

I agree with Map: Yes No

Found Check & Verified By: ROBERT Date: 4-4-02

Delivery only!
Flag on grave

E-17009

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Roberta	1B. MIDDLE J.	1C. LAST (FAMILY) Christian	2. DATE OF BIRTH MONTH DAY YEAR 06/09/1911	3. DATE OF DEATH MONTH DAY YEAR 03/31/2002	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 Robert G. Christian, Son 1435 4th Street, SW #707 Washington, DC 20024		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Bernard J. Mayer</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10526 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/03/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 04/03/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205961
	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 Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

10:15

610-281-1557

17009

ATTN: CAPT. ROBERT CHRISTIAN

POSTAGE WILL BE PAID BY ADDRESSEE

CITY OF SAN DIEGO

1974-02-01

10/20/74
12/11

SCN

Robert Christian
1435 4th Street, SW, #701
Washington, DC 20024
(202) 484-8070

17009

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-3-2002

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

of James E. Jewell ~~10:00~~

in a Ash Vault Funeral, date, time Weds, APRIL 10th

Church/Chapel, Graveside Gravestone : Anderson-Regata 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 89 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund	<u>300.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup <u>2 at 105.00</u>	<u>210.00</u>
Burial Container <u>PAID</u>	<u>10.00</u>
Handling Fees	<u>13.00</u>
Flower vases - Market setting fee <u>APR 03 2002</u>	_____
Recording and filling fees <u>2 at 45.00</u>	<u>90.00</u>
Sales taxes <u>MT. HOPE CEMETARY</u> <u>CITY OF SAN DIEGO</u>	<u>78</u>

Total Due 623.78

Paid receipt number R-54831 623.78

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 Blon R. Jewell
Signature
13242 W. Vingo Rd
Address
San Diego Ca 92105
City Zip Code
619-583-9389
Telephone

Work Order # E 17010

Invoice # _____
Acct. # _____

€ 17010

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

86	87	88	89 X	90		
116	117	118	119 Limpus	120 Nicht Olson		

Interment space for: James E. Jewell ~~X~~

Interment Date: 4-10-2002 Time: 7:00

Lot: 89 Grave: _____ Row: _____ Sect: 4 Div: 8

Grave Laid out by: _____

Agrees with Legal Card: Yes

No

Flag on grave

Agrees with Map: Yes

No

Blind Check & Verified By: _____ Date: _____

E-17010 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) James		1B. MIDDLE Edward	1C. LAST (FAMILY) Jewell	2. DATE OF BIRTH MONTH DAY YEAR 06/23/1943	3. DATE OF DEATH MONTH DAY YEAR 04/02/2002	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 Patricia C. Meredith, Daughter 8203 Royal Gorge Br. San Diego, CA 92119		
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 FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 04/05/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206057
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GSI Cremation Services 2570 Fortune Way; Vista, CA 92083	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 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

Grave of Regina Franklin
~~Franklin~~ ~~Franklin~~

Date 4-4-02

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

of RENA FRANKLIN

in a ASH VAULT Funeral, date, time Tues. June 18th

Church, Chapel, Graveside WITNESS ONLY Family 10:00 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 264 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E-9174 _____

Additional spaces and care fund (Grave of Regina Franklin) _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ PAID

Recording and filing fee _____ APR 31 2002 45.00

Sales taxes _____ 4.26

MT. HOPE CEMETERY
CITY OF SAN DIEGO
Total Due _____ 269.26

Paid receipt number PAID _____ 269.26

Balance due _____ 0

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

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

Signature of recorded holder of deed _____

Signature _____ 229338

Address _____ 41 Kesta way

City _____ Chula Vista, Ca 91910

Telephone _____ (619) 422-8714

Work Order # E 17011

Invoice # _____
Act. # _____

E 17011

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Johnson	OCKERT		
			X	2 SHORTER	3 Caldwell	tree
		West TAYLOR Street	turner		Duffey	
					mizell	

Interment space for: Rena Franklin

Interment Date: 6-18-02 Time: 10:00

Lot: 264 Grave: 1 Row: — Sect: 2 Div: 12

Grave Laid out by: NF KEN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: Wanam Date: 6-17-02

81132

E 1701

604 FV 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) RENA	1B. MIDDLE LEE	1C. LAST (FAMILY) FRANKLIN	2. DATE OF BIRTH MONTH, DAY, YEAR 09/18/1937	3. DATE OF DEATH MONTH, DAY, YEAR 03/26/2002	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 SABRINA L. HAWKINS - DAUGHTER 858 SUNBYSIDE AVE 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		

03/26/2002

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL (OUTSIDE OF CALIFORNIA).	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/26/2002	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	9E. 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 MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 6-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Perover</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE, SAN DIEGO, CA 92113	12B. DATE CREMATED 3/29/02	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 4-5-02

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

of ALPHA RAY SCOTT ~~♂~~ 229650
 in a Ash Vault Type of Burial Container Funeral, date, time Weds April 10th 1:00
 Church, Chapel, Graveside RAGSDALE Mortuary.

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

Lot 54 Grave _____ Row 1 Section 6 Division/Block 7

Grave space & Care Fund		<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>APR 05 2002</u>	<u>60.00</u>
Flower vases - Marker setting fee	<u>MT. HOPE CEMETERY</u>	_____
Recording and filing fee	<u>CITY OF SAN DIEGO, CA</u>	<u>45.00</u>
Sales taxes		<u>4.26</u>
	Total Due	<u>569.26</u>
	Paid receipt number <u>PAID VS.</u>	<u>569.26</u>
	Balance due	<u>0</u>

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 _____

229650
Ramonds
 Signature
 X 3707 Hilltop Dr #9
 Address
 X Lemon Grove 91945
 City Zip Code
 X (619) 698-5744
 Telephone

Work Order # **E** 17012

Invoice # _____
 Acct. # _____

E-17012

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to a burial space.

			X			

Interment space for: ALPHA Ray SCOTT ~~X~~

Interment Date: 4-10-02 Time: 1:00

Lot: 54 Grave: _____ Row: 1 Sect: 6 Div: 7

Grave Laid out by: Norman David

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

Dug grave

E17012
20

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Alpha	1B. MIDDLE Roy	1C. LAST (FAMILY) Scott	2. DATE OF BIRTH MONTH DAY YEAR 03/19/1981	3. DATE OF DEATH MONTH DAY YEAR 04/02/2002	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 Olive J. Smith, Mother P. O. Box 3765 La Mesa, 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 FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit			8B. DATE SIGNED 04/05/2002
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206064
		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 Ht. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-10-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kurt F. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services 2570 Fortune Way; Vista, CA 92083	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 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 4-5-02

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

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

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

Lot 176 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees MARKER SETTING (24 x 12) 125.00

Flower vases - Marker setting fee FLORAL CARE CAN F/V 23.78

Recording and filing fee _____

Sales taxes _____

Total Due 148.78

Paid receipt number MAJRE CARD 148.78

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 _____

Josephine Edmonds
 Signature
4573 LOGAN AVE apt # B
 Address
SAN DIEGO, CA 92113
 City
(619) 263-1139
 Telephone

Work Order # **E 17013**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-5-2002

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

of Paul Bryant (1905)
in a LINER Funeral, date, time Fri. April 12th 11:00
Church/Chapel, Graveside CA BURIAL Mortuary.

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

Lot 39 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund		<u>895.00</u>
Additional spaces and care fund		-
Opening/Cloaing & Setup	PAID	<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees	<u>APR 05 2002</u>	<u>145.00</u>
Flower vases - Marker setting fee		-
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO	<u>45.00</u>
Sales taxes		<u>14.73</u>

234-3272 R-54841
Total Due 1664.73
Paid receipt number None PAID 1664.73
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 Yvonne Lewis (189)
2410 55th St.
City San Diego, Ca. 92114 Zip Code
Telephone (619) 269-1835
(858) 212-1779
Invoice # _____

Work Order # E 17014 Acct. # _____

17014

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Baron	X	Free		
		7 Jackson	8	9 Hines		

Interment space for: Paul Bryant

Interment Date: ? Time: ?

Plot: 39 Grave: 2 Row: Sect: 1 Div: 12

Grave Laid out by:

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Date:

Flag on
grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-17014
34

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

1A. NAME OF DECEDENT—FIRST (GIVEN) PAUL	1B. MIDDLE ANTHONY	1C. LAST (FAMILY) BRYANT	2. DATE OF BIRTH MONTH, DAY, YEAR 12/09/1967	3. DATE OF DEATH MONTH, DAY, YEAR 04/02/2002	4. SEX M
5A. CITY OF DEATH SPRING VALLEY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PATRICIA LASH-SISTER 3054 TAUSSIG ST. SAN DIEGO, CA 92124	
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>Patricia Lash</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 04/08/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/10/2002 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206245
80. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
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BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 4-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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.

COMPLETE ALL APPLICABLE ITEMS

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-5-02

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

of Dorothy Willis

in a T.S. Vault Funeral, date, time Friday April 12 11:00

Family Witness : Anderson-Rogstad 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 19 Grave _____ Row 5 Section 7 Division/Blook 7

Grave space & Care Fund E-16556 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 54860 874.38

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 _____

Paulina A Willis
Daniel A Willis
Signature
4037 IDAHO ST #2
Address
SAN DIEGO CA 92104
City
(619) 291-0750
Telephone

Work Order # E 17015

Invoice # _____

Acct. # _____

E-17015

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

VISTA DRIVE					
17 GAMES	18 Thompson	19 X	20 Flynn	Crosby	

Interment space for: Dorothy Wilks

Interment Date: Friday 12, 2002 Time: 11:00

Lot: 19 Grave: _____ Row: 5 Sect: 7 Div: 7

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT

Date: 4-11-

Flynn

E-17015

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) Dorothy	1B. MIDDLE -	1C. LAST (FAMILY) Wills	2. DATE OF BIRTH MONTH DAY YEAR 07/18/1923	3. DATE OF DEATH MONTH DAY YEAR 04/05/2002	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Peter B. Rollins, Son 4037 Idaho St. #2 San Diego, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort. 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 04/09/2002		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/11/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206321
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 Vital Records B. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 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
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-5-02

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

of Bessie Nedd

in a ASH URN Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside Delivery Only: Evans-Brown 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 138 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-4605

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container **PAID** 55.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 869.26

Paid receipt number R-4897 269.26

Balance due 0

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

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

Signature of recorded holder of deed

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 17016**

Invoice # _____

Acct. # _____

*Rhonda
909-679-1114
909-672-8359*

E-17016

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. *Ashes on grave of Willie F. Nedd*

			Tree			
		7 leaves	8 X	9 Prosser		
			Gross	Williams	Darley	

Interment space for: Bessie Nedd ~~X~~

Interment Date: _____ Time: _____

Plot: 138 Grave: 8 Row: _____ Sect: 1 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Find Check & Verified By: _____ Date: _____

Flag on grave

E-17016

71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) BESSIE	1B. MIDDLE MAE	1C. LAST (FAMILY) NEDD	2. DATE OF BIRTH MONTH DAY YEAR 04/23/1930	3. DATE OF DEATH MONTH DAY YEAR 03/24/2002	4. SEX F
5A. CITY OF DEATH WILSON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE RIVERSIDE	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LARRY HAIRSTON—SON IN LAW 39306 CALISTOGA DR. MURRIETA, CA. 92563		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EVANS BROWN SUN CITY MORTUARY 27010 ENCANTO DR., SUN CITY CA. 92585		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1225		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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/28/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 778920 PH
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION IS TO OCCUR IN CALIFORNIA RIVERSIDE COUNTY HEALTH DEPT P.O. BOX 7600, RIVERSIDE, CA. 92513	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	

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 ST., SAN DIEGO, CA. 92102	11B. DATE BURIED 4-24-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY MT. VIEW CREMATORY 570 E. HIGHLAND AVE SAN BERNARDINO, CA. 92406	12B. DATE CREMATED 4-9-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

43657

17016

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-5-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie Neel in a ASHTUMUT Funeral, date, time _____ Church, Chapel, Graveside Delivery Only, Evans-Brown Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot <u>138</u>	Grave <u>8</u>	Row _____	Section <u>1</u>	Division/Block <u>12</u>
Grave space & Care Fund <u>E-4605</u>				
Additional spaces and care fund				
Opening/Closing & Setup <u>105.00</u>				
Burial Container <u>55.00</u>				
Handling Fees <u>60.00</u>				
Flower vases - Marker setting fee				
Recording and filing fee <u>45.00</u>				
Sales taxes <u>4.26</u>				
Total Due				<u>869.26</u>

Rhonda
909-679-1114
909-672-8359

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 record holder or deed

Valentine Harrison
Signature
39306 Calistoga Dr.
Address
San Marrieta, CA 92563
City
909-677-2733
Telephone

Invoice # _____

Acct. # _____

Work Order # E 17016

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-02

PRE-NEED
 LOT 2 TRUST

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

of PETRA ESPARZA

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

✓ Lot 2088 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund **PAID** 995.00

Additional spaces and care fund _____

Opening/Closing & Setup **FEB 06 2004** 375.00

Burial Container _____ 190.00

Handling Fees **MOUNT HOPE CEMETERY** 145.00

Flower vases - Marker setting fee 148.78

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1913.51

Paid receipt number R-54843 900.00
 Balance due 1013.51

5/3/05
 changed to
 DD Crypt
 P-00038

I hereby certify I am the _____ of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability 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 Luisa Valdelejos
 Signature
 X 764 Chamberlain Ave
 Address
 X El Cajon Ca 92020
 City Zip Code
 X (619) 579-8092
 Telephone

Work Order # **E 17017**

Invoice # _____

Acct. # _____

ESPARZA, PETRA 764 Chamberlain Ave., El Cajon 92020 619 579-8092

		DEBIT	CREDIT	BALANCE
04-08-02	Opened pre-need lot and trust. Trust includes opening/closing, liner, handling fee, recording fee, tax on liner. Paid for marker setting fee and galv vase.			
	Lot 2088, Division 10	995.00		995.00
	Trust	769.73		1764.73
	Marker setting fee and galv vase	148.78		1913.51
04-08-02	Receipt 54843		900.00	1013.51
5-8-02	R-54950 Coupon 1 & 2		84.00	929.51
6-19-02	R-55121 " 3		42.00	887.51
7-25-02	R-55242 " 4		42.00	845.51
8-6-02	R-55288 " 5		42.00	803.51
9-10-02	R-55397 # 6		42.00	761.51
10-8-02	R-55493		42.00	719.51
11-6-02	R-55589		42.00	677.51
12-9-02	R-55707 # 9		42.00	635.51
1-03	R-55797 10		42.00	593.51
2-11-03	R-55910 11		42.00	551.51
3-7-03	R-56006 # 12		42.00	509.51
4-9-03	R-56129 13		42.00	467.51
5-8-03	R-56216 14		42.00	425.51

ESPARZA, PETRA

E-17017

MOUNT HOPE CEMETERY

FEB 05 2004

PAID

PAID
Rem to Trust

E-17017

	Debit	Credit	Balance
			425 51
6-10-03 R-56315		42.00	383 51
7-1-03 R-56477		42.00	341 51
8-7-03 56558		42 00	299 51
9-9-03 56600		42 00	257 51
10-9-03 56777	19 120	84 00	173 51
11-12-03 R-56877	21	42 00	131 51
12-8-03 56984	22	42 00	89 51
1-4-04 57074	23	42 00	47 51
2-5-04 57173	24	47 51	0

6-10-03 R-56315

Coupon #15

42.00

383 51

7-1-03 R-56477

Coupon #16

42.00

341 51

8-7-03 56558

17

42 00

299 51

9-9-03 56600

18

42 00

257 51

10-9-03 56777

19 120

84 00

173 51

11-12-03 R-56877

21

42 00

131 51

12-8-03 56984

22

42 00

89 51

1-4-04 57074

23

42 00

47 51

2-5-04 57173

24

47 51

~~0~~

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55589

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-11-6-02, 20__

From: Teresa Valdez Address: On Record

body two Dollars (\$) 42.00

In part Payment of Pre-need Lot + trust

Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE 677.51

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. Shetter

CREDIT	67007	
20% Sales Care	77184	
50% 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>42.00</u>
77186-9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>42.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55707

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Dec 9th, 2002

From: T.T. Valdillez Address: _____

Forty two Dollars (\$ 42.00)

in Part Payment of Pre-need lot & Trust account

Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE \$ 635.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY: R 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	83033	<u>42.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 42.00

#2143

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55910

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb. 11, 2003

From: T. Valdivia Address: 764 Chamberlain ave EC CA 92020

Forty two dollars & 00/100 Dollars (\$ 42.00)

in part Payment of Pre need lot & trust

Lot 2088 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. E 17017

Acct. No. _____

W.O. _____

BALANCE DUE 551.51

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

PAID

FEB 11 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

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>42 00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42 00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2194

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56006

MOUNT HOPE CEMETERY

(619) 527-3400

Date: March 7, 2003

From: Esparosa, Petra Address: on record
Forty-Two Dollars (\$ 42.00)

in Part Payment of Pre-need lot account
 Lot 2088 Grave _____ Row _____ Section _____ Division B15CR 10

Invoice No. _____
 Acct. No. _____
 W.O. E-17017
 BALANCE DUE \$509.51

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>42.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
2222

ISSUED BY Raulette Grayford

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56129

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 9, 2003

From: T. Valdellon Address: 7104 Chankelaine Ave EC 92020

Forty Two Dollars & 00/100 Dollars (\$ 42.00)
 in paid Payment of pre need lot & trust

Lot 2088 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. E17017

Acct. No. _____

W.O. _____

BALANCE DUE 467.51

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

2841

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

PAID

APR 09 2003

MT. HOPE CEMETERY
 CITY OF SAN DIEGO

ISSUED BY Sam Horta

CREDIT	67007		
20% Sales Care	77184		
90% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>42</u>	<u>(a)</u>
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 42 (a)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56216

MOUNT HOPE CEMETERY

(619) 527-3400

Date: May 8, 20 03

From: Peter Espinoza Address: 704 Chamberlain Ave. Ec 92020

Twenty two dollars 00/100 Dollars (\$ 22.00)
 in part Payment of pre need lot + trust

Lot 2088 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. E17017

Acct. No. _____

W.O. _____

BALANCE DUE 425.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

PAID

MAY 08 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

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>42</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56345

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 10, 20 03

From: Yeresa T. Valdivia Address: to record

Forty two and 00 Dollars (\$ 42.00)

in part Payment of Pr-need lot & trust account

Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE \$383.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2287

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

ISSUED BY Parawford

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>42 00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55493

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 10-8-07, 20
 From: Teresa Valdivia Address: 764 Chamberlain Ave El Cyn 92020
forty two Dollars (\$ 42.00)
 In part Payment of Pre-need lot & trust

Lot 2088 Grave _____ Row _____ Section _____ Division-Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-17017
 BALANCE DUE 719.51

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	42 00
	8022	
	60101	
	78390	
TOTAL PAID	\$	42 00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 2106

ISSUED BY J Shekelton

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55397

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 9-10, 20 02

From: Teresa T. Valdillez Address: 464 Chamberlain Ave. El Cajon CA 92020

Forty-two and 00 Dollars (\$ 42.00)

In part Payment of pre-need lot & trust account
Capon # 6

Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE \$ 761.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

2086

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

ISSUED BY Paullette C.

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>42.00</u>
77184		
Opening/ Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	53033	
<u>77184</u>	9888	
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>42.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55288

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8/16, 2002

From: Teresa J. Baldilley Address: on record

Forty - Two Dollars (\$ 42.00)

In part 0 Payment of pre-need ^{lot} trust account (Coupon #5)

Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE \$ 803.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2059

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

ISSUED BY Paulette C.

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/ Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fess	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>42.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55242

MOUNT HOPE CEMETERY

(619) 527-3400

From: Teresa T. Valdillez Date: July 25, 2002
 Address: on record

In part Payment of Forty-two Dollars (\$ 42.00)
pre-need lot/trust for Petra Esparza

Lot 2088 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE \$ 845.51

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

AC-212 (Rev. 5-94)

2054

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

PAID

JUL 25 2002

MT HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Paul Little C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	42	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	42.	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 54950

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 5-6, 2002

From: Petra Espanza Address: on record

Eighty-four Dollars (\$ 84.00)

In part Payment of Pre-need lot / Trust Acct. for
Petra Espanza Coupons 1 + 2,

Lot 2088 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE \$ 929.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94) M.O. 688286872

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>84 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>84.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57173

MOUNT HOPE CEMETERY

(619) 527-3400

From: J. Valdillez Date: Feb 5, 2004
 Address: 767 Chamberlain Ave EC 92020
 Dollars (\$ 47.51)

Payment of full pre-need
 Lot 2088 Grave 1 Row _____ Section _____ Division 10
 Block 10

Invoice No. E 17017

Acct. No. _____

W.O. _____

BALANCE DUE 0

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

PAID

FEB 05 2004

MOUNT HOPE CEMETERY

ISSUED BY Ram Hebel

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>47</u>	<u>51</u>
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 47 51

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

56558

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Aug 7, 20 03

From: Jerisa Valdilly Address: 704 Chamberlain Ave EC 92020
Forty Two + 00/100 Dollars (\$ 42.00)

in part Payment of pre need job trust
 Lot 2088 Grave 1 Row _____ Section _____ Division 10
 Block 10

Invoice No. E 17017

Acct. No. _____

W.O. _____

BALANCE DUE 299.51

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

PAID

AUG 07 2003

MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CA

ISSUED BY Kan Hazel

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>42</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390	<u>42</u>	<u>00</u>

TOTAL PAID \$ _____

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

56660

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Sept. 9, 2003

From: Luisa Valdille Address: 767 Chamberlain ave EC 92020
Joint Sws

in part Payment of pre need Dollars (\$ 42.00)
 Lot 2088 Grave 1 Row _____ Section _____ Division 10
~~Block~~

Invoice No. E17017
 Acct. No. _____
 W.O. _____
 BALANCE DUE 257.51

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

PAID

SEP 09 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Kim Habel

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>42</u>	<u>00</u>
Trust	77186		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>42</u>	<u>00</u>

Pre-Need Lot / At Need On Acct
 Pre-need Trust / Cash Check / 2340

AC-212 (Rev. 10-02)
 This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56777

MOUNT HOPE CEMETERY

(619) 527-3400

From: J. Valdez Address: 744 Chamberlain ave EC 92020 Date: Oct 9, 2003
Eighty Four Dollars (\$ 84.00)

in pre Payment of pre need
 Lot 2088 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. E 17017
 Acct. No. _____
 W.O. _____
 BALANCE DUE 173.51

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE
PAID
 OCT 10 2003
 MOUNT HOPE CEMETERY
 ISSUED BY Ron Hetzel

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>84 00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>84 00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
2304

AC-212 (Rev. 10-02)
 This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56877

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 11/12, 2003

From: Mrs. J. Valdivia Address: on record
Forty-two and 00/100 Dollars (\$ 42.00)
 in part Payment of he-n-end for Petra Espinoza
 Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. E-17017

Acct. No. _____

W.O. _____

BALANCE DUE \$ 131.51

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

2382

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

PAID

NOV 10 2003

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

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>42.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56984

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Dec 8, 2003

From: Mesa Valdeley Address: 747 Chamberlain ave EC 92020
 Dollars (\$ 42.00)

in part Payment of pre-need
 Lot 2088 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. E 17017

Acct. No. _____

W.O. _____

BALANCE DUE 89.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

239

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

PAID

DEC 08 2003

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Bural	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>42.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 42.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57074

MOUNT HOPE CEMETERY

(619) 527-3400

From: J. Valdilla Address: 764 Chamberlain ave 209200 Date: Jan 9, 2004
 Dollars (\$ 42.00)

in paid Payment of per med
 Lot 2088 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. E 17017
 Acct. No. _____
 W.O. _____
 BALANCE DUE 47.51

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

PAID

JAN 09 2004

MOUNT HOPE CEMETERY

ISSUED BY Fran Hessel

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>42</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390	<u>42</u>	<u>00</u>
TOTAL PAID	5		

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56477

MOUNT HOPE CEMETERY

(619) 527-3400

From: Jeresa T. Valdivia Address: on record Date: July 11, 20 03
Forty, 7 Waco and 500
 in part Payment of pre-need lot + trust. Dollars (\$ 42.00)
 Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE \$341.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2310

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

PAID

JUL 11 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO

ISSUED BY

Paulette C.

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>42.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 42.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

55797

From: Teresa Valdivia Address: 764 Chamberlain Ave El Cerrito 92020
Forty Two Dollars (\$ 42.00)

in part Payment of Pre-need Int. & Trust
 Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE 593.51

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>42 00</u>
Trust	77186	
Sales Tax	60101	
	78390	

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2169

ISSUED BY D. Shellen

TOTAL PAID \$ 42 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55121

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 06/19, 20 02

From: Teressa J. Voldilley Address: 762 Chamberlain Ave. El Cajon 92020

Forty Two and 00/100 Dollars (\$ 42.00)

In part Payment of Pre-need lot / must account
coupon # 3

Lot 2088 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-17017

BALANCE DUE \$ 887.51

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

2027

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

Disinterment +
Reinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-2002

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

in a ASH BURIAL Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

From 9 2 MAS T
to Lot 9 Grave 3 Row _____ Section MAS Division/Block T

on grave of Costance Rolland

Grave space & Care Fund _____ 0

Additional spaces and care fund DISINTERMENT 350.00

Opening/Closing & Setup PAID _____

Burial Container _____

Handling Fees APR 08 2002 _____

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO, CA _____

Sales taxes _____

Total Due 350.00

Paid receipt number R-34844 350.00

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 Gladys R. Hunt

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone 661-949-7760

Work Order # E 17018

Invoice # _____

Acct. # _____

E-17018

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

On grave of Constance Rolland

	1	2 Sarah L. Rolland	3 X Rolland	4	5 Sprague	6 Pierson

Interment space for Floronda S. Rolland

Interment Date: _____ Time: _____

Lot: 9 Grave: 3 Row: _____ Sect: MAS Div: T

Grave Laid out by: _____

Agrees with Legal Card: Yes No *Flag on grave*

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____



17018

THE CITY OF SAN DIEGO

April 17, 2002

AUTHORITY FOR DISINTERMENT, REMOVE OR REINTERMENT OF

Lordonda S. Rolland

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Lordonda S. Rolland 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 disinterment of Lordonda S. Rolland 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 Lordonda S. Rolland at Mt. Hope Cemetery is identified as:

Lot: 9 Grave: 2 Section: "T" Row: Division: Masonic

Receiving Cemetery: Mt Hope Cemetery City & State: San Diego, CA

Lot: 9 Grave: 3 Section: "T" Row: Division: Masonic

We acknowledge that we have been advised that the remains of Lordonda S. Rolland may not be present and/or intact.

* Ronald & Lawrence (SON)

* Gladys G. Hunt

SIGNATURE(S) *

DAUGHTER

RELATIONSHIP TO DECEASED

I hereby authorize the above disinterment:

(Lot Owner must sign if not legal custodian)

Date

WITNESSED BY

TITLE

Date

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



Mt. Hope Cemetery

Metro Parks Division • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

D H H D

E-17018

OWNERSHIP AND INTERMENT PRIVILEGES

TO Alexandria R. Hunt for the sum of \$ 30.00 (DOLLARS)

LEGAL DESCRIPTION Lot 9 Section MAS Division T Grave 1

AS DESCRIBED ON PURCHASE ORDER NUMBER _____

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



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-17018



OWNERSHIP AND INTERMENT PRIVILEGES

TO Alexandria R. Hunt for the sum of \$ 30.00 (DOLLARS)

LEGAL DESCRIPTION Lot 9 Section MAS Division T Grave 3

AS DESCRIBED ON PURCHASE ORDER NUMBER _____

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:

Julien Waits
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY



E-17018

OWNERSHIP AND INTERMENT PRIVILEGES

TO Alexandria R. Hunt for the sum of \$ 30.00 (DOLLARS)

LEGAL DESCRIPTION Lot 9 Section MAS Division T Grave 2

AS DESCRIBED ON PURCHASE ORDER NUMBER _____

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



THE CITY OF SAN DIEGO

17018

AUTHORITY TO DISINTER, REMOVE OR REINTER

April 2003
MONTH YEAR

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

Lordonda S. Roll and

from Lot 9 Grave 2 Section MAS Row --- Block ---

Division DIVT And to remove the same to and reinter said remains in Lot 9

Grave 3 Section MAS Row --- Block --- Division DIVT

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.

RONALD A. LAURENCE
48303 N. 20TH. ST. W SP#157
LANCASTER, CA 93534
661-949-7760

<u>Gladys R Hunt - Mother</u>	<u>Mother</u>	<u>48303 N. 20TH. ST. W SP#157</u>
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorized the above disinterment:

Gladys R Hunt

(Lot owner must sign if not legal custodian)

04-08-02
Date

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



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-02

Transfer of property

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

of from: Sherry Melanson & Carolyn Palfelt

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1524
1525 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

George Stern

APR 08 2002

45.00

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 45.00
45.00

Paid receipt number R-54846

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 # _____

Work Order # **E 17019**

Acct. # _____

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That _____

EVELYN PADGETT

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
DIVISION 10
LOT 1525

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

X Evelyn T. Padgett
Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of CALIFORNIA County of SAN DIEGO

On 5th Dec 2001 before me, the undersigned, a Notary Public in and for said State

personally appeared, EVELYN T. PADGETT

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 he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

X Victor Singh Malhi
Notary Public Signature

(SEAL)



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney ✓
DATE OF DOCUMENT Undated NUMBER OF PAGES 1
SIGNER(S) OTHER THAN NAMED ABOVE _____

POWER OF ATTORNEY

17019

KNOW ALL MEN BY THESE PRESENTS : That _____

SHERRY SLOVER MELANSON

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 10

LOT 1524 & 1525

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

x Sherry L. Melanson
Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of CALIFORNIA County of SAN DIEGO

On JUNE 28, 2001 before me, the undersigned, a Notary Public in and for said State personally appeared, SHERRY LEE MELANSON

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
[Signature]
Notary Public Signature

(SEAL)



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
DATE OF DOCUMENT _____ NUMBER OF PAGES _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 04-08-07

*Pre-need
lots*

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

of George Stevens

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1521
1525 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 0

*See
E-17019*

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 17020 Invoice # _____
Acct. # _____



CEMETERY SERVICES AGENCY

MAILING ADDRESS, P.O. BOX 2454, ALPINE, CA 91903

TELEPHONE: (619) 579-9456

E-17020

OFFER TO PURCHASE

NO. C1040

DATE APRIL 8, 2002

This agreement between GEORGE STEVENS hereinafter referred to as "Buyer," hereby agrees to purchase the following described interment property, subject to acceptance and approval by FREDRIC E. ZARSE, CEMETERY BROKER, hereinafter referred to as "Seller," subject to the terms and conditions contained herein and to the rules and regulations of the cemetery, which are incorporated herein by reference. Buyer hereby grants to Seller a security interest in the following described interment property. Upon acceptance and approval of this agreement, Buyer authorizes Seller to furnish the following:

PROPERTY DESCRIPTION		
CEMETERY <u>MOUNT HOPE</u>	LOT <u>1524/1525</u>	LAWN <u>DIVISION 10</u>
SPACE _____	TIER _____	LOCATION _____
CRYPT _____	TIER _____	COLUMBARIUM _____
NICHE _____	SINGLE <input type="checkbox"/> / DOUBLE <input type="checkbox"/>	LOCATION _____
LAWN CRYPT # _____		

Property Purchase Price (Current Regular Cemetery Price \$	Less Brokers Discount \$	\$ <u>1500.</u>
Transfer Fee		\$ <u>45.</u>
<u>ALL MAINTENANCE PAID - (ENDOWMENT CARD)</u>		\$ _____
		\$ _____
		\$ _____

(1) CASH PRICE (TOTAL PURCHASE)		(1) \$ <u>1545.</u>
LESS CREDITS: CASH DOWN PAYMENT	\$ <u>1545.</u>	
ADDITIONAL DOWN PAYMENT	\$ _____ Due _____	
OTHER	\$ _____	
(2) TOTAL DOWN PAYMENT		(2) \$ <u>1545.</u>
(3) UNPAID BALANCE OF CASH PRICE AND/OR AMOUNT FINANCED (1) minus (2)		(3) \$ <u>0</u>
(4) FINANCE CHARGE: interest at _____ % on unpaid balance for _____ months.		(4) \$ <u>0</u>
ANNUAL PERCENTAGE RATE _____ %		
(5) TOTAL OF PAYMENTS (TIME BALANCE) (3) plus (4)		(5) \$ <u>0</u>
(6) DEFERRED PAYMENT PRICE (1) plus (4)		(6) \$ <u>0</u>

For value received, I/we agree to pay jointly and severally to FREDRIC E. ZARSE at ALPINE, California, the sum of (\$ 1545.) follows: _____ Installments of \$ _____, the first installment being payable on _____ 20____ and all subsequent installments on the same day of each consecutive _____ until paid in full.

It is agreed that this contractual agreement is subject to acceptance by FREDRIC E. ZARSE, CEMETERY BROKER, and contingent upon this property named herein still being available for sale. If this contract is unacceptable for any reason or if the said property is no longer available for sale, then Buyer's check or cash will be returned and this agreement will become null and void. The method of computing the unearned portion of the finance charge in the event of prepayment is the Rule of 78's.

NOTICE TO THE BUYER: (1) Do not sign this agreement before you read it or if it contains any blank space. (2) You are entitled to a completely filled in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and to obtain a partial refund of the finance charge, if any, provided for herein. (4) If you desire to pay off in advance the full amount due, the amount of the refund you are entitled to, if any, will be furnished upon request. (5) You the Buyer may cancel this transaction with full refund at any time prior to midnight of the 5th calendar day after the date of this transaction, provided no interment has been made. To cancel, mail written notice of your intent to above address.

Seller is authorized to issue Certificate of Ownership as follows: Joint Tenancy Individual Ownership

NAME GEORGE STEVENS (PRINT) (RELATIONSHIP)

Accepted by Cemetery Broker this 8 day of APRIL 19 2002
By Fred Zarse FREDRIC E. ZARSE

BUYER'S SIGNATURE X
BUYER'S SIGNATURE _____
HOME ADDRESS 700 SELMA PLACE
SAN DIEGO, CA 92114
(CITY STATE ZIP CODE)
TELEPHONE 619-264-9134
Counselor FRED ZARSE No. C1040

Contract No. C1040 Source TYRONE BROWN
IMPORTANT: The terms and conditions on the reverse side are part of this agreement.

Mt Hope Cemetery Agreement Confirmation

E-17020

05/22/2002

Agreement Number: E-17019-L

Agreement Date: 04/08/2002

Purchaser: Stevens, George
700 Selma Place

Purchaser Number: 112 /

Phone: 619-264-9134

San Diego ,CA 92114

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	
1	Graves	Division 10	0.00	0.00		
1	Graves	Division 10	0.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		
Property						
	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
				1524		A
				1525		A

BASE PRICE	45.00
SALES TAX	0.00
TOTAL CASH PRICE	45.00

TOTAL DOWNPAYMENT	45.00 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	45.00
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	06/22/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement,
please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

17020

Mt Hope Cemetery
Contract Entry Verification
 05/22/2002

Contract Number: E-17019-L

Contract Date: 04/08/2002

Purchaser: Stevens, George
 700 Selma Place

Purchaser Number: 112 /

Phone: 619-264-9134

San Diego, CA 92114

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 10	0.00	0.00		Property Transfer
1	Graves	Division 10	0.00	0.00		Property Transfer
1	Misc Fees	Recording Fee	45.00	0.00		

Property						
Division	Section	Blk / Row	Lot	Grave	Depth/Lvl	
			1524		A	
			1525		A	

BASE PRICE	45.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	45.00	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	45.00 -	DATE FIRST PAYMENT DUE	06/22/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		

SOURCE: Walk-in

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
I V P/N Trust	45.00	1.0000
R S Equity	0.00	
A Interest	0.00	
R S Tax Recovery	0.00	
P Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-02

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

of ROBERT DIXON

in a LINER Funeral, date, time Thurs 4/11/02 1:30

Church, Chapel, Graveside DELIVERY ONLY; BAYVIEW Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1216 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

DARNELL PRICE

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 17021

Invoice # 362107

Acct. # 000952

Entered 4/17/02

Bill 4-10-02
Per Ray:

OK to go ahead
will bill
County for this
Estate burial Vi

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. _____

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-10-02

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER # 238 337

AMOUNT PAID 1664.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME ROBERT J. DIXON

PAYOR NAME PUBLIC ADMINISTRATOR
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS _____

E-17021

REMARKS _____

CASHIER _____

INV. NO. 362107

E-17021

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			216 X	2	3	4	
					Gutierrez		
			7	8	9	10	

Interment space for: Robert Dixon

Interment Date: _____ Time: _____

Lot: 216 Grave: 1 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

*They on
Grave*

Blind Check & Verified By: _____ Date: _____

17021

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

73

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT	1B. MIDDLE J.	1C. LAST (FAMILY) DIXON	2. DATE OF BIRTH MONTH DAY, YEAR 08/07/1928	3. DATE OF DEATH MONTH DAY, YEAR 04/01/2002	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 DARNELL PRICE - PUBLIC ADMINISTRATOR		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW CREMATION & BURIAL, 7510 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92111		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1661	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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom Mitchell</i>		8B. DATE SIGNED 04/08/2002	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 04/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT TC MITCHELL
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input 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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-11-02	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.

527.3403

E-17021

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-8-02

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

of ROBERT DIXON

In a LIVER Funeral, date, time _____

Church, Chapel, Graveside _____; BAYVIEW 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 216 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.73

Recording and filing fee 1664.73

Sales taxes 1664.73

Total Due 1664.73

DARNELL PRICE

Paid receipt number _____

Balance due _____

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

I hereby authorize the interment in (or) hold under dead.

Darnell Price
Signature

Signature of registered holder of care

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN In Care
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

Work Order # E 17021

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-02

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

of Sergio Nolasco (96)

in a T.S. Vault Funeral, date, time Weds April 10th 10:00

Church, Chapel, Graveside Guadalupe Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned.

Lot 222 Grave 1 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 250.00 APR. 08 2002

Handling Fees 185.00

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

Recording and filing fee 19.38

Sales taxes 1769.38

R-54872 Total Due 1769.38

Paid receipt number 1769.38

Balance due 0

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

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

Signature of recorded holder of deed _____

X Veronica Nolasco (192)
Signature

4548 35th St.
Address

San Diego CA 92106
City Zip Code

(619) 248-6016
Telephone

Work Order E 17022 Invoice # _____
Acct. # _____

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

17022

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SERGIO		1B. MIDDLE -	1C. LAST (FAMILY) NOLASCO	2. DATE OF BIRTH MONTH, DAY, YEAR 11/12/1978	3. DATE OF DEATH MONTH, DAY, YEAR 04/06/2002	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 ALICIA NOLASCO—MOTHER 4548 35th ST. SAN DIEGO, CA. 92116		
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	(99)	
ACKNOWLEDGMENT OF APPLICANT				I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JOSE CHAVEZ 04/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206109
	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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Jose Chavez</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-8-02

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

of GLADYS BARNETT (W)
in a LINE R Funeral, date, time FRI 4-12 1:00

Church, Chapel, Graveside : PREFERRED CREMATION Mortuary.

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

will be applied and billed to undersigned. _____

Lot 226 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 APR 08 2002 190.00

Handling Fees 145.00

Flower vases - MT. HOPE CEMETERY 45.00

Recording and filing fee 14.73

Sales taxes 1668.73

Total Due 1668.73

Paid receipt number R-54848 1668.73

Balance due 0

I hereby certify I am the X Delwin Barnett of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 D Mankjabin (185)
Signature 3094 El Cajon Blvd
Address San Diego 92104
City 619-584-7000 Zip Code
Telephone

Work Order # **E 17023**

Invoice # _____

Acct. # _____

E-17023

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) Gladys	1B. MIDDLE Alberdine	1C. LAST (FAMILY) Barnett	2. DATE OF BIRTH MONTH DAY YEAR 8/7/13/1932	3. DATE OF DEATH MONTH DAY YEAR 04/06/2002	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 Reborah Irene Barnett Hill - (Daugh) 4355 Home Avenue San Diego, California 92105			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Preferred Cremation and Burial 3094 El Cajon Boulevard San Diego, California 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1746	8A. SIGNATURE OF APPLICANT—Person taking permit Mark Jenkins			8B. DATE SIGNED 04-09-2002
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 7190 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED Mark Jenkins	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206285
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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"/> 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 Mr. Hope Cemetery 3751 Market Street San Diego, California 92103	11B. DATE BURIED 4-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Lewis
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA. DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-8-02

Pre-need lot

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 84 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container..... PAID IN FULL

Handling Fees

Flower vases - Marker setting fee 7-19-02

Recording and filing fee

Sales taxes

Total Due 895.00

Paid receipt number R-54850 300.00

Balance due 595.00

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

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

Signature of recorded holder of deed _____

Signature of Emma Dennis
Signature _____
Address 1900 Ogden Ave
San Diego, CA 92105
City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17024

Acct. # _____

#61
DENNIS, EMMA L. 4920 Dafter Dr., San Diego 92102

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
4-08	Opened pre-need lot.			
	Lot 84 Grave 3 Sec 1 Div 12	895.00		895.00
04-08-02	Receipt 54850		300.00	595.00
4-25-02	R-54906 coupon #1		25.00	570.00
5-21-02	R-55003 #2		25.00	545.00
6-17-02	R-55109 #3		25.00	520.00
7-1-02	R-55154 #4		25.00	495.00
7-15-02	R-55203		470.00	25.00
7-19-02	R-55218		25.00	0.00

Handwritten notes: 179 20%
715 20%

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55154

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-1, 20 02

From: Emma L. Dennis Address: on record

Twenty-five Dollars (\$ 25.00)

In part Payment of pre-need lot account

Lot 84 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17024

BALANCE DUE \$ 495.00

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

AC-212 (Rev. 5-94)

3882

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

No 55109

MOUNT HOPE CEMETERY

(619) 527-3400

From: Emme Dennis Date: 6-17-02, 20
 Address: One Second

Twenty Five Dollars (\$ 25.00)

In part Payment of Pre-med Lot

Lot 84 Grave 3 Row _____ Section 1 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17024

BALANCE DUE 520.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

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

3871

ISSUED BY J. Schellin

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55003

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 5-21-02, 20

From: Emma Dennis Address: On Record

Twenty Five Dollars (\$ 25.00)

In part Payment of Pre-need Lot

Lot 84 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17024

BALANCE DUE 545.00

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

3862

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	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 54906

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 4-25-07, 20__

From: Emma Davis Address: 4920 Defton Dr

Twenty Five Dollars (\$ 25.00)

In part Payment of Pre-Need Lot

Lot 84 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17024

BALANCE DUE 570.00

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

AC-212 (Rev. 5-94)

3861

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>25 00</u>
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>25 00</u>

Mrs Emma R. Dennis

**Mt. Hope Cemetery
Prepayment Plan Record**

Emma Dennis (L)
4920 Dafter Drive
San Diego, CA 92102
619 262-5161
E-17024

Preneed for:

Lot 84, Gr 3, Sec 1, Div 12

Payment NO.	1
Payment Due Date	May-02
Payment Amount Due	25.00
Balance Due	570.00

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

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

Mt. Hope Cemetery Prepayment Plan Record

Emma Dennis
4920 Dafter Drive
San Diego, CA 92102
619 262-5161
E-17024

Preneed for:

Lot 84, Gr 3, Sec 1, Div 12

Payment NO.	2
Payment Due Date	June-02
Payment Amount Due	25.00
Balance Due	545.00

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

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

Mt. Hope Cemetery Prepayment Plan Record

Emma Dennis
4920 Dafter Drive
San Diego, CA 92102
619 262-5161
E-17024

Preneed for:

Lot 84, Gr 3, Sec 1, Div 12

Payment NO.	3
Payment Due Date	July-02
Payment Amount Due	25.00
Balance Due	520.00

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

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

Mt. Hope Cemetery Prepayment Plan Record

Emma Dennis
4920 Dafter Drive
San Diego, CA 92102
619 262-5161
E-17024

Preneed for:

Lot 84, Gr 3, Sec 1, Div 12

Payment NO.	4
Payment Due Date	August-02
Payment Amount Due	25.00
Balance Due	495.00

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

17024

Mt Hope Cemetery Agreement Confirmation

05/04/2002

Agreement Number: E-17024-L

Agreement Date: 04/08/2002

Purchaser: Dennis, Emma L.
4920 Dafter Drive

Purchaser Number: 61 /

Phone:

San Diego, CA 92102

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 12-1	895.00	0.00	
	Property				
		Division 12			
		Section 1			
		Blk / Row	Lot	Grave	Depth/Lvl
			84	3	A

BASE PRICE	895.00
SALES TAX	0.00
TOTAL CASH PRICE	895.00

TOTAL DOWNPAYMENT	300.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	595.00

DEFERRED PAYMENT PRICE	895.00
------------------------	--------

NUMBER OF INSTALLMENTS	24
REGULAR PAYMENT OF	24.79
ODD PAYMENT OF	24.83

DATE FIRST PAYMENT DUE	05/08/2002
------------------------	------------

PAYMENT PLAN	MONTHLY	MONTHLY PAYMENT = \$ 24.79
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If you notice any discrepancies between this verification notice and your agreement,
please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

E-17024

Mt Hope Cemetery
Contract Entry Verification
 05/04/2002

Contract Number: E-17024-L

Contract Date: 04/08/2002
 Purchaser: Dennis, Emma L
 4920 Dafter Drive
 San Diego, CA 92102

Purchaser Number: 61 /
 Phone:
 Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 12-1	895.00	0.00		

Property	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
	Division 12	1		84	3	A

BASE PRICE	895.00	NUMBER OF INSTALLMENTS	24
SALES TAX	0.00	REGULAR PAYMENT OF	24.79
TOTAL CASH PRICE	895.00	ODD PAYMENT OF	24.83
TOTAL DOWNPAYMENT	300.00-	DATE FIRST PAYMENT DUE	05/08/2002
TRANSFER ALLOWANCE	0.00-	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00-		

SOURCE: Family Member Here

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

TOTAL OF PAYMENTS 595.00

DEFERRED PAYMENT PRICE 895.00

ACCOUNT CONTRIBUTIONS AMOUNT FRACTION

R L Perp. Care	179.00	
R S Equity	716.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

Pre-Need
Lot + Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-10-02

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

of PETER AND PATRICIA MEREDITH

in a ASH VAULT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 90 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup..... 2 at 105.00 210.00

Burial Container.....

Handling Fees

Flower vases - Marker setting fee 23.78

Recording and filing fee 2 at 45.00 90.00

Sales taxes.....

APR 10 2002

Total Due 623.78

Paid receipt number R#54858 623.78

Balance due 0

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 I hold under deed.

Signature of recorded holder of deed _____

Signature 8203 Royal Gorge Rd
Address SD CA 92119
City (619) 287-4630 Zip Code _____
Telephone _____

Work Order # E 17025

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-11-02

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

of DARLENE WARE ¹⁹⁴

in a Liner Funeral, date, time TUES 4/16/02 1:00

Church, Chapel, Graveside ; Preferred Cremation Mortuary.
BURIAL

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 120 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

PAID

APR 12 2002

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

Total Due 1664.73

Paid receipt number R-54869 1664.73

Balance due 0

I hereby certify I am the Son Michael Ware of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Ware ¹⁹⁴
Signature
P.O. Box 13743
Address
San Diego, CA 92170
City
619-253-9557
Telephone
Zip Code

Signature of recorded holder of deed

Work Order # E 17026

Invoice # _____

Acct. # _____

17026

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1 Holmes	2	3	4 X	5	6	
7	8 Johnson	9	10	11	12	

Interment space for:

Darlene Ware

Interment Date:

4-16-02 Tuesday

Time:

1:00

Lot:

120

Grave:

4

Row:

Sect:

2

Div:

12

Grave Laid out by:

DAVID

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Flag on grave

Blind Check & Verified By:

ROBERT

Date:

4.15.02

E-17026 64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Darlens	1B. MIDDLE Catherine	1C. LAST (FAMILY) Ware	2. DATE OF BIRTH MONTH DAY YEAR 002/04/1938	3. DATE OF DEATH MONTH DAY YEAR 04/06/2002	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 Jackie Renee Ware - Daughter 2848 L Street #8 San Diego, California 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Preferred Cremation and Burial 3094 El Cajon Boulevard Ste., A San Diego, Ca. 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1746	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/15/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 Mark Jenkins	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206541
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—DEATH OCCURRED IN CALIFORNIA P.O. BOX 85217 San Diego, California 92186 - 5322	9E. 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 St. Hope Cemetery 3741 Market Street San Diego, California 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
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER 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 4-10-02

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

of MARIYA BEGAS ⁽¹⁸³⁾

in a _____ Funeral, date, time Fri 4/12/02

Church, Chapel, Graveside WITNESS ONLY: CREMATION SERVICES 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 414 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 45.00
Sales taxes _____
Total Due 450.00
Paid receipt number 54859 450.00
Balance due 0

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

I hereby authorize the interment in lot I hold under deed
[Signature]
Signature of recorded holder of deed

X [Signature] ⁽¹⁸⁴⁾
Signature
X 7461 D N. Broadway
Address
X Escondido CA 92026
City
X 760/480-2415 ^{Zip Code}
Telephone

Work Order # E 17027

Invoice # _____
Acct. # _____

E-17027

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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) Mariya	1B. MIDDLE -	1C. LAST (FAMILY) Begas	2. DATE OF BIRTH MONTH, DAY, YEAR 01/27/1928	3. DATE OF DEATH MONTH, DAY, YEAR 04/07/2002	4. SEX F
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 Elvira Gittleman-Daughter 3914 Wadsworth Blvd. Wheat Ridge, CO 80033		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cremation Services, Inc. 2570 Fortune Way Vista, CA 92083		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1618	8A. SIGNATURE OF APPLICANT—Person taking permit Lana Colita		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/10/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/10/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L. Colita	9D. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206283
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Penner
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services, Inc. 2570 Fortune Way Vista, CA 92083	12B. DATE CREMATED 4/10/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION S.W. Schuch
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-11-02

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

of Donna Barnes
 in a Ciner Type of Burial Container Funeral, date, time Mon 4-15 1:00

Church, Chapel, Graveside Delivery Only: Mayer Mortuary.

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

Lot 73 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Pre-Need E-16782 2001

Additional spaces and care fund _____

Opening/Closing & Setup 11 11

Burial Container 11 11

Handling Fees 11 11

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due

Paid receipt number _____

Balance due

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

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

Signature of recorded holder of deed _____

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

Work Order # **E 17028**

Invoice # _____
 Acct. # _____

E-17028

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	ARMENTA		2	3	4	5 WRIGHT
	7	73 X 8		9	10	11

Interment space for: Donna Barnes

Interment Date: _____ Time: _____

Lot: 73 Grave: 8 Row: _____ Sect: 1 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 4.15.02

*They on
Grave*

E-17028

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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) Donna		1B. MIDDLE -	1C. LAST (FAMILY) Barnes	2. DATE OF BIRTH MONTH DAY, YEAR 08/08/1908	3. DATE OF DEATH MONTH DAY, YEAR 04/09/2002	4. SEX F
5A. CITY OF DEATH Vista			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 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 Avenue, San Diego, CA 92116				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8B. DATE SIGNED 04/12/2002
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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>Bernice J. Mayer</i>

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 04/12/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206444
	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 4-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. Lopez</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-11-02

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

of MARIA MISSGHI
in a LINER Funeral, date, time Mon. April 15th 11:00
Church, Chapel Graveside : S.D. Memorial Mortuary.

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

Lot 224 Grave 6 Row _____ Section 2 Division/Block 12
Grave space & Care Fund E-16663 (Pre-need lot) 2001 0
Additional spaces and care fund _____
Opening/Closing & Setup _____
Burial Container _____
Handling Fees _____
Flower vases - Marker setting fee _____
Recording and filing fee _____
Sales taxes _____
Total Due _____

Fax to Rosa

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed _____

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

Work Order # E 17029

Invoice # _____

Acct. # _____

E-17029

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3	4	5	6 X			
9	10	11 Mitchell	12 Jones			

Interment space for: Maria Missghi

Interment Date: 4-15-02 Time: 11:00

Lot: 224 Grave: 6 Row: _____ Sect: 2 Div: 12

Grave Laid out by: N.F. PAVIJO

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: [Signature] Date: 4-12-02

*Flag or
grove*

E-17029

ay

APPLICATION 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 -	1C. LAST (FAMILY) MISSAGHI	2. DATE OF BIRTH MONTH, DAY, YEAR 04/16/1907	3. DATE OF DEATH MONTH, DAY, YEAR 04/10/2002	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 FIROOZ APSHAR-SON-IN-LAW 8324 REGENTS ROAD #1P SAN DIEGO CA 92122	
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>Rosa Nava</i>	

04/11/2002

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.	8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED 04/11/2002	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206367 <i>Rosa Nava</i>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 April 15, 2002	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen 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	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-17029

MESSAGE CONFIRMATION

04/11/2002 09:44
ID:SD MT. HOPE CEMETERY

DATE	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
04/11	00'29"	619 6920896	CALLING	01	OK 0000

04/11/2002 09:43 SD MT. HOPE CEMETERY → 96920896 NO. 729 001

MT. HOPE CEMETERY INTERMENT ORDER City of San Diego

Date 4-11-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARIA MISSGHI in a LINER Type of Burial Container Funeral, date, time _____ Church, Chapel, Graveside _____: S.D. Memorial Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot <u>224</u> Grave <u>6</u> Row _____ Section <u>2</u> Division/Block <u>12</u>	
Grave space & Care Fund <u>E-1669 (Pre-need lot)</u>	<u>0</u>
Additional spaces and care fund	<u>-</u>
Opening/Closing & Setup	<u>0</u>
Burial Container	<u>0</u>
Handling Fees	<u>0</u>
Flower vases - Marker setting fee	<u>-</u>
Recording and filing fee	<u>0</u>
Sales taxes	<u>0</u>
Total Due	<u>0</u>

Fax to Rosa

Paid receipt number _____ Balance due 0

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-11-02

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

of Anthony Livingston
 in a Grav Type of Burial Container Funeral, date, time Tues 4-16 11:00
 Church, Chapel, Graveside Graveside Mortuary, Regisale

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 47 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 —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

mortuary to bring check

Paid receipt number R-54875 1664.73

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 _____

Anthony A Livingston
 Address 5960 Old Memory Ln
San Diego, CA 92114
 City San Diego, CA Zip Code 92114
 Telephone 619-527-0269

Work Order # **E 17030**

Invoice # _____

Acct. # _____

E-17030

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			47 X 1	2	3	4
			WALKER			
			HURZO 7	8	9	10
			HURZO	HERNANDEZ		EARNHART

Interment space for: ANTHONY LIVINGSTON

Interment Date: TUE 4-16 Time: 11:00

Lot: 47 Grave: 4 Row: _____ Sect: 2 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

*\$leg on
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

E-17030

39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Anthony	1B. MIDDLE Lee	1C. LAST (FAMILY) Livingston	2. DATE OF BIRTH MONTH, DAY, YEAR 06/14/1964	3. DATE OF DEATH MONTH, DAY, YEAR 04/10/2002	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 Patricia Livingston, Mother 5960 Old Memory 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 FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Patricia Livingston</i>		8B. DATE SIGNED 04/12/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/12/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206429
		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	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-16-02	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	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-10-02

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

of GRACIE WALTON
 in a LINER Funeral, date, time TUE 4-16 1:30
Type of Burial Container
Church, Chapel Graveside CABRIAL Mortuary.
Church, Chapel, Graveside RE BLVD

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

Lot 74 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fees 14.73

Sales taxes 1664.73

Total Due 1664.73

Paid receipt number R-54867 1664.73

Balance due 0

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

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

Signature of recorded holder of deed _____

Collins Peoples
X Collins Peoples
 Signature
835 South 32nd Street
 Address
San Diego, CA 92113
 City Zip Code
(619) 232-3772
 Telephone

Work Order # E 17031

Invoice # _____

Acct. # _____

E-17031

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1	2	3	4	5	6	
7	8	9 EGARAN	10 74 X 10	11 SCHMITH	12	13

Interment space for: GRACIE WALTON

Interment Date: Tue 4-16 Time: 1:30

Lot: 74 Grave: 10 Row: _____ Sect: 2 Div: 13

Grave Laid out by: DAVID NORMAN

Agrees with Legal Card: Yes No *fly on Grave*

Agrees with Map: Yes No

Blind Check & Verified By: DL Date: 4-12

E-17031

93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GRACIE	1B. MIDDLE -	1C. LAST (FAMILY) WALTON	2. DATE OF BIRTH MONTH DAY, YEAR 09/02/1908	3. DATE OF DEATH MONTH DAY, YEAR 04/09/2002	4. SEX FEMALE
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 COLLINS PEOPLES—BROTHER 835 SO. 32ND STREET 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 P-1357	8A. SIGNATURE OF APPLICANT—Person taking permit		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103375 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/15/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206321
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED	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 4-15-02

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

in a LINER Funeral, date, time FRI. April 19th 10:00

Church, Chapel, Graveside Community Mortuary, Robert Humphrey

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 5345 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund e-0144 _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 150.00

Flower vases - Marker setting fee _____ —

Recording and filing fee _____ 45.00

Sales taxes _____ 15.12

MT. HOPE CEMETARY
CITY OF SAN DIEGO, Ca. msed

Total Due _____ 775.12

Paid receipt number PAID _____ 775.12

Balance due 0

I hereby certify I am the K 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 _____

Haruko Muraoka
Signature
1480 FIRST AVENUE
Address
CAULANISTA, CA 91944
City
69-246-0845
Telephone
Zip Code

Work Order # E 17032

Invoice # _____

Acct. # _____

F-17032

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the
ock marked with "X". Place the name's, lot # and grave # of all
isting marker's in the appropriate space(s) that are adjacent to
e burial space.

5348 NAKAGAWA	5346 Kobayashi	5345 X	5344 Muraoka	5343 COSTANEDA	

terment space for: Haruko Muraoka

terment Date: 4-19-02 Time: 10:00

ot: 5345 Grave: _____ Row: _____ Sect: _____ Div: 10

ave Laid out by: M. F. Davis

rees with Legal Card: Yes No

*Flag on
Ogawa*

rees with Map: Yes No

ind Check & Verified By: ROBERT Date: 4.18.02

E-17032

94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Haruko		1B. MIDDLE -	1C. LAST (FAMILY) Muraoka		2. DATE OF BIRTH MONTH, DAY, YEAR 06/08/1907	3. DATE OF DEATH MONTH, DAY, YEAR 04/13/2002	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 Takenori Muraoka - Son 1480 1st Ave Chula Vista Ca 91911		
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—Person taking permit, 8B. DATE SIGNED [Signature] 04/15/2002	

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/16/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT p. 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 Mouh Hope Cemetery 3751 Market San Diego Ca 92102	11B. DATE BURIED 4-19-02	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 4-15-02

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

of Lillian E. Early
in a urn Funeral, date, time THUR 4-18 11:30

Church, Chapel, Graveside Mortuary.

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

Lot 210 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 R-54883 1664.73
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 Shirley Weston Jacobs
Signature
X 1604 48th Street
Address
X San Diego Ca 92102
City Zip Code
(619) 263-1205
Telephone

Work Order # E 17033

Invoice # _____
Acct. # _____

E-17033

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				JACKSON		
		GRAVES	218 X	2	3	4
			7	8	9	10

Interment space for: LILLIAN EARLY

Interment Date: THUR 4-18 Time: 11:30

Lot: 218 Grave: 1 Row: _____ Sect: 2 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Handwritten signature
Gm...

Blind Check & Verified By: _____ Date: _____

17033

89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Lillian	1B. MIDDLE E.	1C. LAST (FAMILY) Early	2. DATE OF BIRTH MONTH, DAY, YEAR 03/26/1913	3. DATE OF DEATH MONTH, DAY, YEAR 04/08/2002	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 Jacobs, Daughter 1604 48th St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED [Signature] 04/15/2002		

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 04/16/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206558
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 MarkertSt. San Diego, CA 92102	11B. DATE BURIED 4-18-02	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 4-15-02

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

of Clara Jean Springer

in a ASH Vault Funeral, date, time TUES. April 16th

Church, Chapel, Graveside AVO Mortuary.

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

Lot <u>466</u>	Grave _____	Flow _____	Section _____	Division/Block <u>10</u>
Grave space & Care Fund	<u>D-3244</u>			<u>Ø</u>
Additional spaces and care fund	"	"	"	<u>—</u>
Opening/Closing & Setup	"	"	"	<u>Ø</u>
Burial Container	<u>a</u>	"	"	<u>Ø</u>
Handling Fees	"	"	"	<u>Ø</u>
Flower vases - Marker setting fee	"	"	"	<u>Ø</u>
Recording and filing fee	"	"	"	<u>Ø</u>
Sales taxes	"	"	"	<u>Ø</u>
Total Due				<u>Ø</u>

Paid receipt number _____

Balance due Ø

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

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

Seth Barden Meyer
Signature
71039 BOONVILLE RD
Address
JEFFERSON CITY 65109
City Zip Code
6573-635-9392
Telephone

Signature of recorded holder of deed

614-583-1006
BECKETT
Work Order # E 17034

Invoice # _____

Acct. # _____

E-17034

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	463 Hornes	464 Faux	466 X	467 Williams	468 Harris	NAVRO

17034

Interment space for: Clara J. Springer X

Interment Date: 4-16-02 Time: AYD

Lot: 466 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Handwritten signature/initials: *Flag on G. W. R.*

Blind Check & Verified By: _____ Date: _____

E-17034



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS


OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION

This notification is to be used only when deemed necessary by Funeral Home Licensee.

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

Section 193.175, RSMo (1986)

I HEREBY CERTIFY THAT NOTIFICATION OF DEATH FOR

DECEDENT Clara Jean Springer		WAS FILED WITH THE LOCAL REGISTRAR OF	
COUNTY Cole		MISSOURI	ON April 5, 2002
CEMETERY OR CREMATORY NAME Mt. Hope Cemetery	LOCATION (CITY, STATE) San Diego, California	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 15, 2002	
SIGNATURE (FUNERAL HOME LICENSEE) 		MO. LICENSE NUMBER 6886	

E-17034

97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Clara	1B. MIDDLE Jean	1C. LAST (FAMILY) Springer	2. DATE OF BIRTH MONTH DAY YEAR 06/12/1902	3. DATE OF DEATH MONTH DAY YEAR 04/04/2002	4. SEX Female
5A. CITY OF DEATH Jefferson City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Missouri	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Kathryn C. Basden-Nesmeyer 1039 Boonville Road Jefferson City, MO 65109		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Kathryn C. Basden-Nesmeyer 1039 Boonville Road Jefferson City, MO 65109		7B. CALIF. LICENSE NUMBER —IF APPLICABLE -		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kathryn C. Basden-Nesmeyer</i>	

8B. DATE SIGNED
04/15/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. Jones</i>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records PO BOX 85122 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 checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

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

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-15-02

asked right middle

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

of EDITH PAIGE
 in a ASH VAULT Funeral, date, time Tues 4-23 AYD

Church, Chapel, Graveside _____: MAYER Mortuary,

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

Lot 31 Grave _____ Row _____ Section 100F Division/Block 35

Grave space & Care Fund Pre-need D-7540 0

Additional spaces and care fund 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 0

Sales taxes 0

Total Due 0

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 Daryl L. Paige
X Karl L. Paige
 Signature _____
X 9437 Calle Del Lago
 Address _____
X Santee, CA 92071
 City _____ Zip Code _____
X 619-228-5202 (Mobile)
 Telephone _____
619-449-7594 (Home)

Invoice # _____

Work Order # E 17035

Acct. # _____

Burial on Tues ^{E-11025} 4-23

Service | set-up of
- chairs on Wed

4-24

10:00

Maya to bring aster
~~flowers~~ or tulips

Dennis Paige -
aster foot of grave

E-17035

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to a burial space.

Dennis Page foot of grave

Place ashes

BRAD Y LUDWIG 31 X sister

Interment space for:

Edith Paige

Interment Date:

Time:

Lot: 31

Grave:

Row:

Sect: 100F

Div: 35

Grave Laid out by:

Agrees with Legal Card: Yes

No

Agrees with Map: Yes

No

They in Grave

Found Check & Verified By:

Date:

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-17035 76
27116

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Edith	1B. MIDDLE Légare	1C. LAST (FAMILY) Paige	2. DATE OF BIRTH MONTH DAY YEAR 06/09/1925	3. DATE OF DEATH MONTH DAY YEAR 04/15/2002	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 Daryl L. Paige, Son 9437 Calle Del Lago Santee CA 92071		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Avenue, San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Daryl L. Paige</i> 04/16/2002		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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.	8A. AMOUNT OF FEE PAID 7.00	8B. DATE PERMIT ISSUED 04/16/2002 B.E. Mayer	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206584
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 LOCAL (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 4-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth F. ...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PCI 601D Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 4-18-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Edith ...</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 4-15-02

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

of DOROTHY EDWARDS
in a DOUBLE DEPTH Funeral, date, time MON 4-22 11:00

Church, Chapel Graveside : RAGSDALE Mortuary.

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

Lot 148 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Need E-6457 0

Additional spaces and care fund _____

Opening/Closing & **PAID** _____ 375.00

Burial Container _____ 0

Handling Fees APR 15 2002 _____ 0

Flower vases - Marker setting fee _____ 0

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

Sales taxes _____

Total Due 420.00
Paid receipt number R-54871 420.00
Balance due 0

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 Brenda G. Kern
27937 BLAZE LN
SUN CITY CA 92585
(909) 672-9109

Work Order # E 17036

Invoice # _____
Acct. # _____

E-17036

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the
ock marked with "X". Place the name's, lot # and grave # of all
isting marker's in the appropriate space(s) that are adjacent to
a burial space.

1	2	3	148 X 4	5	6	
7	8	9		10	11	12

Interment space for: Dorothy Edwards

Interment Date: Mon 4-22 Time: 11:00

Lot: 148 Grave: 4 Row: _____ Sect: 1 Div: 11

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Find Check & Verified By: _____ Date: _____

*They on
Cover*

E 17036

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) Dorothy	1B. MIDDLE -	1C. LAST (FAMILY) Edwards	2. DATE OF BIRTH MONTH, DAY, YEAR 05/14/1916	3. DATE OF DEATH MONTH, DAY, YEAR 04/15/2002	4. SEX F
5A. CITY OF DEATH Temecula	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Riverside		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Brenda Kerr, Niece 27937 Blaze Lane Sun City, CA 92585		
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 Fd-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 04/17/2002
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.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/18/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Riverside County Health Dept. Dept. of Vital Records 4065 County Circle Dr. Riverside, CA 92513	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Dept. of Vital Records P. O. Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-15-2002

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

of ²⁷⁸ EARL CARPENTER
in a LINER Funeral, date, time Fri. April 19th 11:30
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.

✓ 97 Grave 8 Row 2 Division/Block 12
Grave space & Care Fund 895.00

Additional spaces and care fund PAID
Opening/Closing & Setup 375.00
Burial Container APR 18 2002 190.00
Handling Fees 145.00
Flower vases - Marker setting fee MT. HOPE CEMETARY 23.78
Recording and filing fee CITY OF SAN DIEGO, CA 45.00
Sales taxes 14.73

Total Due 1688.51
Paid receipt number R-54884 1688.51
Balance due 0

*Paid by
CA. P. P. P.*

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

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

* Jimmy D Stewart
Signature
8479 Winterberry Rd.
Address
51K GROVE, CA 95624
City Zip Code
(916) 681-5026
Telephone

Work Order # E 17037

Invoice # _____
Acct. # _____

E-17037

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the
ock marked with "X". Place the name's, lot # and grave # of all
isting marker's in the appropriate space(s) that are adjacent to
a burial space.

1 2 3 4 5 6
7 8 9 10 11

	1	2	3 manuel	4	5	6 Campbell
	7	X	X 8			
		9 7.				

terment space for: Earl Carpenter

terment Date: 4-19-02 Time: 11:30

ot: 97 Grave: 8 Row: _____ Sect: 2 Div: 12

ave Laid out by: N F DAVID

grees with Legal Card: Yes No *Flag on grave*

grees with Map: Yes No

ind Check & Verified By: ROBERT Date: 4-18-02

E17037

41

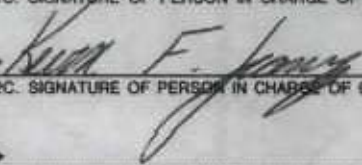
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EARL	1B. MIDDLE TYRONE	1C. LAST (FAMILY) CARPENTER	2. DATE OF BIRTH MONTH DAY YEAR 09/13/1960	3. DATE OF DEATH MONTH DAY YEAR 04/14/2002	4. SEX M
5A. CITY OF DEATH ESCONDIDO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RUBY H. BARNARD—MOTHER—409 WEST 4TH. AVE., #A, ESCONDIDO, CA 92025		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689	8A. SIGNATURE OF APPLICANT—Person taking permit 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 04/16/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/16/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT G. RUSS
		10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA CA 92186-5223	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-19-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-15-02

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

of ALBERT GUSSA
in a LINER Funeral, date, time TUE 4-23 10:30

Church, Chapel, Graveside Delivery Only: Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 425-9111
will be applied and billed to undersigned.

Lot 47 Grave 2 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 APR 17 2002 190.00

Handling Fees MT. HOPE CEMETARY 145.00

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

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-54879 1664.73

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.

EMILY RUTH MARTIN
Signature of record holder of deed

X Emily R Martin
Signature
X 8925-159 LAWRENCE
Address WELLS DR
ESCONDIDO CA 92026
City State Zip Code
X 760-751-1569
Telephone

Invoice # _____

Work Order # **E 17038**

Acct. # _____

Fax (607) 283-1877

Alice

Barrenet of
Adult Protective
Services

283-5731

CALL ^{E17239} JOY AT
HUMPHREYS WHEN
WE REC'D CHECK
TO SET DELIVERY
DATE

E 17038

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the
ock marked with "X". Place the name's, lot # and grave # of all
isting marker's in the appropriate space(s) that are adjacent to
e burial space.

	WYNN 1	47 X 2	GORDON 3	GORDON 4	PRICE 5	
	B	8	9	10	11	

Interment space for: Albert Gussie

Interment Date: Tue 4-23 Time: 10:30

Lot: 47 Grave: 2 Row: _____ Sect: 1 Div: 12

Grave Laid out by: Janette + Chuck

Agrees with Legal Card: Yes No

July on Gussie

Agrees with Map: Yes No

Find Check & Verified By: Kenn E Jones Date: 4/22/01

PERMITS-2000-0000

E-17038 61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ALBERT	1B. MIDDLE WILLIAM	1C. LAST (FAMILY) GUSSA	2. DATE OF BIRTH MONTH DAY YEAR 12/18/1934	3. DATE OF DEATH MONTH DAY YEAR 04/13/2002	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 RUTH MARTIN - SISTER 8975 LAWRENCE WALK DRIVE #159 ESCONDIDO, CA 92026				
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 FD964	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>			8B. DATE SIGNED 04/23/2002
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 04/23/2002 ARACELY FLORES	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206966
	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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 4-23-02	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

OPEN BACK GATE

Date 4-15-02

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

in a _____ Funeral, date, time Thursday 9/13 1:00
Type of Burial Container: _____
Church, Chapel, Graveside _____; GREENWOOD Mortuary.

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

Lot 137 Grave 134 Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup **PAID** 450.00

Burial Container

Handling Fees APR 22 2002

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 6.20

Total Due 501.20

Paid receipt number PAID BY MC 501.20

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. Dolat

Signature of recorded holder of deed mohammad zaelet

Signature Dolat

Address 10923 GRANA # A
City SAN DIEGO CA Zip Code 92129
Telephone _____

Work Order # **E** 17039

Invoice # 858-792-0818

Acct. # _____

E-17039

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
						BARBOLLAH
						MAS HOUFI

Interment space for: ABDOLRAHMAN KASHMIRI

Interment Date: 9-12-02 Time: 1:00

Is Muslim Grave: 137 Row: _____ Sect: _____ Div: _____

Grave Laid out by: [Signature]

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Checked & Verified By: DARREYL Date: 9-11-02

17039

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ABDOL RAHMAN		1B. MIDDLE -	1C. LAST (FAMILY) KESHMIRI		2. DATE OF BIRTH MONTH DAY YEAR 04/05/1925	3. DATE OF DEATH MONTH DAY YEAR 09/09/2002	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 DOLAT KESHMIRI - WIFE 7777 BELDEN STREET, #233 SAN DIEGO, CA 92111		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 843		8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>Victoria Azzaro</i> 09/11/2002	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/11/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO 2214762
	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9-12-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-15-02

Len

at need

233

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

of Eunice Merrel Carlisle

in a Liner Funeral, date, time FRI. 19th April 1100

Church, Chapel, Graveside Woods Valentine 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 109 Grave 5 Row _____ Section 1 Division/Block 11

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 APR 15 2002 _____

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 R-54872 1664.73

Balance due 0

I hereby certify I am the X Husband of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

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

Signature of recorded holder of deed Eunice Carlisle

Address 265 E. Parkman St

City Valdosta Ga Zip Code 91001

Telephone 626-794-1950

Work Order # **E 17040**

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

*Fixed
e 26-798-0195*

232

E-17040

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		FLOYD WORLD	MOSES HARRIS			
2	3	4	5 X	6	Kinkendell	

Interment space for: Eunice M. Carlisle

Interment Date: 4-19-02 Time: 11:00 (Church)

Lot: 109 Grave: 5 Row: Sect: 1 Div: 11

Grave Laid out by:

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Checked & Verified By: Date:

E-17040

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) EUNICE	1B. MIDDLE MERREL	1C. LAST (FAMILY) CARLISLE	2. DATE OF BIRTH MONTH DAY YEAR 12/27/1934	3. DATE OF DEATH MONTH DAY YEAR 04/13/2002	4. SEX P
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 JOHNNIE CARLISLE, JR., HUSBAND 265 E. PARKMAN STREET ALTADENA, CA 91001		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WOODS-VALENTINE MORTUARY 1455 N. FAIR OAKS AVE., PASADENA, CA 91103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-0582	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/16/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/18/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 447-9426 J. BARKER
		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 SAN DIEGO CO. HEALTH DEPT. P.O. BOX 85222, SAN DIEGO, CA 92186-0222	

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 3551 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4-19-02	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 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 4-15-02

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

of Johnie Carlisle Jr.

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 109 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund		<u>895.00</u>
Additional spaces and care fund		
Opening/Closing & Setup	PAID	<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees	APR 15 2002	<u>145.00</u>
Flower vases - Marker setting fee		
Recording and filing fee	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA	<u>45.00</u>
Sales taxes		<u>14.73</u>

Total Due 1664.73

Paid receipt number R-54872 1664.73

Balance due 0

US NAVY
 HMCM/EG

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

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

Johnie Carlisle Jr.
 Signature
205 E. Parkman St.
 Address
Chula Vista, Ca 91001
 City 626-794-1950 Zip Code
 Telephone

Signature of recorded holder of deed _____

Work Order # **E 17041**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-16-02

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

of John William Oneill
in a Liner Funeral, date, time Thurs. April 18th 10:00

Church, Chapel, Graveside Delivery Only : MAYER Mortuary. Barbara

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

Lot 82 Grave 3 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 R-54877 1664.73

Balance due 0

Fax # 619-281-7587

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 17042 Invoice # _____
Acct. # _____

LAW OFFICES
LACKIE & DAMMEIER LLP

E-17042

JOHN A. TURNER
ATTORNEY AT LAW

10200 Sepulveda Blvd., Ste. 245
Mission Hills, CA 91345-2662

Telephone (818) 892-4305
Facsimile: (818) 892-4595

Email: john@policeattorney.com

21060 PLACERITA CANYON ROAD
NEWHAU, CA 91321

E-17042

72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Print

1A. NAME OF DECEDEENT—FIRST (GIVEN) John	1B. MIDDLE William	1C. LAST (FAMILY) O'Neill	2. DATE OF BIRTH MONTH DAY YEAR 11/25/1929	3. DATE OF DEATH MONTH DAY YEAR 03/31/2002	4. SEX M
5A. CITY OF DEATH Escondido		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Maroo Delatoba, 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 Avenue, San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person being permit <i>Baron J Mayer</i>		8B. DATE SIGNED 04/16/2002
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 04/17/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206672
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 4-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>F. L. B...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

Please Sign
FAX BACK
(619) 281-7587

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John William Oneill in a liner Funeral, date, time Thurs. April 18th 10:00 Church, Chapel, Graveside Delivery Only MAYER Monitory. All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of Barbara will be applied and billed to undersigned.

Lot <u>89</u> Grave <u>3</u> Row _____ Section <u>1</u> Division/Block <u>12</u>	
Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>395.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>48.00</u>
Sales taxes	
Total Due	<u>1664.73</u>

FAX # 619-281-7587

Paid receipt number _____

Balance due _____

I hereby certify I am the Public Administrator/Guardian of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold 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 interment holder of record _____

[Signature]
 Signature _____
 X PUBLIC ADMINISTRATOR
 X PUBLIC GUARDIAN
 City 3201-A RUFFIN ROAD Zip Code _____
 Telephone SAN DIEGO, CALIFORNIA 92123-1699

Work Order # E 17042

Invoice # _____
Acct. # _____

REA-104 (7-00)

This information is available in alternative formats upon request.

Placed on
Grave of Father
(John Jacob Heilmann)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-17-02

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

of MARY CHRISTINE HEILMAN ~~♂~~

in a ASH VAULT Funeral, date, time FRI 5-3 11:00

Church, Chapel, Graveside Graveside : Pacific View 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 5 Grave 1 Row _____ Section MAS 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 MAY 0-3 2002 60.00

Flower vases - Marker setting fee _____

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

Sales taxes _____ 4.26

Total Due 269.26

Paid receipt number R-54936 269.26

Balance due 0

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

- JEANINE TRAPP

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

Signature of recorded holder of deed _____

Signature [Signature]
Address 21060 PACIFIC VIEW CEMETARY RD
Neutral CA 91301
City 949 Telephone 640-1239 Zip Code
661-259-4603

Work Order # E 17043

Invoice # _____
Acct. # _____

Pacific View
Mortuary

E-17043

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the
ock marked with "X". Place the name's, lot # and grave # of all
isting marker's in the appropriate space(s) that are adjacent to
e burial space.

X on the Grave of John Jacob
Heilmann

4 Carrick	3 Heilmann Leroy	2 Heilmann Lottie	X	Anderson Harry/Mary	
		Arlington Rite	HANDRETH		

terment space for: Mary C. Heilmann

terment Date: Fri 5-3 Time: 11:00

ot: 5 Grave: 1 Row: _____ Sect: MAS Div: 0

ave Laid out by: _____

grees with Legal Card: Yes No

grees with Map: Yes No

ind Check & Verified By: _____ Date: _____

Flag
on
grave

E-17043

93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14993

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY	1B. MIDDLE CHRISTINE	1C. LAST (FAMILY) HELLMAN	2. DATE OF BIRTH MONTH DAY YEAR 05/08/1908	3. DATE OF DEATH MONTH DAY YEAR 04/17/2002	4. SEX F
5A. CITY OF DEATH CORONA DEL MAR		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE ORANGE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JEANNINE TRAPP - DPOA 45 MAINSAIL CORONA DEL MAR, CA 92625		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC VIEW MORTUARY 3500 PACIFIC VIEW DR. CORONA DEL MAR, CA 92625		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1176	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 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/23/02			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 A. USHER 04/23/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MARK B. HORTON, MD
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA ORANGE COUNTY HEALTH DEPT. P.O. BOX 234 SANTA ANA, CA 92702-0234	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO HEALTH DEPT. P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC VIEW CREMATORY 3500 PACIFIC VIEW DR. CORONA DEL MAR, CA 92625	12B. DATE CREMATED 4-29-02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-17-02

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

of Etta Bradford
 in a D.D. CRYPT 2nd (burial) Funeral, date, time Mon. April 22 1:00
Type of Burial Container
 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	<u>129</u>	Grave	<u>8</u>	Row		Section	<u>3</u>	Division/Block	<u>12</u>
Grave space & Care Fund			<u>E-11033/ E-6874</u>						<u>0</u>
Additional spaces and care fund			"				<u>1489</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</u>
Sales taxes			"						<u>0</u>
Total Due									<u>0</u>

Paid receipt number _____
 Balance due _____

I hereby certify I am the Gravestone of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I 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: Hope She Roberts
 Address: 4498 Windsor Ave.
San Diego, CA. 92115
 City: San Diego Zip Code
 Telephone: (615) 501-6991

Work Order # E 17044 Invoice # _____
 Acct. # _____

E-17044

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to a burial space.

		7				
		townsend	X	9	10	11
Williams		space	Watson			

Bradford

Interment space for: Etta Bradford

Interment Date: 4-22-02 Time: 1:00

Lot: 129 Grave: 8 Row: _____ Sect: 3 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No *Flag on grave*

Agrees with Map: Yes No

Found Check & Verified By: _____ Date: _____

E-17044
80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Etta	1B. MIDDLE Lloyd	1C. LAST (FAMILY) Bradford	2. DATE OF BIRTH MONTH DAY YEAR 04/15/1922	3. DATE OF DEATH MONTH DAY YEAR 04/15/2002	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 Hope Elie, Granddaughter 4488 Winona Ave. San Diego, CA 92115		
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 FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 04/21/2002
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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/22/2002 T. Tinsley	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206880
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(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 4-22-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-18-02

*Pre-Need
Lot*

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

in a _____ Funeral, date, time _____
Type of Burial Container: _____ Mortuary.

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

Lot 22 Grave 1 Row _____ Section 5 Division/Block 6

Grave space & Care Fund 1595.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container **PAID**

Handling Fees

Flower vases - Marker setting fee MAY 03 2002

Recording and filing MT. HOPE CEMETARY

Sales taxes CITY OF SAN DIEGO, CA

Total Due 1595.00

Paid receipt number R-54932 1595.00

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
X _____
City
X _____
Telephone

See attached

Work Order # E 17045

Invoice # _____

Acct. # _____

PHILLIPS, HASKETT & INGWALSON

a Professional Corporation

E 17095

STEVEN P. HASKETT
CARL F. INGWALSON, JR.
FREDERICK C. PHILLIPS
TERRY D. PHILLIPS

550 WEST "C" STREET, 19TH FLOOR
SAN DIEGO, CALIFORNIA 92101-3540

TELEPHONE: 619-231-3737
FACSIMILE: 619-233-1223
WRITER'S DIRECT NUMBER: 619-231-8394

April 23, 2002

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

Re: Martin N. Kanlund

Dear Sue:

Enclosed is our law firm's client trust account check made payable to Mt. Hope Cemetery in the amount of \$1,595.00. That sum is in satisfaction of the purchase on behalf of Martin N. Kanlund of the following plot within Mt. Hope Cemetery:

Lot 22, Grave 1, Section 5, Division 6

Please issue your proof of ownership in the name of Martin N. Kanlund and forward it to Mr. Kanlund in care of this office as follows:

Martin N. Kanlund
c/o Phillips, Haskett & Ingwalson
550 West "C" Street, 19th Floor
San Diego, CA 92101

Your assistance in this matter is appreciated.

Sincerely,

PHILLIPS, HASKETT & INGWALSON
a Professional Corporation



Steven P. Haskett

SPH:ekr

Enclosure

cc: Mr. Martin N. Kanlund

haskett\ltr\mthope.423

E-17045

Mt Hope Cemetery
Contract Entry Verification (Preview Only)
 05/06/2002

Contract Number: E-17045-L

Contract Date: 05/06/2002

Purchaser: Kanlund, Martin N
 550 West C Street 19th Fl

Purchaser Number: 51 /

Phone:

San Diego, CA 92101

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 6	1595.00	0.00		

Property	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
	Division 6	5		22	1	A

BASE PRICE	1,595.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	1,595.00	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	1,595.00 -	DATE FIRST PAYMENT DUE	06/06/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: ANNUAL	
DISCOUNT OR ALLOWANCE	0.00 -		

SOURCE: Family Member Here

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

DEFERRED PAYMENT PRICE	AMOUNT	FRACTION
ACCOUNT CONTRIBUTIONS		
R L Perp. Care	319.00	
R S Equity	1,276.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

Mt Hope Cemetery
Agreement Confirmation

E-17045

05/06/2002

Agreement Number: E-17045-L

Agreement Date: 05/06/2002

Purchaser: Kanlund, Martin N
550 West C Street 19th Fl

Purchaser Number: 51 /

Phone:

San Diego ,CA 92101

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance		
1	Graves Property	Division 6	1595.00	0.00			
		Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
		Division 6	5		22	1	A

BASE PRICE 1,595.00
SALES TAX 0.00
TOTAL CASH PRICE 1,595.00

TOTAL DOWNPAYMENT 1,595.00 -
TRANSFER ALLOWANCE 0.00 -
DISCOUNT OR ALLOWANCE 0.00 -
FINANCE CHARGE 0.00
TOTAL OF PAYMENTS 0.00

DEFERRED PAYMENT PRICE 1,595.00

NUMBER OF INSTALLMENTS 1
REGULAR PAYMENT OF 0.00
ODD PAYMENT OF 0.00
DATE FIRST PAYMENT DUE 06/06/2002
PAYMENT PLAN ANNUAL

If you notice any discrepancies between this verification notice and your agreement,
please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-18-02

*Disinterment /
 Reinterment*

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

of ROY MELVIN

in a LINER Funeral, date, time Tue 5-21

Church, Chapel, Graveside _____; Leathergill Mortuary.

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

will be applied and billed to undersigned. _____

FROM: 9-10-13

To: Lot 39 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund -

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-54987 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 17046 Invoice # 362199

Acct. # 000952

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

Printed on recycled paper *4-18-02*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-19-02

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

in a _____ Funeral, date, time Tues 4-23 AYD
Type of Burial Container
Church, Chapel, Graveside: LAKESIDE SANITARY Mortuary.

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

Lot _____ Grave 4 Row 4 Section 2 Division/Block 9

Grave space & Care Fund Pre-Paid E-9857 Ø

Additional spaces and care fund Ø

Opening/Closing & Setup Ø

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee Ø

Sales taxes Ø

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 record holder of deed _____

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

Work Order # **E 17047**

Invoice # _____
Acct. # _____

E-17047

55

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) PAUL	1B. MIDDLE EDWARD	1C. LAST (FAMILY) RIDER	2. DATE OF BIRTH MONTH, DAY, YEAR 08/04/1946	3. DATE OF DEATH MONTH, DAY, YEAR 03/29/2002	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 FREDA TILLMAN: MOTHER 9703 WINTER GARDENS BLVD., #109 LAKESIDE, CA 92040
---------------------------------------	--	--

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LAKESIDE-SANTEE FUNERAL CHAPEL: 9840 MAINE AVENUE, LAKESIDE, CA 92040	7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 997	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Diana Lewis</i>	8B. DATE SIGNED 04/02/2002
--	--	---	--------------------------------------

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 DIANA LEWIS 04/02/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2205775
---	--	---	---	---

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
--	---	--

1D. 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 MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4-23-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. ...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 4/6/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>RTS</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.

on the part
of
Clyde Corp

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-19-02

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

of PRE-NEED ADREA N. CORP

in a ASH VAULT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 3 1/2 Grave 2 Row _____ Section MAS Division/Block A

Grave space & Care Fund E-9830 _____

Additional spaces and care fund _____

Opening/Closing & Setup 2nd SSI Cremains 105.00

Burial Container ASH VAULT 53.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

PAID
APR 19 2002
TOTAL DUE 269.26

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA
Paid receipt number _____

R-54887 Balance due PAID

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

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

Signature of recorded holder of deed _____

Adrea N Corp
ADREA N. CORP
Signature
1080 ARCADIA AVE #206
Address
VISTA, CA 92084
City Zip Code
(760) 631-7479
Telephone

Work Order # E 17048

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-19-02

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

of ANA B. Ruiz PIN# 229827

in a Double Depth Funeral, date, time WED 4-24 9:00

Church, Chapel, Graveside; CA Burial Mortuary.

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

will be applied and billed to undersigned.

✓ Lot 156 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 380.00

Handling Fees 320.00

Flower vases - Marker setting fee **PAID**

Recording and filing fee 45.00

Sales taxes 29.45

MT. HOPE CEMETARY
CITY OF SAN DIEGO

Total Due 2044.45

Paid receipt number R-54888 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

Address

City Zip Code

Telephone

Work Order # E 17049 Invoice # _____

Acct. # _____

E-17049

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

S TAYLOR

		1	2	3 NEWSOME	4	
		156 X 7	8	9	10	

Interment space for: ANA RUIZ

Interment Date: WED 4-24 Time: 9:00

Lot: 156 Grave: 8 Row: _____ Sect: 2 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

[Handwritten signature]

Checked & Verified By: _____ Date: _____

E17049

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) ANA MARIA	1B. MIDDLE B.	1C. LAST (FAMILY) RUIZ	2. DATE OF BIRTH MONTH DAY YEAR 05/07/1941	3. DATE OF DEATH MONTH DAY YEAR 04/20/2002	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 STEVE JARA-SON 2302 D. AVE., #102 NATIONAL CITY, CALIFORNIA 91950			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL, 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1689	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 04/23/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103770 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/23/2002 C. RUSS	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207014
	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, CALIFORNIA 92102	11B. DATE BURIED 4-24-02	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 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 4-22-02

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

in a LIVER Funeral, date, time WED 4-24 1:00

Church/Chapel Graveside : RAGSDALE Mortuary.

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

Lot 179 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Pre-need E-5815 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-54895 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.

WILLIAM WELLS
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 17050

Invoice # _____

Acct. # _____

E-17050

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to a burial space.

		DURST	179 X	2	3	4
				WHITAKER	KING	GREENWOOD
			7	8	9	10
			TADWALD			

Interment space for: ELIJAH DURST

Interment Date: WED 4-24 Time: 1:00

Lot: 179 Grave: 1 Row: Sect: 1 Div: 12

Grave Laid out by: Ricky & Dave

Agrees with Legal Card: Yes No

*Key on
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: Robert Date: 4-24-02

E-17050

80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Elijah	1B. MIDDLE Ray	1C. LAST (FAMILY) Durst	2. DATE OF BIRTH MONTH, DAY, YEAR 12/08/1921	3. DATE OF DEATH MONTH, DAY, YEAR 04/19/2002	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 William Wells, Brother-in-law 435 47th St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/23/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/23/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Tinsley
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-24-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-22-02

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

of Yoshiko Takashima
in a T.S. VAULT Funeral, date, time Mon. 29th April 12:00

Church/Chapel Graveside ADD 12 CHAIRS Mortuary Lewis Colonial
SKYLINE

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 5303 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need C-0590 Ø

Additional spaces and care fund **PAID**

Opening/Closing & Setup _____ 375.00

Burial Container APR 23 2002 _____ 250.00

Handling Fees MT. HOPE CEMETARY _____ 185.00

Flower vases - MT. HOPE CEMETARY _____ 45.00

Recording and filing fee _____ 19.30

Sales taxes _____ 874.38

Total Due _____ 874.38

Paid receipt number R-54896 Balance due Ø

I hereby certify I am the HUSBAND [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 _____

KATSUMI J. TAKASHIMA
Signature
366 SURGEY DR.
Address
BONITA, CA 91902
City Zip Code
619-479-3313
Telephone

Work Order # **E 17051**

Invoice # _____
Acct. # _____

E-17051

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

rite in the name of the deceased for which the grave is for in the
ock marked with "X". Place the name's, lot # and grave # of all
isting marker's in the appropriate space(s) that are adjacent to
e burial space.

	5301 Yoshiyoshi Hunt Space	5302 X	P. L. Hunt	5305 Priede		

terment space for: Yoshiko Takashima

terment Date: 4-29-02 Time: 1200

ot: 5303 Grave: _____ Row: _____ Sect: _____ Div: 10

ave Laid out by: NF PAUIP

grees with Legal Card: Yes No

grees with Map: Yes No

*Flag on
Grave*

ind Check & Verified By: ROBERT Date: 4-25-02

E-17051

99

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) YOSHIKO	1B. MIDDLE -	1C. LAST (FAMILY) TAKASHIMA	2. DATE OF BIRTH MONTH, DAY, YEAR 12/11/1916	3. DATE OF DEATH MONTH, DAY, YEAR 04/21/2002	4. SEX F	
5A. CITY OF DEATH BONITA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KATSUMI TAKASHIMA - SPOUSE 366 SURREY DR BONITA, CA 91902			
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 <i>P. Valentine</i>			8B. DATE SIGNED 04/24/2002

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 04/24/2002 <i>P. Valentine</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207049
	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 4-29-02	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 4-22-02

SET-UP
CHAIRS

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

in a _____ Funeral, date, time TUES. 5-7 2:00

Church, Chapel, Graveside CHapel of the VALLEY Mortuary.

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

will be applied and billed to undersigned. _____

Lot 18 Grave _____ Row _____ Section _____ Division/Block MUSLIM

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 450.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee MT. HOPE CEMETARY 25.00

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____ 6.20

Total Due 626.20

Paid receipt number VISA 301.20

Balance due VISA 125.00
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.

AZIZ FATHY

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

Signature of recorded holder of deed _____

X _____
Signature
X _____
Address
X _____
City 619 667-0181 Zip Code
X _____
Telephone

Invoice # _____

Work Order # E 17052

Acct. # _____

Chapel of the Valley Chris
661 947-7118 Dennis Persons

E-17052

Relay number

888 877-5379

661 266-1821

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-23-02

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

of TAMEKO JENKINS
in a LINER # 7 Funeral, date, time Thurs 4-25 11:00

Church, Chapel, Graveside Graveside; Riverside 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 8 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup PAID	<u>375.00</u>
Burial Container	<u>220.00</u>
Handling Fees <u>APR 24 2002</u>	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee MT. HOPE CEMETARY	<u>45.00</u>
Sales taxes CITY OF SAN DIEGO, Ca	<u>17.05</u>

mortuary to bring check

Total Due 1697.05

Paid receipt number R-54900 1697.05

Balance due 0

Mother

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]
X 9719 JAMACHA Rd #239
Address
X Spring Valley 91977
City Zip Code
X (619) 697-0633
Telephone

Work Order # **E 17053**

Invoice # _____
Acct. # _____

88 $\frac{1}{2}$ L

27 $\frac{1}{2}$ W

7

32-52 more

E-17053 24

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Tameko	1B. MIDDLE Domingo	1C. LAST (FAMILY) Jenkins	2. DATE OF BIRTH MONTH DAY YEAR 12/24/1977	3. DATE OF DEATH MONTH DAY YEAR 04/14/2002	4. SEX M
5A. CITY OF DEATH Tijuana, BC		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Mexico		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Cassandra Jenkins, Mother 9199 Jamacha Rd #239 Spring Valley, CA 91977	
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 FD-1329		

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

8A. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* 8B. DATE SIGNED: **04/25/2002**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/25/2002 T. Tinsley	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207112
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 VitaleRecords 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 checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-25-02	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 4-23-02

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

of TAMEKO JENKINS

in a LINER Funeral, date, time Thur 4-25 11:00

Church, Chapel, Graveside Resdale 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 8 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 220.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 17.05

Total Due 1697.05

Paid receipt number _____

Balance due _____

Mother X [Signature]

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

1697.05

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

Signature of recorded holder of deed _____

X [Signature]
Address 9119 JAWACHT Rd #239
City Spring Valley Zip Code 91977
Telephone (619) 697-0633

Work Order # E 17053

Invoice # _____

Acct. # _____

*in the grave
of Sita Delina
Jansuy*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-23-02

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

of Evelyn Jansuy

in a ASH VAULT Funeral, date, time 4-23-02
Type of Burial Container

Church, Chapel, Graveside Delivery Only Mortuary.

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

Lot 23 Grave 2 Row _____ Section 2 Division/Bleed- 12

Grave space & Care Fund E-4332 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 105.00

Burial Container APR 23 2002 55.00

Handling Fees 60.00

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

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-54893 269.26

Gene Jansuy 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 _____

[Signature]
Signature
1526 26 Coronado Av. # 90
Address
S. D. CA. 92154
City Zip Code
619-575-3273
Telephone

Work Order # **E 17054**

Invoice # _____
Acct. # _____

E 17054

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Burial on right top

TD

X

Interment space for: Evelyn Jansuy

Interment Date: 23-02 Time: _____

Lot: 23 Grave: 2 Row: _____ Sect: 2 Div: 12

Grave Laid out by: DAVID RE

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Found Check & Verified By: ROBERT Date: 4-23-02

PO Box

60114

CITY OF

Industry

CA

91716

E-17054

53

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Evelyn	1B. MIDDLE Dagunan	1C. LAST (FAMILY) Jansuy	2. DATE OF BIRTH MONTH, DAY, YEAR 04/24/1948	3. DATE OF DEATH MONTH, DAY, YEAR 04/15/2002	4. SEX F
5A. CITY OF DEATH Tacoma		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE WA	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Paul Jansuy, Spouse - 3708 12th Ave. Ct. N.W., Gig Harbor WA, 98335		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd., San Diego CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7108 of the Health and Safety Code.		8B. DATE SIGNED 04/23/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 04/23/2002 K. Zaretska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206986
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO Box 85222, San Diego CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego CA, 92102	11B. DATE BURIED 4-23-02	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-17054

MESSAGE CONFIRMATION

04/23/2002 09:21
ID=SD MT. HOPE CEMETERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
04/23	00'40"	5837038	CALLING	01	OK 0000

04/23/2002 09:20 SD MT. HOPE CEMETERY → 95837038

NO.744 001

LOCAL FILE NUMBER



BURIAL—TRANSIT PERMIT

146

STATE FILE NUMBER

1. NAME First Middle Last EVELYN DAGUNAN JANSUY			2. SEX (M / F) Female	3. DEATH DATE (Mo, Day, Yr) April 15, 2002		
4. AGE LAST BIRTHDAY (Yr) 53	5. UNDER 1 YEAR MO: DAYS	6. UNDER 1 DAY HOURS: MINS	7. BIRTH DATE (Mo, Day, Yr) Apr. 24, 1948	8. BIRTHPLACE (City, State or Foreign Country) Cavite City, Philippines	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Pierce
11. CITY, TOWN OR LOCATION OF DEATH Tacoma		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> CHURCH 4. <input type="checkbox"/> HOSP 5. <input type="checkbox"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE St. Joseph Medical Center			13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If with, give maiden name) Paul L. Jansuy		16. SOCIAL SECURITY NO. 561-31-8228	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 4 2		
22. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	23. DATE (Mo, Day, Yr) Apr. 21, 2002	24. CEMETERY/CREMATORY — NAME Haven of Rest Crematory	25. LOCATION — CITY/TOWN, STATE Gig Harbor, Washington			
26. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		27. NAME OF FACILITY Haven of Rest Funeral Home	28. ADDRESS OF FACILITY Hwy 18, Box 156 Gig Harbor, WA 98335			

F U N E R A L D I R E C T O R

THIS BURIAL PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

A CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THE STATE OF WASHINGTON, PERMISSION IS HEREBY GIVEN TO DISPOSE OF THE BODY AS STATED ABOVE.

Pre-need
Lot & Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-23-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARMELITA BERNARDINO for TERESO R./ESTER B. BERNARDINO in a Double-Depth Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 67 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 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 25% → 511.00

R-54892 down Balance due 1533.45

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

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

Signature of recorded holder of deed _____

[Signature]
Signature
7740 PALM BEACH ST.
Address
XOTICKA VISTA, CA 92015
City
615-421-7908
Telephone Zip Code

Work Order # E 17055

Invoice # _____

Acct. # _____

Berge Robe

474-6865

PAID

JUL 7 1965

MOUNT HOPE CEMETERY

47065

BERNARDINO, CARMELITA

1440 PALM BEACH ST., CHULA VISTA, CA 91915(619) 421-7808

			DEBIT	CREDIT	BALANCE
4-02	OPENED Pre-Need Lot & Trust Account. Lot 67, Grave 10, Section 2, Division 12		895.00		895.00
	Trust includes Opening/Closing, Double Depth Crypt, Handling Fee, Recording Fees and Tax on Crypt.		1,149.45		2,044.45
4-23-02	R-54892 for 25% down payment			511.00	1,533.45
6-5-02	R-55073			64.00	1469.45
7-5-02	R-55177	Coupon # 2		64.00	1405.45
8-5-02	R-55273	" 3		64.00	1341.45
9-5-02	R-55372	" 4		64.00	1277.45
10-7-02	R-55487	# 5		64.00	1213.45
11-6-02	R-55582	# 6		64.00	1149.45
12-4-02	R-55695	# 7		64.00	1085.45
1-2-03	R-55788	8		64.00	1021.45
2-3-03	R-55873	9		64.00	957.45
2-28-03	R-55959	10		64.00	893.45
4-4-03	R-56103	11		64.00	829.45
5-8-03	R-56215	12		64.00	765.45
6-9-03	56344	13		64.00	701.45
7-9-03	56460	14		64.00	637.45
				1407	

BERNARDINO, CARMELITA

E-17055

PAID

JUL 07 2004

MOUNT HOPE CEMETERY

9/2/03 Camp 15/16 R - 36627
 10-8 03 50771 17
 11-14 03 50896 18
 12-15 03 ~~50~~ 57000 19
 1-5-04 57066 20
 2-5 04 57174 21
 3-10 04 57308 22
 4-7 04 57414 23
 5-5 04 57515 24
 7-7 04 57704

= 1612

128 00
 64 00
 64 00
 64 00
 64 00
 64 00
 64 00
 64 00
 36 00
 25 45

637.45
 509 45
 445 45
 381 45
 317 45
 250 45
 189 45
 125 45
 61 45
 25 45

correct
 HL

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 55073

From: Carmelita Bernardino Address: 1440 Palm Beach St Chula Vista
Sixty four Dollars (\$ 64.00)

In part Payment of Pre-need lot & trust

Lot 67 Grave 10 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-17055
 BALANCE DUE 1469.45

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>64</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

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

5025 ISSUED BY J. Sheehan

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

No 55273

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8/5, 20 02

From CARMELIA Bernardino Address: on record

Sixty-four and 00 Dollars (\$ 64.00)

In part Payment of pre-need lot/trust account

Lot 67 Grave 10 Row - Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17055

BALANCE DUE \$ 1,341.45

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

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

5078 ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>64.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55372

MOUNT HOPE CEMETERY

(619) 527-3400

From: C. B. Bernardino Date: 9-5, 2002
 Address: on record

Sixty-Four Dollars (\$ 64.00)

In part Payment of Pre-need lot / trust account
Coupon # 4

Lot 67 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17055

BALANCE DUE _____

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

5120

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

ISSUED BY Paullettel

CREDIT	67007	
20% Sales Care	77184	<u>51.00</u>
80% Sales of Lots	100	<u>13.00</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>64.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

No. 55487

Date: OCTOBER 7, 2002

From: CARMELITA B. BERNARDINO Address: ON RECORD

Sixty-four and 00 Dollars (\$ 64.00)

In part Payment of pre-need lot - trust account
Coupon # 5

Lot 67 Grave 10 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17055

BALANCE DUE \$1213.45

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>64 00</u>
Sales Tax	78390	
	78390	

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

ISSUED BY Paulette C.

TOTAL PAID \$ 64 00

5138

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55582

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Nov. 6th, 2008

From: C. B. Bernardino Address: on record

Sixty-Four 00 Dollars (\$ 64.00)

In part Payment of pre-need lot/trust account coupon # 6

Lot 67 Grave 10 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17065

BALANCE DUE \$ 1149.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY Paullette C.

5179

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>64.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	53033	
Sales Tax	77186-8022	
	80101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55695

MOUNT HOPE CEMETERY
 (619) 527-3400

Date: Dec. 4th, 20 02

From: Carmelita B. Bernardino Address: on record
Sixty-Four and 00 Dollars (\$ 64.00)

in part Payment of _____
 Lot 67 Grave 10 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-17055
 BALANCE DUE \$ 1085.45

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
5199 X

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55788

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 1-7-02, 20__
 From: Carmelita Bernardini Address: On-Record
Sixty Four Dollars (\$ 64.00)

 in part Payment of Pre-need lot - trust
 Lot 67 Grave 10 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17055BALANCE DUE 1021.45Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 5234NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.ISSUED BY D. Shelton

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>64 00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55873

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb. 3, 20 03

From: Carmelita Bernardino Address: 1440 Palm Beach St. C.V. 91916

Sixty Four dollars & 00/100 Dollars (\$ 64.00)

in part Payment of Pre need lot & trust

Lot 67 Grave 10 Row _____ Section 2 ~~DIVISION~~ Block 12

Invoice No. E 17055

Acct. No. _____

W.O. _____

BALANCE DUE 957.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5258

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

PAID

FEB 03 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO

ISSUED BY Ram Hatzel

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>64 00</u>
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 P/WK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55959

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb 28, 20 03

From: Carmelita Bernardino Address: 1440 Palm Beach St CV 9915

Sixty Four & 00/100 Dollars (\$ 64.00)

in part Payment of pre need lot & trust

Lot 107 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E 17055

Acct. No. _____

W.O. _____

BALANCE DUE 893.45

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

PAID

FEB 28 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Pam Hazel

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>64 00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64 00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

528

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56103

MOUNT HOPE CEMETERY

(619) 527-3400

Date: April 4, 20 03
 From: C. Bernardino Address: 1440 Palm Beach CV 91915
Sixty four dollars - 00/100 Dollars (\$ 64.00)
 in part Payment of pre need lot & trust
 Lot 47 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E17055
 Acct. No. _____
 W.O. _____
 BALANCE DUE 829.45

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

PAID

APR 04 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Tam Hetzel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Bural	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

5325

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56215

Date: May 8, 2003

#39

From: Complata Bernardino Address: 1440 Palm Beach St. C.V. 91915

Sixty four dollars & 00/100 Dollars (\$ 64.00)

in part Payment of pre need lot + trust

Lot 67 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E 17055

Acct. No. _____

W.O. _____

BALANCE DUE 765.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5363

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

PAID

MAY 08 2003

MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CA

ISSUED BY Karen Helzel

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>64</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56344

MOUNT HOPE CEMETERY

(619) 527-3400

Date: June 9, 20 03
 From: C. Bernardino Address: 1440 Palm Beach St CV 91915
Sixty four dollars & 00/100 Dollars (\$ 64.00)
 in part Payment of pre need lot + trust
 Lot 67 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E17055
 Acct. No. _____
 W.O. _____
 BALANCE DUE 101.45

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening	77184	
Closing	100	
Burial	77181	
Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>64</u>
	77186	
	60101	
	78390	
TOTAL PAID	\$	<u>64</u>

ISSUED BY Pam Hetzel

5388

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56466

MOUNT HOPE CEMETERY

(619) 527-3400

From: C. Bernardini Address: 1440 Palm Beach St CV 91915 Date: July 9, 20 03
Sixty four & 00/100 Dollars (\$ 64.00)
 in: part Payment of per trust
 Lot 67 Grave 10 Row _____ Section 2 Division 12
 Block _____

Invoice No. E17055
 Acct. No. _____
 W.O. _____
 BALANCE DUE 637.45

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE
PAID
 JUL 09 2003
 MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA
 ISSUED BY Kam Hatzel

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>64 00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64 00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5416

OFFICIAL RECEIPT



WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56627

MOUNT HOPE CEMETERY

(619) 527-3400

Date: SEPT. 2, 2003

From: Carmelita B. Bernardino Address: in need

One Hundred Twenty-Eight ⁰⁰ Dollars (\$ 128.00)

in part Payment of Pre-need lot + trust account.

Lot 67 Grave 10 Row _____ Section 2 Division 12
 Block 12

Invoice No. E-17055

Acct. No. _____

W.O. _____

BALANCE DUE \$ 509.45

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

ISSUED BY Raquellette C.

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>128.00</u>
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>128.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5474

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY
 (619) 527-3400

56771

From: C. Bernardino Address: 1440 Palm Beach St. CV. 91915 Date: Oct 8, 20 03

Sixty four Dollars (\$ 64.00)

in: paid Payment of pre need

Lot 67 Grave 10 Row _____ Section 2 Division 12
 Block _____

Invoice No. E17055

Acct. No. _____

W.O. _____

BALANCE DUE 445.45

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

PAID

OCT 08 2003

MOUNT HOPE CEMETERY

ISSUED BY Pam Wetzel

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>04</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>04</u>	<u>00</u>

Pre-Need Lot / At Need On Acct

Pre-need Trust / Cash Check

5497

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

56896

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Nov. 14, 20 03

From C. Bernardino Address: 1440 Palm Beach Ct CV 91915

Sixty four Dollars (\$ 64.-)

in part Payment of pre-need

Lot 67 Grave 10 Row _____ Section 2 Division 12

Invoice No. E 17055

Acct. No. _____

W.O. _____

BALANCE DUE ~~411.45 PH~~
381.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5537

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.
PAID
 NOV 14 2003
MOUNT HOPE CEMETERY
 ISSUED BY Pam Hetzel

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>64</u>	<u>-</u>
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57000

MOUNT HOPE CEMETERY

(619) 527-3400

From: Carmelita Bernardino Address: 1440 Palm Beach St C.V. 91915 Date: Dec 15, 20 03

Dollars (\$ 64.00)

in part Payment of pre need
 Lot 67 Grave 10 Row _____ Section 2 Division 12
 Block _____

Invoice No. E 17055

Acct. No. _____

W.O. _____

BALANCE DUE 317.45

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

PAID

DEC 15 2003

MOUNT HOPE CEMETERY

ISSUED BY Tam Habel

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>64</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5558

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57056

MOUNT HOPE CEMETERY

(619) 527-3400

Date: January 5, 20 04From: Carmelita Bernardino Address: on recordSixty four and 00 Dollars (\$ 64.00)in part Payment of pre-need trust accountLot 67 Grave 10 Row _____ Section 2 Division Block 12Invoice No. E-17055

Acct. No. _____

W.O. _____

BALANCE DUE \$ 253.45Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 5581NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

JAN 05 2003

ISSUED BY MOUNT HOPE CEMETERY
[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>64 00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57174

MOUNT HOPE CEMETERY

(619) 527-3400

 From: C. Bernardino Address: 1440 Palm Beach St CV 91915 Date: Feb 5 2004
 Dollars (\$ 64 -)

 in part Payment of per need
 Lot 67 Grave 10 Row _____ Section 2 Division Block 12
Invoice No. E 17055

Acct. No. _____

W.O. _____

BALANCE DUE 189.45Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 5602NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

FEB 05 2004

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>64 00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57308

MOUNT HOPE CEMETERY

(619) 527-3400

From: Camelita Bernardino Address: 1440 Palm Beach st cv 91915 Date: March 10, 2004

Dollars (\$ 64.00)

in part Payment of pre-need
 Lot 67 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. E 17055

Acct. No. _____

W.O. _____

BALANCE DUE 125.45

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

PAID

MAR 10 2004

MOUNT HOPE CEMETERY
 ISSUED BY Pam Hatzel

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>64 00</u>
Trust	77186	
Sales Tax	60101	
	78390	<u>64 00</u>
TOTAL PAID	\$	<u>64 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57416

MOUNT HOPE CEMETERY

(619) 527-3400

From: C Bernardino Address: 1440 Palm Beach St CV 91915 Date: April 7, 20 04
 Dollars (\$) 64.00

in part Payment of pre-need
 Lot 67 Grave 10 Row _____ Section 2 Division 12
 Block _____

Invoice No. E 17055
 Acct. No. _____
 W.O. _____
 BALANCE DUE 61.45

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

PAID

APR 07 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Held

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>64.00</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 64.00

Pre-Need Lot / At Need On Acct
 Pre-need Trust / Cash Check /
5058

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57515

From: C. Bernardino Address: 1440 Palm Beach St. CV 91915 Date: May 5, 2004

Dollars (\$ 36.00)

in part Payment of pre-need
 Div 12 Sec 2 Blk/Row _____ Lot 67 Grave 10

Invoice No. E17055

Acct. No. _____

W.O. _____

BALANCE DUE 26.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5721

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

PAID

MAY 05 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

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>36</u>	<u>00</u>
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>36</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57764

From: C. Bernardino Address: 1440 Palm Beach St. CV 91915 Date: July 7, 20 04

Dollars (\$ 25.45)

in full Payment of pre need

Div 12 Sec 2 Blk/Row 67 Lot 67 Grave 10

Invoice No. E17055

Acct. No. _____

W.O. _____

BALANCE DUE 0

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

PAID

JUL 07 2004

MOUNT HOPE CEMETERY

ISSUED BY Fan Hope

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>25.45</u>
Trust	77186	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 25.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

N^o 55177

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-5, 2002From: C. Bermadino Address: on record
Sixty-Four Dollars (\$ 64.00)
In part Payment of pre-need lot i trust account
 Lot 67 Grave 10 Row _____ Section 2 Division 2
 Block 2

Invoice No. _____

Acct. No. _____

W.O. E-17055BALANCE DUE \$ 1,405.45Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

5051

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	64 00
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	64 00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-23-02

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

of KATHERINE MOSLEY
 in a T. S. VAULT Funeral, date, time FRI 4-26 1:00
Type of Burial Container
 Church, Chapel, Graveside : PACIFIC BEACH Mortuary.

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

Lot <u>3672</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>
Grave space & Care Fund <u>Pre-Med E-15578</u>				<u>0</u>
Additional spaces and care fund <u>2000</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</u>
Sales taxes				<u>0</u>
Total Due				<u>0</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 17056

Invoice # _____

Acct. # _____

E17056

20

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) KATHERINE	1B. MIDDLE AMALIA	1C. LAST (FAMILY) MOSLEY	2. DATE OF BIRTH MONTH, DAY, YEAR 12/01/1911	3. DATE OF DEATH MONTH, DAY, YEAR 04/23/2002	4. SEX F	
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELAINE A. MOSLEY—SISTER 1042 GRAND AVE. SAN DIEGO CA 92109				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEM—PACIFIC BEACH 4710 CASS ST. SAN DIEGO CA 92109		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD815	6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			6B. DATE SIGNED 04/24/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/24/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT E. GALVEZ
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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3753 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4-26-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-23-02

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

of KATHERINE MOSLEY

in a F.S. VAULT

Funeral, date, time FRI 4-26-02

1:00 P.M.

Church, Chapel, Graveside PACIFIC BEACH Mortuary

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

Lot <u>3672</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>
Grave space & Care Fund				<u>Pre-Mem E-15578</u> <input checked="" type="checkbox"/>
Additional spaces and care fund				<input type="checkbox"/>
Opening/Closing & Setup				<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 type="checkbox"/>
Sales taxes				<input type="checkbox"/>
Total Due				<input checked="" type="checkbox"/>

Paid receipt number _____

Balance due _____

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

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

Katherine A. Mosley
Signature of next-of-kin holder of deed

X Thomas A. Mosley
Signature
1042 GRAND AVE
Address
SAN DIEGO CA 92109
City
858-272-2634
Telephone

Work Order # E 17056

Invoice # _____

Acct # _____

Pre-need
Lot & Trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-23-2002

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 113 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-54894 1769.38

Balance due 0

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

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

Signature of recorded holder of deed _____

X Lillian Cunningham
Signature
X 655 Coetsch 57
Address
X San Diego, CA. 92114
City Zip Code
X (619) 264-7621 / 561-4182
Telephone

Work Order # E 17057

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-23-02

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

in a LINER Funeral, date, time SAT 4-27 11:00

Church, Chapel, Graveside MAYER Mortuary.

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

Lot 191 Grave 3 Row _____ Section 2 Division/Block 13

Grave space & Care Fund Pre-need E-16170

Additional spaces and care fund _____

Opening/Closing & Setup PAID

Burial Container _____

Handling Fees _____

Flower vases - Marker MT. HOPE CEMETERY WEDNESDAY OVERTIME 600.00

Recording and filing _____

Sales taxes _____

Total Due 600.00
Paid receipt number R-51905 600.00
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 Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 17058

Invoice # _____

Acct. # _____

E-17058 64

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Geneva	1B. MIDDLE C.	1C. LAST (FAMILY) Walton	2. DATE OF BIRTH MONTH DAY YEAR 01/03/1938	3. DATE OF DEATH MONTH DAY YEAR 04/20/2002	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 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 Avenue, San Diego, CA 92116		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person taking permit <i>B. E. Mayer</i>		
8B. DATE SIGNED 04/25/2002		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7126 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 04/25/2002 B. E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207194
	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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ronald Finner</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-23-02

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

of GENEVA WALTON

in a LINER Funeral, date, time _____

Church, Chapel, Graveside _____ MAYER Mortuary

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

Lot 191 Grave 3 Row _____ Section 2 Division/Block 1P

Grave space & Care Fund Pre-need E-16170

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

~~Placeholder - Marker setting fee~~ SATURDAY OVERTIME 600.00

Recording and filing fee _____

Sales taxes _____

Total Due 600.00

Paid/receipt number _____

Balance due _____

I hereby certify I am the Caregiver of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and 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 burial under deed.

Signature of decedent's family or heir _____

[Signature]

Address _____
City _____
Telephone _____

**Public Administrator
Public Guardian
5201-A Ruffin Road
San Diego, California 92123**

Work Order # E 17058

Invoice # _____
Acct. # _____

NEA 104 (7-98) This information is available in alternative formats upon request.
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MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-24-02

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

in a T. S. VAULT Funeral, date, time (MAY 2nd) Thurs. 10:00
Type of Burial Container
Church, Chapel, Graveside; Community Mortuary.

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

Lot 24 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		<u>875.00</u>
Additional spaces and care fund		_____
Opening/Closing & Setup	PAID	<u>375.00</u>
Burial Container		<u>260.00</u>
Handling Fees	<u>APR 24 7002</u>	<u>198.00</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>Calv. use</u>	<u>20.16</u>

Total Due 1793.16

Paid receipt number R-54898 1793.16

Balance due 0

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

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

Signature of recorded holder of deed _____

Henry Blanchard
Signature
4158 Tim Street
Address
Bonita CA 91902
City
(619) 934-9875 Zip Code
Telephone

Work Order # E 17059

Invoice # _____

Acct. # _____

E-17059

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1 X	2 Schalk - Williams	3	4 Heathers
			7	8 Hill Jr	9 Hill III	10 Houtman

Interment space for: David W. Blanchard

Interment Date: 5-2-02 Time: 10:00

Lot: 24 Grave: 1 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

E-lagon grave

Blind Check & Verified By: ROBERT Date: 4-30-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

17059
54

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DAVID	1B. MIDDLE WARREN	1C. LAST (FAMILY) BLANCHARD	2. DATE OF BIRTH MONTH, DAY, YEAR 01/20/1948	3. DATE OF DEATH MONTH, DAY, YEAR 03/24/2002	4. SEX MALE
5A. CITY OF DEATH PALMDALE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KERRY BRIAN BLANCHARD - BROTHER 4138 TTH STREET BONITA, CA 91902		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH COMMUNITY MORTUARY 855 BROADWAY, CHULA VISTA, CA 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD - 1682	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 4/25/02					

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-	9B. DATE PERMIT ISSUED 04/25/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR				
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 313 NORTH FIGUEROA STREET LOS ANGELES, 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, CA 92186		

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, SAN DIEGO, CA 92102	11B. DATE BURIED 5-2-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-25-02

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

in a DOUBLE DEPTH Funeral, date, time Tues April 23rd 02

Church, Chapel, Graveside Berge-Roberts Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 27 Grave 4 Row _____ Section 1 Division/Bleek 11

Grave space & Care Fund Pre-Paid

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases Marker setting fee PAID 5-7-98

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.

PATRICIA DIAZ

I hereby authorize the interment in lot I hold under dead.

Signature of recorded holder of deed _____

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 17060

Invoice # _____

Acct. # _____

17060

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1 BLEICHNER	2 BLEICHNER	3	4 X	5 DYER	6	
7 GRADY	8 WEBSTER	9 WEBSTER	10	11 OAKES	12 BROOKS	

Interment space for: JAMES LINGADInterment Date: July 4-30 Time: 1:00Lot: 27 Grave: 4 Row: _____ Sect: 1 Div: 11Grave Laid out by: NF DAVIDAgrees with Legal Card: Yes NoAgrees with Map: Yes NoBlind Check & Verified By: DARRELL Date: 4-29-02

E-17060

31

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JAMES	1B. MIDDLE CRUZ	1C. LAST (FAMILY) LINGAO-LINGAO	2. DATE OF BIRTH MONTH, DAY, YEAR 03/06/1971	3. DATE OF DEATH MONTH, DAY, YEAR 04/23/2002	4. SEX M
5A. CITY OF DEATH LEAVENWORTH		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE KS	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PATRICIA DIAZ - MOTHER 6589 RAINBOW HEIGHTS RD FALLBROOK, CA 92028		
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	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED P. Valentine 04/25/2002		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/29/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT P. Valentine
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 4-30-02	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.

on the grave of Frances Mae Ting

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-25-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LPO-HONGTING

in a ASH VAULT Funeral, date, time 5-3-02 Fri May 10'00
Church, Chapel, Graveside Community Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$1500.00 will be applied and billed to undersigned.

Lot 231 Grave 8 Row _____ Section 2 Division/Block 12
Grave space & Care Fund Pre need lot E-16299

Additional spaces and care fund _____
Opening/Closing & Setup 105.00
Burial Container 55.00
Handling Fees 60.00
Flower vases - Marker setting fee _____
Recording and filing fee 45.00

PAID

Sales taxes 4.26
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA 269.26
Paid receipt number A-54933 269.23
Balance due 0.03

Family will mail check done

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 17061

Invoice # _____
Acct. # _____

E-17061

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Po	1B. MIDDLE Hong	1C. LAST (FAMILY) Ting	2. DATE OF BIRTH MONTH DAY YEAR 10/23/1926	3. DATE OF DEATH MONTH DAY YEAR 04/04/2002	4. SEX M
5A. CITY OF DEATH Village of Monticello		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE New York	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jiang Fang - Grandson 37-30 83rd St #2E Jackson Heights, New York 11372		
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>Person taking permit</i> [Signature]		
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 7109 of the Health and Safety Code.		8B. DATE SIGNED 04/22/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/23/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT D. Heldenbrand
	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 San Diego County 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 Put Hopg Cemetary 3751 Market San Diego Ca 92102	11B. DATE BURIED 4-8-02	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 4-26-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Steve Parraz, JR. (46)

in a Liner Funeral, date, time Fri, MAY 3rd 12:00

Church, Chapel Graveside CLAREMONT Mortuary DEBORAH 858 299-2211

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. EX

Lot 159 Grave 6 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 **APR 26 2002** 145.00

Flower vases - Marker setting fee **MT. HOPE CEMETARY** 45.00

Recording and filing fee **CITY OF SAN DIEGO, CA** 14.73

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-54907 1664.73

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 _____

Elizabeth Rodriguez
Signature
876 Cherrywood way #15
Address (566)
El Cajon
City 92021
Zip Code
619-334-7344
Telephone

S
Work Order # **E 17062**

Invoice # _____
Acct. # _____

F 17062

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X	Shate UP	8	9	10 11

Interment space for: Steve Parraz

Interment Date: 5-3-02 Time: 12:00 CITADEL

Lot: 159 Grave: 6 Row: _____ Sect: 2 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes

No

Agrees with Map: Yes

No

Blind Check & Verified By: ROBERT Date: 4-30-02

*Mag
grave*

E-17062

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) STEVE	1B. MIDDLE -	1C. LAST (FAMILY) PARRAZ JR	2. DATE OF BIRTH MONTH DAY YEAR 03/11/1960	3. DATE OF DEATH MONTH DAY YEAR 04/25/2002	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 BERTHA N. PARRAZ— WIFE 5014 AUBURN DRIVE, APT. #2 SAN DIEGO, CA 92105			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT HORTUARY: 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1126	8A. SIGNATURE OF APPLICANT—Person taking permit, <i>Victoria Azzaro</i>			8B. DATE SIGNED 05/02/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR 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 05/02/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO 2207569
	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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-3-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Armon Leaver</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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 17061

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

on the grave of Frances Mae Ting

		1	2	3	4	5
		7	8 X	9	10	11

Interment space for: PO. Hong Ting

Interment Date: 5-3-02 Time: 10:00

Lot: 231 Grave: 8 Row: _____ Sect: 2 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

Flag on grave

4-20 Muriel Elaine Wy SD 92120
6042 Elaine Wy

MT. HOPE CEMETERY
INTERMENT ORDER

GRAVE OF
MYRTLE GINTHER

City of San Diego

Date 4-30-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ORA BELLE GINTHER
in a ASH VAULT Funeral, date, time TUE 5-7 3:00

Church, Chapel, Graveside : FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ FAMILY

will be applied and billed to undersigned.

Lot 49 Grave 5 Row _____ Section 4 Division/Block 5
Grave space & Care Fund Pre-need C-0300

Additional spaces and care fund _____
Opening/Closing & Setup **PAID** 105.00

Burial Container MAY 03 2002 55.00

Handling Fees 60.00

Flower vases - Marker setting fee MT HOPE CEMETARY _____
CITY OF SAN DIEGO, CA

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-54937 269.26

Balance due 0

I hereby certify I am the Muriel Halderer agent of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 (MURIEL D. HOLDERER)
Signature
X 3603 5th Ave #104
Address
X San Diego Ca 92104
City Zip Code
X 619-234-4004
Telephone

Signature of recorded holder of deed
Loma Stevens,
619) 465-8671
338-8046

Work Order # E 17063 858-267-1200 Invoice # _____
02/23/07

REA-104 (7-96) Refer to This information is available in alternative formats upon request.

caskets + urns for Less

17063

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Grave of MYRTLE GINTHER

			6 49 X 5	Mc Koon	Mc Koon	Mc Koon
			3	2	1	

Interment space for: ORA BELLE GINTHER

Interment Date: Tue 5-7 Time: 2:00

Lot: 49 Grave: 5 Row: Sect: 4 Div: 5

Grave Laid out by: DARREYL & DAVE

Agrees with Legal Card: Yes No

Flag on grave

Agrees with Map: Yes No

Blind Check & Verified By: NORMAN Date: 5-6-02

E-17063

73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Orabelle		1B. MIDDLE	1C. LAST (FAMILY) Ginther		2. DATE OF BIRTH MONTH, DAY, YEAR 09/15/1928	3. DATE OF DEATH MONTH, DAY, YEAR 04/11/2002	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 Muriel Holderer, niece 363 5th Ave. #104 San Diego, CA 92101		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 Wl Cajon Blvd., San Diego, CA 92115					7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		9A. SIGNATURE OF APPLICANT—Person taking permit
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.			8B. DATE SIGNED 05/03/2002		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 05/03/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT C. HAGGARD
	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 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 5-7-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-1-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of THEODORE CLARK

in a LINER Funeral, date, time MON 5-6 9:30

Church, Chapel, Graveside DELIVERY ONLY; MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 58 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-need E-16661 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due 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
X
X
X
X
Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 17064

Invoice # _____

Acct. # _____

E17064

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1	2	3	4	5	6	
	FULLER		WIKI SUDLETT		AGABIN		COLLIER
	7	8	58 X 9	10	11	12	
				THOMAS	CARTER		THOMAS

Interment space for: THEODORE CLARK

Interment Date: MON 5-6 Time: 9:30

Lot: 58 Grave: 9 Row: _____ Sect: 7 Div: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

*Key on
Gravel*

Blind Check & Verified By: _____ Date: _____

E1706A 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) Theodore	1B. MIDDLE -	1C. LAST (FAMILY) Clark	2. DATE OF BIRTH MONTH, DAY, YEAR 12/28/1919	3. DATE OF DEATH MONTH, DAY, YEAR 05/01/2002	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 Jim Fetsch, PA 5201-A Riffin Road San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Ave., San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert J. Mayer</i>		8B. DATE SIGNED 05/02/2002

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 05/03/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207623
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5-6-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Herman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-1-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of THEODORE CLARK

in a LIVER Type of Burial Container Funeral date, time MON 5-6 9:30

Church, Chapel, Graveside DELIVERY ONLY : MAYER Ministry

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned _____

Lot 58 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-need E-1664

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 immediately next of kin _____

Arthur Dignity Public Guardian
5201 A Ruffin Rd
San Diego CA 92123-1699
658649-3522

Work Order # E 17064

Invoice # _____

Acct. # _____

MC-104 (1-00)

This information is available in alternative formats upon request.

© 2001 by Mt. Hope Cemetery

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-1-03

*Pre-need
 set + trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN E. FREEMAN JR. FOR JUANITA G. FREEMAN in a LINER Type of Burial Container Funeral, date, time _____ Mortuary.

Church, Chapel, Graveside _____; _____ Mortuary.
 All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

✓ Lot <u>133</u> Grave <u>6</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>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>
Total Due	<u>395.00</u>
Paid receipt number <u>R-54920</u>	<u>395.00</u>
Balance due	<u>1169.73</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 _____

X John E Freeman Jr
 Signature
X 241 EAST 4TH STREET
 Address
X NATIONAL CITY 91950
 City Zip Code
X (619) 477-6422
 Telephone

Work Order # **E 17065**

Invoice # _____
 Acct. # _____

FREEMAN, JOHN E. JR. 241 East 4th Street, National City 91950 477-6422

		DEBIT	CREDIT	BALANCE
05-01-02	Opened Pre-need lot and trust for Juanita Freeman			
	Lot 133, Grave 6, Section 2, Division 1*	795.00		795.00
	Trust includes opening/closing, liner, recording fee, handling fee, tax on liner.	769.73		1564.73
05-01-02	R-54920		395.00	1169.73
5-24-02	R-55019		1120.73	49.00

17065

Mt Hope Cemetery
Agreement Confirmation

05/01/2002

Agreement Number: E-17065-F

Agreement Date: 05/01/2002

Purchaser: Freeman JR., John E.
241 East 4th Street

Purchaser Number: 54 /

Phone: 619-477-6422

National City ,CA 91950

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 11-2	795.00	0.00	
1	Opening/Closing	Single Grave	375.00	0.00	
1	Burial Vaults	#5 Bell Liner	190.00	14.73	
1	Handling Fee	Bell Liner Handeling Fee	145.00	0.00	
1	Misc Fees	Recording Fee	45.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	2		133	6	A

BASE PRICE	1,550.00
SALES TAX	14.73
TOTAL CASH PRICE	1,564.73

TOTAL DOWNPAYMENT	395.00 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	1,169.73
DEFERRED PAYMENT PRICE	1,564.73

NUMBER OF INSTALLMENTS	24
REGULAR PAYMENT OF	48.74
ODD PAYMENT OF	48.71
DATE FIRST PAYMENT DUE	06/01/2002
PAYMENT PLAN	MONTHLY MONTHLY PAYMENT = \$ 48.74

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

Mt Hope Cemetery
Contract Entry Verification
 05/01/2002

E-17065

Contract Number: E-17065-F

Contract Date: 05/01/2002

Purchaser: Freeman JR., John E.
 241 East 4th Street

National City, CA 91950

Purchaser Number: 54 /

Phone: 619-477-6422

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	1,550.00	NUMBER OF INSTALLMENTS	24
SALES TAX	14.73	REGULAR PAYMENT OF	48.74
TOTAL CASH PRICE	1,564.73	ODD PAYMENT OF	48.71
TOTAL DOWNPAYMENT	395.00 -	DATE FIRST PAYMENT DUE	06/01/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE: Walk-in	
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	1,169.73		
DEFERRED PAYMENT PRICE	1,564.73		
ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION	
R L Perp. Care	159.00		
I V P/N Trust	755.00	1.0000	
R S Equity	564.00		
A Interest	0.00		
R S Tax Recovery	14.73		
R S Cost of Goods	72.00		
R V Late Charge	0.00		

CONTRACT ENTERED BY: _____

Mt Hope Cemetery
Contract Entry Verification
05/01/2002

E-17065

Contract Number: E-17065-F

Contract Date: 05/01/2002

Purchaser: Freeman JR., John E.
241 East 4th Street

Purchaser Number: 54 /

Phone: 619-477-6422

National City ,CA 91950

Child Prot:N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 11-2	795.00	0.00		
1	Opening/Closing	Single Grave	375.00	0.00		
1	Burial Vaults	#5 Bell Liner	190.00	14.73		
1	Handling Fee	Bell Liner Handeling Fee	145.00	0.00		
1	Misc Fees	Recording Fee	45.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	2		133	6	A

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-1-02

Pre-need TRUST

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of for: Willie Bell

in a D.D. Crypt 2nd Burial Type of Burial Container Funeral, date, time

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 104 Grave 12 Row _____ Section 2 Division/Bleed 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID

MAY 01 2002

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

375.00

45.00

Total Due 420.00

Paid receipt number CK 2699 420.00

R - 54921 Balance due Ø

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Islen D. Fuller
 Signature

1619-48th ST.
 Address

San Diego, CA 92102
 City Zip Code

619-266-0959
 Telephone

Work Order # **E 17066**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-1-03

*Pre need
dot & trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of PATRICIA DIAZ & ANGEL DIAZ

in a Double Depth Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

✓ Lot 727 Grave 410 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 375 750.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 at 45 90.00

Sales taxes 29.45

Total Due 2764.45

Paid receipt number R-54923 600.00

Balance due 1864.45

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Patricia C. Diaz
Signature
6589 Rainbow Hgts Rd.
Address
Falldbrook, CA. 92028
City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 17067 Acct. # _____

5320 N. De Vista ct. Littlefield Park AZ

E-17067

DIAZ, ANGEL & PATRICIA ~~6589 Rainbow Hgts. Rd, Fallbrook 92028~~ 85340

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
5-01-02	Opened pre-need lot and trust. Lot 27, Grave 10, Sec 1, Div 11 Pre-need trust includes 2 opening/closings, double depth crypt, handling fee, 2 recording fees, tax on crypt.	895.00 1569.45		895.00 2464.45
05-01-02	Receipt 54923		600.00	1864.45
6-3-02	Receipt # 56055		78.00	1786.45
6-25-02	Receipt # 55135		78.00	1708.45
7-29-02	Receipt # 55249		80.00	1628.45
8-28-02	R-55347 Coupon # 4		78.00	1550.45
10-2-02	R-55469 " #5		78.00	1472.45
12-2-02	R-55671 " 6		78.00	1394.45
1-30-03	R-55865 #7 & 8		160.00	1234.45
3-3-03	R 55949 10		78.00	1156.45
4-8-03	R 56118 "		78.00	1078.45
6-27-03	56418 No coupon		78.00	1000.45
7-1-03	56533 No coupon		400.00	600.45
3-11-04	delinquent notice mailed		100.00	500.45
4-1-04	R-57390		100.00	400.45
5-3-04	no coupon		100.00	300.45

Remaining
to trust

PAID

NOV 17 2004

MOUNT HOPE CEMETERY

DIAZ, PATRICIA & ANGEL E-17067

57506

7-14-04 R57796
9-2-04 57969
11-2-04 58180
11-17-04 Visa Card

no coupon
23

11-17-04 EXP 05/26/07

PAID in full

PAID

NOV 17 2004

MOUNT HOPE CEMETERY

100 -
100 -
100.00
100.45

400.45
300.45
200.45
100.45

E-17067

On June 25, 2002 approximately around 12:30 Ms. Patricia Diaz came into the office to see if there was a available grave next to her son (James Cruz Lingao Lingao), if so she would like to exchange from Lot 7, Grave 4, Sec 1, Div 11 that she is making monthly payments on and change to Lot 27, Grave 10, Sec 1, Div 11. The contract in file has been changed along with other documents.

P. Crawford

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Grave of
Lottie Curtis center right*

Date 5-1-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LINNIE SWEET MULLEN in a ASH VAULT Funeral, date, time Friday, June 14th 2:00
 Church, Chapel Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot <u>114</u> Grave <u>11</u> Row _____ Section <u>2</u> Division <u>11</u> Block <u>0</u>	
Grave space & Care Fund	<u>0</u>
Additional spaces and care fund <i>marker setting fee</i>	<u>125.00</u>
Opening/Closing & Setup PAID	<u>105.00</u>
Burial Container	<u>55.00</u>
Handling Fees <u>MAY 01 2002</u>	<u>60.00</u>
Flower vases - Marker setting fee	<u>45.00</u>
Recording and filing fee	<u>4.26</u>
Sales taxes	<u>394.26</u>
Total Due	<u>394.26</u>
Paid receipt number <u>R-54924</u>	<u>394.26</u>
Balance due	<u>0</u>

I hereby certify I am the Grand-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 _____

James E. Hayes
 Signature
4770 Home Ave # 308
 Address
San Diego 92105
 City Zip Code
619-263-7597
 Telephone

Work Order # **E 17068**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY E-17068

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

on grave of Lottie Cubit

tree ¹	tree ²	tree ³	Womark ⁴		Handover ⁶	
7	8	9	10	X		

Interment space for: Linnie Sweet Mullen

Interment Date: 6-14-02 Time: ?

Lot: 114 Grave: 11 Row: — Sect: 2 Div: 11

Grave Laid out by: Norman Davis

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: W. Davis Date: 6-11-02

E-17068

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) LINNIE	1B. MIDDLE —	1C. LAST (FAMILY) MULLEN	2. DATE OF BIRTH MONTH DAY YEAR 12/30/1913	3. DATE OF DEATH MONTH DAY YEAR 04/09/2002	4. SEX FE
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 GRAYES—GRANDSON 4770 HOME AVENUE #308 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>Gertrude Benyard</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
		8B. DATE SIGNED 04/17/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/17/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. BENYARD ▶ 2206719	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 6-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kira F. Jones</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC 2570 FORTUNE WAY, VISTA, CALIFORNIA 92083	12B. DATE CREMATED 4/18/02	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>J. W. Schock</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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-2-03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT CUNNINGHAM

in a T.S. Vault Funeral, date, time SAT. 5-4 12:00

Church, Chapel/Graveside GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ FELICIA

will be applied and billed to undersigned. _____

Lot 113 Grave 1 Row **PAID** Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund MAY 02 2002

Opening/Closing & Setup MT. HOPE CEMETARY

Burial Container CITY OF SAN DIEGO, CA

Handling Fees _____

Flower vases - Marker setting fee SATURDAY OVERTIME 600.00

Recording and filing fee _____

Sales taxes _____

OPEN
BACKGATE

R-54925 Total Due PAID 600.00

Paid receipt number 600.00

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 record holder of deed _____

X Lillian Cunningham
Signature
X 655 Goetschle St.
Address
X San Diego 92114
City Zip Code
X (619) 264-7621
Telephone

Work Order # **E 17069**

Invoice # _____

Acct. # _____

E-17069

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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) ROBERT	1B. MIDDLE EARL	1C. LAST (FAMILY) CUNNINGHAM	2. DATE OF BIRTH MONTH DAY YEAR 10/07/1952	3. DATE OF DEATH MONTH DAY YEAR 04/30/2002	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 DECEDENT LILLIAN CUNNINGHAM—MOTHER 655 GOETSCHL STREET SAN DIEGO, CA 92114		
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—Person taking permit: *[Signature]* 8B. DATE SIGNED: **05/03/2002**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 05/03/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZARO 2207605
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 ROSE HILL HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-4-02	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

GRAVE of
 MARIA ESQ

City of San Diego

Date 5-2-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LUZ G. ALVA

in a DOUBLE DEPTH Funeral, date, time MON 5-6 12:00
 Church, Chapel, Graveside BERGE ROBERTS Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 11 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Pre-Need E-16596 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container _____

Handling Fees MAY 02 2002 _____

Flower vases - Marker setting fee _____

Recording and filing fee MT HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO, CA _____

Total Due 420.00

Paid receipt number VISA 420.00

Balance due 0

I hereby certify I am the X [Signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

#130

Work Order # E 17070

Signature [Signature] FAUSTINO MORALES

X 3833 47th ST.

Address San Diego CA. 92105

City (619) 283-4996 Zip Code

Telephone _____

Invoice # _____

Acct. # _____

E-17070

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1	2	3	4	5	6	
	YOST	HEDGER	X			
7	8	9	10	11	12	13
McLAUGHLIN	MORRIS	HAYNES	LEE			BOSWELL

Interment space for: LUZ ALVA

Interment Date: MON 5-6 Time: 12:00

Lot: 11 Grave: 4 Row: _____ Sect: 3 Div: 12

Grave Laid out by: NF DAVID

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 5-3-02

*Flag on
Grave*

E-17070 45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LUZ	1B. MIDDLE G	1C. LAST (FAMILY) ALVA	2. DATE OF BIRTH MONTH, DAY, YEAR 04/04/1957	3. DATE OF DEATH MONTH, DAY, YEAR 05/02/2002	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 FAUSTINO MORALES - HUSBAND 3833 47TH ST SAN DIEGO, CA 92105	
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 YD-284		
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.			8A. SIGNATURE OF APPLICANT—Person taking permit		8B. DATE SIGNED 05/02/2002

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/03/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT P Valentine
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER 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 5-2-02

*Pre-Need
 Lot & Trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Konstantin Pentzarov / Leonid Pentzarov

in a LINER Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 224 Grave 9 Row _____ Section 2 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	PAID	<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee	<u>MAR 21 2003</u>	_____
Recording and filing fee		<u>45.00</u>
Sales taxes	MT. HOPE CEMETERY CITY OF SAN DIEGO, CA	<u>14.73</u>

Total Due

Paid receipt number 25% down 416.18

R # 54931
 Balance due 1248.55

I hereby certify I am the Def of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Konstantin Pentzarov
 Signature of record holder of deed

[Signature] #23
 Signature _____
 Address 9971 Scripps Westview Way
San Diego CA 92131
 City _____ Zip Code _____
 Telephone 858 6934196

Work Order # E 17071

Invoice # _____
 Acct. # _____

PENTSAKOVA, KONSTANTIN

9971 Scripps Westview Wy #23, S.D. CA 92131

			DEBIT	CREDIT	BALANCE
5-2-02	Opened pre-need lot & trust.				
	Lot 224, Grave 9, Section 2, Division 12		895.00		895.00
	Trusts includes-- (1) O/C, (1) Liner, Handling Fees, Recording & Filing fee and Tax on Liner.		769.73		1,664.73
5-2-02	Receipt #54931 for 25% down.	179		416.18	1,248.55
6-26-02	R-55140 Coupon 1	116 10.82 left		52.00	1,196.55
7-24-02	R-55237 2			52.00	1,144.55
8-13-02	R-55315 " 3			52.00	1,092.55
9-12-02	R-55409 # 4			52.00	1,040.55
10-22-02	R-55532 # 5			52.00	988.55
11-27	R-55657 # 6			52.00	936.55
1-7-03	R-55795 7			52.00	884.55
2-3-03	R-55879 8			52.00	832.55
2-28-03	R-559100			52.00	780.55
3-21-03	R-56053			780.55	0

PAID

MAR 21 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55140

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 6-26, 2002

From: Konstantin Pentsakou Address: on record

Fifty-Two and 00 Dollars (\$ 52.00)

In part Payment of preneed lot & trust account

Coupon # 1

Lot 224 Grave 9 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-17071

BALANCE DUE \$ 1196.55

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

526 ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>52.00</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>\$ 52.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

No 55237

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 7-24-02, 20__

From: Konstantin Pentekova Address: On Record

Eighty Two Dollars (\$ 52.00)

In part Payment of Pre-Need Lot & Trust

Lot 224 Grave 9 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17071

BALANCE DUE 1144.55

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>52</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>52</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55315

MOUNT HOPE CEMETERY
 (619) 527-3400

Date: 8-13, 2002

From: KONSTANTIN PENTSAKOVA address: 9971 Scripps Westview Wy SDCA 921
Fifty-Two and 00 Dollars (\$ 52.00)

In part Payment of Pre-need lot/trust account

Lot 224 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17071

BALANCE DUE \$ 1092.55

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

544

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Paullette C.

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>52.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	\$	<u>52.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

Nº 55409

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 9-12, 2002

From: K. Rentsakova Address: on record
Fifty-Two and 00 Dollars (\$ 52.00)

In part Payment of Pre-need lot + trust account
coupon # 4

Lot 224 Grave 9 Row - Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17071

BALANCE DUE \$ 1040.55

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

562

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>52.00</u>
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	63033	
Sales Tax	77186	
	80101	
	78390	
TOTAL PAID	\$	<u>52.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY
 (619) 527-3400

Nº 55532

Date: 10/22, 2002

From: KONSTANTIN PENTSAKOVA Address: ON RECORD

Fifty-Two and 00 Dollars (\$ 52.00)

In part Payment of Pre-need lot & trust account Coupon # 5

Lot 224 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17071

BALANCE DUE \$ 988.55

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

582

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Paullette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>52</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77186		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>52</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55657

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 11-27-02 . 20

From: Konstantin Pentakone Address: on Record

Twenty two Dollars (\$ 52.00)

in part Payment of Pre-need lot - trust

Lot 224 Grave 9 Row _____ Section 2 Division 19

Invoice No. _____

Acct. No. _____

W.O. E-17071

BALANCE DUE 936.55

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.

ISSUED BY: J. Shelton

CREDIT	67007		
20% Sales Care	77184	<u>12</u>	<u>00</u>
80% Sales	100	<u>40</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>52</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

55795

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 1-7-03, 20

From: Konstantin Pentakova Address: On Record

Tiffy Jew Dollars (\$ 52.00)

in part Payment of Pre-need Lot & Trust

Lot 224 Grave 9 Row _____ Section 7 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17071

BALANCE DUE 884.55

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Shekellin

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>52 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>52 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

55879

Date: Feb. 3, 20 03

From: Konstantin Pentsakova Address: 9971 Scripps Westview Wy #23 8092131

Fiftytwo dollars & 00/100 Dollars (\$) 52.00

in part Payment of preneed lot & trust

Lot 224 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. E 17071

Acct. No. _____

W.O. _____

BALANCE DUE 832.55

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.

PAID

FEB 03 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, CA

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184	<u>52</u>	<u>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	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>52</u>	<u>00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

599

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

55960

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb 28, 20 03

From: K. Pentzatkova Address: 6971 Scripps Westview way #23 92131

Fifty two + 00/100 Dollars (\$ 52.00)

in part Payment of pre need lot + trust

Lot 224 Grave 9 Row _____ Section 2 Division Block U

Invoice No. E 17071

Acct. No. _____

W.O. _____

BALANCE DUE 780.95

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.

PAID

FEB 28 2003

MT. HOPE CEMETARY
 CITY OF SAN DIEGO, Ca

ISSUED BY Pam Hugel

CREDIT	67007	<u>52</u>	<u>—</u>
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		
Trust	77186		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 52 —

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-3-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GWENDOLYN HILL

in a LIVER Type of Burial Container Funeral, date, time WED 5-8 10:00
Church, Chapel, Graveside FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 27 Grave 13 Row _____ Section 8 Division/Block 5

Grave space & Care Fund Pre-Paid E-3164 0

Additional spaces and care fund _____

Opening/Closing & Setup **PAID** 375.00

Burial Container _____ 190.00

Handling Fees MAY 03 2002 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 R-54939 769.73

Balance due 0

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.

EMILIE ZOUHAR
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Emilie C Zouhar
Signature
X 7875 HIGHGATE LANE
Address
X LA MESA 91942
City Zip Code
X 619 466-4506
Telephone

Work Order # E 17072

Invoice # _____

Acct. # _____

E-17072

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			0AT12			
GREIG			27 X 13	EDGE STAP	KERR	BLICKSTAFF

Interment space for: Gwendolyn Hill

Interment Date: Wed 5-8 Time: 10:00

Lot: 27 Grave: 13 Row: _____ Sect: 8 Div: 5

Grave Laid out by: DAKREY / (S) DAVE

Agrees with Legal Card: Yes No *they on*

Agrees with Map: Yes No *Grave*

Blind Check & Verified By: NORMAN Date: 5-6-02

E-17072

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Gwendolyn	1B. MIDDLE L.	1C. LAST (FAMILY) Hill	2. DATE OF BIRTH MONTH, DAY, YEAR 03/21/1912	3. DATE OF DEATH MONTH, DAY, YEAR 05/03/2002	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 Emilie Zouhar, Niece 7875 Highgate Ln., La Mesa CA, 91942		
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>		6B. DATE SIGNED 05/07/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 05/07/2002 K. Zaretska	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207756
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego CA, 92106-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St., San Diego CA, 92102	11B. DATE BURIED 5-8-02	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 5-16-2002

*on the
grave of
"myrtle Day"*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

Betty De Lise *NON*

RES.

in a ASH VAULT Funeral, date, time MAY 20th 1:00

Church, Chapel, (Graveside) Douglas & Zook Mortuary *226. 258-3244*
in monrovia

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 86 Grave 6 Row - Section 16 Division/Block 7

Grave space & Care Fund D-5825 8

Additional spaces and care fund PAID

Opening/Closing & Setup 105.00

Burial Container MAY 13 2002 55.00

Handling Fees 60.00

Flower vases - Market setting fee galo flower vase 23.78

Recording and filing fee CITY OF SD 45.00

Sales taxes 4.26

Total Due 293.04

Paid receipt number VISA 293-04

Balance due 0

*Daughter
Darlene Delise*

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 _____

Darlene Louise De Lise
Signature 924 Encinita Blvd. #67
Address Encinita, Ca. 92024
City 760-479-2334 Zip Code
Telephone

Invoice # _____

Work Order # **E 17073**

Acct. # _____

~~The mail state~~
will bring ashes
& permit on day of
service

will watch burial

293.04

E-17073

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92182-4527
619-527-5474
4381322156665644

85/13/82

11:32:58

KEYED

INVOICEN

VS XXXXXXXXXXXXXXX58652

AUTH# 013778

REF# 11182881

AVS: NO AVS REQUESTED

MAIL/PHONE \$ 293.84

TOTAL \$ 293.84

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

PHONE ORDER

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-17072

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. GRAVE OF MYRTLE DAY

3	4 Moffett		5	86 X 6 DAY		
9	10		11	12		

Interment space for: BETTY DeLise

Interment Date: MON 5-20 Time: 1:00

Lot: 86 Grave: 6 Row: Sect: 16 Div: 7

Grave Laid out by: Ken Collins

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date:

Why on Grave

E-17072

72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Batty	1B. MIDDLE Louise	1C. LAST (FAMILY) De Lise	2. DATE OF BIRTH MONTH, DAY, YEAR 08/09/1929	3. DATE OF DEATH MONTH, DAY, YEAR 04/16/2002	4. SEX F
5A. CITY OF DEATH Duarte		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Michael A. Schaffer - Son 20385 S.W. madeline Pl. Aloha, OR 97007		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Douglass & Zook Mortuary, Inc. 600 East Foothill Blvd. Monrovia, CA 91016		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 221	8A. SIGNATURE OF APPLICANT—Person taking permit David Smedley		8B. DATE SIGNED May 15, 2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18379 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 05/15/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Fred Leaf
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, Rm L-1 313 N. Figueroa L.A., CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Jensen
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-6-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of DOROTHY BARAJAS

in a DOUBLE DEPTH Funeral, date, time THUR 5-9 9:00

Church, Chapel, Graveside BERGE ROBERTS Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 113 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 2 at 375 750.00

Burial Container **PAID** 380.00

Handling Fees 320.00

Flower vases - Marker setting fee MAY 06 2002 —

Recordation Fee MT HOPE CEMETARY 2 at 45 90.00

Sales taxes CITY OF SAN DIEGO, CA 29.45

Total Due 2464.45

Paid receipt number VISA 2464.45

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.

GUDOLIO BARAJAS
I hereby authorize the interment in lot I hold under deed.

Gudolio Barajas 214
Signature
752 JOANNA DR
Address
SAN DIEGO 92114
City Zip Code
619-262-6340
Telephone

Signature of recorded holder of deed

Work Order # E 17074

Invoice # _____
Acct. # _____

E-17073

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1 CHRISTENSEN	2 CLEVELAND	113 X 3	4	5 ACKERMAN	6 DESSARDIN
	7 MARSHALL	8	9 PAGE	10 DRAKE	11 DRAKE	12 AUGHEY

Interment space for: DOROTHY BARAJAS

Interment Date: THUR 5-9 Time: 9:00

Lot: 113 Grave: 3 Row: Sect: 1 Div: 11

Grave Laid out by: MARRELLA DAVE

Agrees with Legal Card: Yes No

*fly in
Grave*

Agrees with Map: Yes No

Blind Check & Verified By: NORMAN Date: 5-7-02

E-17073

68

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHY	1B. MIDDLE MARIE	1C. LAST (FAMILY) BARAJAS	2. DATE OF BIRTH MONTH, DAY, YEAR 11/28/1933	3. DATE OF DEATH MONTH, DAY, YEAR 05/03/2002	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 GUDELIO BARAJAS - HUSBAND 752 JOANNA DR SAN DIEGO, CA 92114		
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 filing permit <i>Pamela Valente</i>		

8B. DATE SIGNED
05/06/2002

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 7130 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/08/2002 <i>P. Valente</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207857
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	
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

FOR CORONER'S USE ONLY

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 5-9-02	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
			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 5-6-02

*Pre-need
 set a trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JANE RUTH RYKERD

in a Double Depth Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot <u>1647</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>	
Grave space & Care Fund					<u>995.00</u>
Additional spaces and care fund					_____
Opening/Closing & Setup <u>2 at 375</u>					<u>750.00</u>
Burial Container PAID					<u>380.00</u>
Handling Fees					<u>320.00</u>
Flower vases MAY OR MORE					_____
Recording and filing fee <u>2 at 45</u>					<u>90.00</u>
Sales taxes MT. HOPE CEMETARY					<u>29.45</u>
CITY OF SAN DIEGO, CA					<u>2564.45</u>

Total Due 2564.45

Paid receipt number R-54947 2564.45

Balance due 0

I hereby certify I am the JANE RUTH RYKERD of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Jane Ruth Rykerd
Signature
 X 3906 FALCON ST.
Address
 X SAN DIEGO, CA 92103-2920
City Zip Code
 X (619) 293-7171
Telephone
ARA 295-9374

Invoice # _____

Work Order # **E 17075**

Acct. # _____

84

Can
daughter
Patricia Ann E-17075
Goldstein

daughter of
Jesse R
Ryker
born here

Mt Hope Cemetery
Contract Entry Verification
05/15/2002

E-17075

Contract Number: E-17075-F

Contract Date: 05/06/2002

Purchaser: Rykerd, Jane Ruth
3906 Falcon Street

Purchaser Number: 84 /

Phone: 619-293-7171

San Diego, CA 92103-2920

Child Prot: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

BASE PRICE	2,535.00	NUMBER OF INSTALLMENTS	1
SALES TAX	29.45	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	2,564.45	ODD PAYMENT OF	0.00
TOTAL DOWNPAYMENT	2,564.45 -	DATE FIRST PAYMENT DUE	06/15/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -	SOURCE: Walk-in	
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	2,564.45		
ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION	
R L Perp. Care	199.00		
I V P/N Trust	1,540.00	1.0000	
R S Equity	571.00		
A Interest	0.00		
R S Tax Recovery	29.45		
R S Cost of Goods	225.00		
R V Late Charge	0.00		

CONTRACT ENTERED BY: _____

Mt Hope Cemetery Agreement Confirmation

E-17075

05/15/2002

Agreement Number: E-17075-F

Agreement Date: 05/06/2002

Purchaser: Rykerd, Jane Ruth
3906 Falcon Street

Purchaser Number: 84 /

Phone: 619-293-7171

San Diego ,CA 92103-2920

Child Protection: N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves	Division 10	995.00	0.00	
2	Opening/Closing	Single Grave	750.00	0.00	
1	Burial Vaults	Double Depth Lawn Crypt	380.00	29.45	
1	Handling Fee	D/D Crypt Handling fee	320.00	0.00	
2	Misc Fees	Recording Fee	90.00	0.00	
Property					

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
			1647		A

BASE PRICE	2,535.00
SALES TAX	29.45
TOTAL CASH PRICE	2,564.45
TOTAL DOWNPAYMENT	2,564.45 -
TRANSFER ALLOWANCE	0.00 -
DISCOUNT OR ALLOWANCE	0.00 -
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	0.00
DEFERRED PAYMENT PRICE	2,564.45
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	0.00
DATE FIRST PAYMENT DUE	06/15/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement,
please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

Mt Hope Cemetery
Contract Entry Verification
05/15/2002

E-17075

Contract Number: E-17075-F

Contract Date: 05/06/2002

Purchaser: Rykerd, Jane Ruth
3906 Falcon Street

Purchaser Number: 84 /

Phone: 619-293-7171

San Diego ,CA 92103-2920

Child Prot:N

Beneficiary:

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 10	995.00	0.00		
2	Opening/Closing	Single Grave	750.00	0.00		
1	Burial Vaults	Double Depth Lawn Crypt	380.00	29.45		
1	Handling Fee	D/D Crypt Handling fee	320.00	0.00		
2	Misc Fees	Recording Fee	90.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
			1647		A

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

TOP CENTER

Date 5-6-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RANDA BURKHOLDER

REG in a ASH VAULT Funeral, date, time Tue 6-10 AYD

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 2177 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre-Need C-6143

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Need E-16935

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee 125.00 5-22-02
R-55011

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 MA
Aid MARTHA K. ANDERSON
PH. 785-537-5093
City 2708 LESLIE LN.
Tel. MANHATTAN, KS 66502

Work Order # S E 17076

Invoice # _____

Acct. # _____

E-17076
106

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RANDA	1B. MIDDLE FORNEY	1C. LAST (FAMILY) BURKHOLDER	2. DATE OF BIRTH MONTH DAY YEAR 09/15/1895	3. DATE OF DEATH MONTH DAY YEAR 05/03/2002	4. SEX F
5A. CITY OF DEATH ANDEN HILLS		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE MI	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARTHA ANDERSON—GRANDDAUGHTER 2708 LESLIE LANE MANHATTAN, KS 66502		
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—Print (typing permit) 8B. DATE SIGNED <i>Victoria Azzaro</i> 06/11/2002		
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/11/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2209772
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA —	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6-18-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Forney</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Mt Hope Cemetery E-17076
Contract Entry Verification (Preview Only)
 07/17/2002

Contract Number: E-17076-F

Contract Date: 05/06/2002

Purchaser: Anderson, Martha K. And/Or Everett, Barbara Burkholder
 2708 Leslie Lane

Purchaser Number: 293 / 35

Phone: 785-537-5093

Manhattan, KS 66502

Child Prot: N

Beneficiary: Burkholder, Randa F.

Counselors: 3 SUE SHACKELTON

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Misc Fees	Marker Setting Fee	125.00	0.00		

Property	Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
	Division 8	3		2177	1	A

BASE PRICE	125.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	125.00	ODD PAYMENT OF	0.00
7 MONTH DOWNPAYMENT	125.00 -	DATE FIRST PAYMENT DUE	08/17/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		

SOURCE: Mortuary Referrals

FINANCE CHARGE 0.00 @ 0.000% AMORTIZE

TOTAL OF PAYMENTS 0.00

DEFERRED PAYMENT PRICE 125.00

ACCOUNT CONTRIBUTIONS AMOUNT FRACTION

I V P/N Trust	125.00	1.0000
R S Equity	0.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-6-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of NELDA TAYLOR 593

in a LINER Funeral, date, time FRI 5-10 11:00

Church, Chapel, Graveside : CA BURIAL Mortuary,
EL CAMINO BLVD

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Lot 144 Grave 6 Row _____ Section 2 Division/Block 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 for MT. HOPE CEMETERY 45.00

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number MC 1300.00

Balance due 364.73

mortuary to bring check

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.

Johnisha Kuykendall X Johnisha Kuykendall 592
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Johnisha Kuykendall Signature
517 N. Morrison Ave Address
EL CAMINO CA 92020 City Zip Code
(619) 441-0572 Telephone

S

Invoice # _____

Work Order # E 17077

Acct. # _____

E-17077¹

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3	4	5	144 X 6		
9 GREENE	10	11 HERVEY	12		

Interment space for: NELDA TAYLOR

Interment Date: FRI 5-10 Time: 11:00

Lot: 144 Grave: 6 Row: Sect: 2 Div: 12

Grave Laid out by: DAKLEY & DAVE

Agrees with Legal Card: Yes No

fly on grave

Agrees with Map: Yes No

Blind Check & Verified By: Hamon Date: 5-202

E-17077
43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NELDA	1B. MIDDLE R.	1C. LAST (FAMILY) TAYLOR	2. DATE OF BIRTH MONTH DAY YEAR 09/22/1956	3. DATE OF DEATH MONTH DAY YEAR 03/04/2002	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 EARL KUYKENDALL—SON 828 S. PT. CROSSING DR. DURHAM, N.C. 27713	
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>John Earl Kuykendall</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 05/07/2002		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/07/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. BENYARD
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David 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 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 5-6-2002

At need
598
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Regina Mac Lennan PA # 20021387

in a D.O. (1st Burial) Funeral, date, time WED 5-8 11:00

Church, Chapel, Graveside Delivery Only: ALTIAN Mortuary, 619-337-8100 FAX 619-337-8100

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 9 Grave 3B Row _____ Section _____ Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 423.00

Burial Container 123.01

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 9.53

Total Due 726.54

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 owner of deed _____

X _____
Signature
X _____
Address
X _____
City _____ Zip Code
X _____
Telephone

Billed 5724

Work Order # E 17078

Invoice # 363636
Acct. # 000952

E-17078

74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

598

1A. NAME OF DECEDENT—FIRST (GIVEN) REGINA	1B. MIDDLE T.	1C. LAST (FAMILY) MACLENNAN	2. DATE OF BIRTH MONTH, DAY, YEAR 11/07/1927	3. DATE OF DEATH MONTH, DAY, YEAR 02/28/2002	4. SEX F.
5A. CITY OF DEATH SAN DIEGO		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REGINA L. MACLENNAN— DAUGHTER 648 15th ST. SAN DIEGO, CA 92101		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 7866 LA MESA BLVD., LA MESA, CA 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658	9A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

597

05/07/2002

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.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 05/07/2002 <i>NANCY LOPEZ</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>George R. Jones</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.	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY	
A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" 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 <input type="checkbox"/>		

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 5-8-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-7-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RITA JACKSON ⁽⁵⁹⁶⁾

in a Liner Funeral, date, time FRI 5-10 10:00

Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 78 Grave 5 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 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-54967 1664.73

Balance due 0

MORTUARY to
BRING check

MAY 09 2002
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.

Cassandra Scarlett

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

(595) Signature [Signature]

Address 1951 Pacific Mist Rd

City San Diego CA. 92139

Telephone 619 267-5403 Zip Code _____

Work Order # E 17079

Invoice # _____

Acct. # _____

E-17079

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

2	3	4 HOGUE	78 X 5	6		
8 Reese	9 Reese	10	11	12		

Interment space for: RITA JACKSON

Interment Date: Fri 3-10 Time: 10:00

Lot: 78 Grave: 3 Row: Sect: 1 Div: 12

Grave Laid out by: DAND DL

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

**Key on
Gravel*

Blind Check & Verified By: ROBERT Date: 5-8-02

E-17079

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

51

1A. NAME OF DECEDENT—FIRST (GIVEN) Rita		1B. MIDDLE Marie		1C. LAST (FAMILY) Jackson		2. DATE OF BIRTH MONTH DAY YEAR 07/01/1950		3. DATE OF DEATH MONTH DAY YEAR 05/04/2002		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 Cassandra Scarlett, Daughter 1951 Pacific Mist Rd. San Diego, CA 92139					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 3066 Federal Blvd. San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329		8A. SIGNATURE OF APPLICANT—Person taking permit, [Signature]			8B. DATE SIGNED 05/08/2002
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/08/2002		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Tinsley				
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 -						
AUTHORIZATION OF LOCAL REGISTRAR		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	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 [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 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 5-7-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of DAVID N. RICHARDSON ⁽³¹⁰⁾

in a LINER _{Type of Burial Container} Funeral, date, time MAY THURS 9th 11:00

Church, Chapel, Graveside CA Burial Crematory _{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 138 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund **PAID** 895.00

Additional spaces and care fund

Opening/Closing & Setup MAY 08 2002 375.00

Burial Container MT. HOPE CEMETARY 190.00

Handling Fees CITY OF SAN DIEGO, CA 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-54959 800.00

R-54960 Balance due 864.73

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 589 hold under deed.

Signature of recorded holder of deed _____

Patricia Smeil
Signature
18173 Brookhaven Ct.
Address
San Diego Ca. 92114
City Zip Code
619-472-1799
Telephone

Work Order # S E 17080 Invoice # _____
Acct. # _____

E-17080

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

1 1/2	3 LAWLESS II	4 LAWLESS	5 X			
7 18	9	10 TAYLOR	11			

Interment space for: David N Richardson

Interment Date: May 9th 02 Time: 11:00

Lot: 138 Grave: 5 Row: Sect: 1 Div: 11

Grave Laid out by: DAVID DF

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on the grave

Check & Verified By: Robert Date:

3802

PURCHASE AGREEMENT: Upon purchasing this money order, you agree to all terms on the money order and to this contract. You agree to immediately fill in payee's name, the date, your name and address. This **Original Purchaser's Copy** is your proof of purchase. See reverse side for refund policy. A \$10.00 service fee applies to replacement money orders and copies of paid money orders. At minimum, sixty (60) days must lapse following purchase before requesting a refund. No "stop payment" will be issued against any money order. **ADMINISTRATIVE SERVICE CHARGES:** If this money order is not presented to issuer for payment within one year (three years in California) from the date of purchase, a non-refundable service charge shall be deducted from the face amount of the instrument where not otherwise prohibited by law. The monthly charge is 35 cents (25 cents in California) from the date of purchase. Accrued charges will be capped at \$29.00 (\$21.00 in California).

E-17080

PURCHASER'S COPY

52-90774208

\$300 DOLS 00 CTS

NON NEGOTIABLE HUNDRED AND 00/100 DOLLARS**

MONEY ORDER NOT GOOD FOR MORE THAN FIVE HUNDRED DOLLARS (\$500.00)

Mount Hope Cemetery
Patricia A. Smith
8173 Brookhaven Ct. S.D. Ca 92114

See Reverse Side For Refund Policy
(Vea Al Reverso Para Informacion Acerca Del Reembolso)

RETAIN FOR YOUR RECORDS

PURCHASE AGREEMENT: Upon purchasing this money order, you agree to all terms on the money order and to this contract. You agree to immediately fill in payee's name, the date, your name and address. This **Original Purchaser's Copy** is your proof of purchase. See reverse side for refund policy. A \$10.00 service fee applies to replacement money orders and copies of paid money orders. At minimum, sixty (60) days must lapse following purchase before requesting a refund. No "stop payment" will be issued against any money order. **ADMINISTRATIVE SERVICE CHARGES:** If this money order is not presented to issuer for payment within one year (three years in California) from the date of purchase, a non-refundable service charge shall be deducted from the face amount of the instrument where not otherwise prohibited by law. The monthly charge is 35 cents (25 cents in California) from the date of purchase. Accrued charges will be capped at \$29.00 (\$21.00 in California).

PURCHASER'S COPY

52-90774209

\$300 DOLS 00 CTS

NON NEGOTIABLE HUNDRED AND 00/100 DOLLARS**

MONEY ORDER NOT GOOD FOR MORE THAN FIVE HUNDRED DOLLARS (\$500.00)

Mount Hope Cemetery
Patricia A. Smith
8173 Brookhaven Ct. S.D. Ca 92114

See Reverse Side For Refund Policy
(Vea Al Reverso Para Informacion Acerca Del Reembolso)

RETAIN FOR YOUR RECORDS

PURCHASE AGREEMENT: Upon purchasing this money order, you agree to all terms on the money order and to this contract. You agree to immediately fill in payee's name, the date, your name and address. This **Original Purchaser's Copy** is your proof of purchase. See reverse side for refund policy. A \$10.00 service fee applies to replacement money orders and copies of paid money orders. At minimum, sixty (60) days must lapse following purchase before requesting a refund. No "stop payment" will be issued against any money order. **ADMINISTRATIVE SERVICE CHARGES:** If this money order is not presented to issuer for payment within one year (three years in California) from the date of purchase, a non-refundable service charge shall be deducted from the face amount of the instrument where not otherwise prohibited by law. The monthly charge is 35 cents (25 cents in California) from the date of purchase. Accrued charges will be capped at \$29.00 (\$21.00 in California).

PURCHASER'S COPY

52-90774210

\$200 DOLS 00 CTS

NON NEGOTIABLE HUNDRED AND 00/100 DOLLARS**

MONEY ORDER NOT GOOD FOR MORE THAN FIVE HUNDRED DOLLARS (\$500.00)

Mount Hope Cemetery
8173 Brookhaven Ct
Patricia A. Smith

See Reverse Side For Refund Policy
(Vea Al Reverso Para Informacion Acerca Del Reembolso)

RETAIN FOR YOUR RECORDS

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DAVID	1B. MIDDLE NATHANIEL	1C. LAST (FAMILY) RICHARDSON	2. DATE OF BIRTH MONTH, DAY, YEAR 10/05/1918	3. DATE OF DEATH MONTH, DAY, YEAR 05/01/2002	4. SEX MALE
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 STELLA MC CALL—DAUGHTER		
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	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 5723 BATES STREET #116 SAN DIEGO, CA 92115		
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 7119 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person being perm. <i>[Signature]</i>		8B. DATE SIGNED 05/07/2002	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 05/07/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207768 J. BENYARD
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—POO, 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 5-9-02	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 5-7-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID N. RICHARDSON

in a LINER Funeral, date, time MAY THURS 9th 11:00
Type of Burial Container
Church, Chapel, Graveside CA. Burial & Cremation 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>138</u> Grave <u>5</u> Row _____ Section <u>1</u> Division/Block <u>11</u>	
Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>

Total Due 1664.73
 Paid receipt number R-54959 1000.00
 Balance due 864.73

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Patricia Small
Signature
8173 Brookhaven Ct.
Address
San Diego Ca. 92114
City Zip Code
619-482-1799
Telephone

Work Order # E 17080
 REA-104 (7-96) This ink

BALANCE TO
BE PAID
BY MORTUARY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-7-02

PRE-NEED
 LOTS & TRUST

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALMA TALAMANTES

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary, _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 439 Grave 440 Row _____ Section 4 Division/Block 8

Grave space & Care Fund 2 at 300 600.00

Additional spaces and care fund _____

Opening/Closing & Setup 4 at 105 420.00

Burial Container _____

Handling Fees _____

Flower vases - Market setting fee _____

Recording and filing fee 4 at 45 180.00

Sales taxes _____

PAID
 MAR 07 2013
 MT. HOPE CEMETERY R-54957
 CITY OF SAN DIEGO
 Total Due 1200.00
 Paid receipt number R-54957 300.00
 Balance due 900.00

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.

Alma Talamantes
 Signature
10808 Westonhill Dr
 Address
San Diego CA 92126
 City Zip Code
858-536-9171
 Telephone

Signature of recorded holder of deed _____

Work Order # **E 17081**

Invoice # _____

Acct. # _____

*85

85 TALAMANTES, ALMA 10808 Westonhill Dr, San Diego 92126 858 536-9171

			DEBIT	CREDIT	BALANCE
05-07-02	Opened pre-need lot and trust. Lot 439 & 440, Sec 4, Div 8	120 20 70 / 10 480 80 / 10	600.00		600.00
05-07-02	Trust includes 4 opening/closings, 4 recording fees for urn garden.		600.00		1200.00
05-07-02	R-54957			300.00	900.00
6-7-02	R-55085			100.00	800.00
7-15-02	R-55208	REM TO		38.00	762.00
8-12-02	R-55304	TRUST		50.00	712.00
9-16-02	R-55384			40.00	672.00
10-7-02	R-55482			40.00	632.00
11-5-02	R-55579	NO COUPON		40.00	592.00
12-5-02	R-55697	PAID		40.00	552.00
1-2-03	R-55771	NO COUPON		40.00	512.00
3-3-03	R-55963	MAR 07 2003 NO COUPON		80.00	432.00
3-7-03	R-56003	MT. HOPE CEMETARY CITY OF SAN DIEGO, CA		72.00	360.00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-08-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VALARIE TOTTEN SP4

in a LINER #6 Funeral, date, time Mon, MAY 13 11:00

Church, Chapel, Graveside SD Memorial Mortuary
ROSA 692-3090

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 1165 Grave 8 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 oversize LINER #6 220.00

Handling Fees MAY 10 2002 145.00

Flower vases - Marker setting fee MT. HOPE CEMETARY _____

Recording and filing fee CITY OF SAN DIEGO 45.00

Sales taxes 17.05

PAID
Total Due \$ 1697.05
Paid receipt number R-519473 \$ 1697.05

Balance due 0

I hereby certify I am the Y of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery 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 _____

Y
Signature _____
Y Address see attached _____
Y City _____ Zip Code _____
X Telephone _____

5
Work Order # **E 17082**

Invoice # _____
Acct. # _____

E1082
OVERSIZE LINER #6

28 $\frac{1}{2}$ w handles included

83 $\frac{1}{2}$ L.

Per ms. Williams we
are to select the grave

E-17082

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			2838 X	2839	2840	2841
						2842 Lowry

Interment space for: Julius Sampson Askerneese

Interment Date: _____ Time: 1:00

Lot: 2838 Grave: _____ Row: _____ Sect: 1 Div: 9

Grave Laid out by: DAVID DF

Agrees with Legal Card: Yes No Fagon

Agrees with Map: Yes No grave

Blind Check & Verified By: 5-13-02 Roberto Date: _____

E 17082

36

544

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) VALERIE	1B. MIDDLE DOLORES	1C. LAST (FAMILY) TOTTEN	2. DATE OF BIRTH MONTH DAY YEAR 05/08/1965	3. DATE OF DEATH MONTH DAY YEAR 05/05/2002	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 DOLORES SIMPSON—MOTHER, 4A3 1612 CORONADO AVE SPRING VALLEY CA 91977		
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>Rosa Hava</i>		8B. DATE SIGNED 05/08/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR 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 05/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207894 ROSA HAVA
	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 ST SAN DIEGO CA 92102	11B. DATE BURIED 10-13-02	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.

SD MT. HOPE CEMETERY + 96920896

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-08-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of VALARIE TOTJEN

in a LINER #6 Funeral date time MON MAY 13 11:00

Church Chapel, Grave side SD Memorial Monday
ROSA 692-3090

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 165 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 875.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container OVERSIZE LINER 220.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.05

Total Due 1697.05

Paid receipt number _____

Balance due _____

I hereby certify I am the Counselor of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Signature of recorded holder of deed _____

Rosa A. Nava
Signature
244 University Ave
Address
San Diego CA 92104
City
(619) 692-3090
Telephone

Work Order # E 17082

Invoice # _____

Acct. # _____

In need lot

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-7-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Irina Shageryan Purchaser

in a ASH PLOT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 5250 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 300-

Additional spaces and care fund -

Opening/Closing & Setup **PAID** -

Burial Container -

Handling Fees **MAY 07 2002** -

Flower vases - Marker setting fee -

Recording and filing fee **MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA** -

Sales taxes -

Total Due PAID 300-

Paid receipt number PAID 300-

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 Irina Shageryan
Signature 4544 Kansas St
Address San Diego CA 92116
City 619-640-0854 Zip Code _____
Telephone _____

Invoice # _____

Work Order # **E 17083**

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-8-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Loyce Jean Mosley 581

in a LINER Funeral, date, time TUES. MAY 14, 11:00
Type of Burial Container
 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 148 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	<u>45.00</u>
Recording and filing fee	<u>14.73</u>
Sales taxes	<u>1664.73</u>
Total Due	<u>1664.73</u>
Paid receipt number <u>R-54981</u>	<u>1664.73</u>
Balance due	<u>0</u>

*Mortuary to
bring check
for service*

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 recordant holder of deed _____

Vincent P Demery 580
 Signature
911 6th St.
 Address
Vallejo CA 94590
 City
(707) 557-6579
 Telephone Zip Code

Work Order # E 17084

Invoice # _____

Acct. # _____

E-17084

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			1 Brettell	2	3	4 Levingston
			7 X	8	9	10

Interment space for: Loyce J. MosleyInterment Date: 5/14/02 Time: 11:00Lot: 148 Grave: 7 Row: _____ Sect: 2 Div: 12Grave Laid out by: DAVID ~~XXXXXXXXXX~~Agrees with Legal Card: Yes NoAgrees with Map: Yes NoBlind Check & Verified By: Norman Date: 5-13-02Flag on
grave

E-17084

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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) Loyce	1B. MIDDLE Jean	1C. LAST (FAMILY) Moskaly	2. DATE OF BIRTH MONTH DAY YEAR 08/05/1948	3. DATE OF DEATH MONTH DAY YEAR 05/04/2002	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 Shaun Rowland, Son 13070 Rancho Pen. Blvd., #2 San Diego, CA 92129			
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 FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Maite Tinsley</i>		8B. DATE SIGNED 05/09/2002
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/09/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2207964
		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 ITEM(S)

- A. BURIAL (INCLUDES ENTOMBMENT) E. TEMPORARY ENVAULTMENT
- B. CREMATION F. DISINTERMENT
- C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY G. SHIP IN TO CALIFORNIA
- D. SCIENTIFIC USE 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 5-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Leguer</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of WILLIAM FREEMAN
 in a ASH VAULT Funeral, date, time Fri. 2:00-June 14th
Type of Burial Container
 Church, Chapel Graveside Mortuary, _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 113 Grave 1 Row _____ Section 14 Division/Block 7

Grave space & Care Fund Pre-Paid B-8817

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases MAI 23 2002 250.00

Recording and filing fee 45.00

Sales taxes 4.26

also PAID MARKER SETTING FEE FOR RUSSELL Total Due 519.26
 Paid receipt number R-55015 519.26

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

 Signature of recorded holder of deed

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 17085

Invoice # _____

Acct. # _____

E-17085
Janine Freeman

(904) 766-9527

Jacksonville,
Home Florida

DAUGHTER

3hao
shao
CMT.

E-17085

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Interment space for: William D. Freeman

Interment Date: _____ Time: _____

Lot: 115 Grave: 1 Row: — Sect: 14 Div: 7

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

F-17085

67

APPLICATION 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 -	1C. LAST (FAMILY) Freeman	2. DATE OF BIRTH MONTH DAY YEAR 02/10/1934	3. DATE OF DEATH MONTH DAY YEAR 02/01/2001	4. SEX M
5A. CITY OF DEATH Jacksonville			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE FL	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Janine Freeman, daughter 10879 Nipinas Ct. Jacksonville, FL 32218		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Sen Seneloff</i> 05/21/2002		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/22/2002 T. Truesdale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208608
		10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
-

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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--	---	--	---

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St./ San Diego, CA 92102	11B. DATE BURIED 6-14-02	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.

E-17085

May 18, 2002

Mount Hope Cemetery,

Enclosed you will find a cashiers check in the amount of \$519.26. The money is for fees associated with a headstone placement fee for Josephus and Lucille Presley, Division 7, Section 14, Lot 139, Grave 3. Also headstone placement fees for Division 7, Section 14, Lot 115 and Grave land opening and closing fees for this lot is also enclosed for William Freeman.

If you have any Question please call me at home 904-766-9527 work 904-519-7447

Thanks,
Janine Freeman
Janine Freeman

mail Paid Receipt to.
Janine Freeman
10879 Naples Court Nth
Jacksonville Fl 32218

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-9-2002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IRENE BRAMLETT (372)

in a LINER Funeral, date, time MAY 10th FRI. 1:30
Type of Burial Container

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 206 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-54966 1664.73

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.

CHERYL BRAMLETT (378) X
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

3

Signature [Signature]
Address 3639 S. BONITA 44
City APRIZ VALLEY, CA 91727 Zip Code
Telephone (619) 463 0940

Work Order # E 17086 Invoice # _____
Acct. # _____

E-17086

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Row	7x	B. M. Jackson		
		0				
		Hamilton				

Interment space for: IRENE BRAMCETT

Interment Date: Fri. May 10th Time: 1:30

Lot: 206 Grave: 7 Row: _____ Sect: 2 Div: 12

Grave Laid out by: DARRELL DUE

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on the grave

Blind Check & Verified By: Norman Date: 5-9-02

E-17086

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

5e

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Irene	1B. MIDDLE -	1C. LAST (FAMILY) Bramlett	2. DATE OF BIRTH MONTH DAY YEAR 09/11/1945	3. DATE OF DEATH MONTH DAY YEAR 05/03/2002	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 Cheryl Bramlett, Daughter 3639 S. Bonita St., #4 Spring Valley, CA 91977		
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 FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

8B. DATE SIGNED
05/07/2002

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 05/08/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Tinsley
		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 St. San Diego, CA 92102	11B. DATE BURIED 5-10-02	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 5-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julius Sampson Ashmeese (Stillborn)

in a Funeral, date, time Mon MAY 13th 1.00
Church, Chapel Graveside (Witness) : 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 2838 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 Paid by Visa 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 deced.

Signature of recorded holder of deced

Don Ashmeese
Signature
1024 E. Washington Ave #6
Address
El Cajon CA 92020
City
619-588-6573
Telephone
Zip Code

Work Order # E 17087 Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E:17087

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		1 L. Cabrera	2	3 Salazar		
	Chavez	7	8 X	9	10	

Interment space for: Valerie Totten (oversize inner #6)

Interment Date: Mon. MAY 13th Time: 11:00

Lot: 165 Grave: 8 Row: _____ Sect: 2 Div: 12

Grave Laid out by: DAVID DF

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: Roberto Date: 5.30.02

E-17087 *Huber*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Julius	1B. MIDDLE Sampson	1C. LAST (FAMILY) Askernese	2. DATE OF BIRTH MONTH DAY YEAR 05/08/2002	3. DATE OF DEATH MONTH DAY YEAR 05/08/2002	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 Adrian Askernese, Father 1026 E. Washington Ave., #6 El Cajon, CA 92020			
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 FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit			8B. DATE SIGNED 05/10/2002
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/13/2002 T. Tinsley	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208073
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	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 4-13-02	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	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.

COMPLETE ALL APPLICABLE ITEMS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Donna Martin 577
in a J.S. FAULT Funeral, date, time Tues. May 4th 1:00
Church, Chapel, Graveside : El Capin 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>21</u> Grave <u>1</u> Row <u>PAID</u> Section <u>MAS</u> Division/Block <u>J</u>	
Grave space & Care Fund	<u>1495.00</u>
Additional spaces and care fund	<u>MAY 0-9-2002</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>250.00</u>
Handling Fees	<u>185.00</u>
Flower vases - Marker setting fee	<u>(1 Bul) Vase 23.78</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>19.38</u>
Total Due	<u>2393.16</u>
Paid receipt number	<u>R-54969 2393.16</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 576 hold under deed.
Signature of recorded holder of deed _____
Signature X Elizabeth Gallego
Address 7424 Stone Breakers Ave
City Bakersfield CA Zip Code 93313
Telephone 461-664-1967

Work Order # 9 E 17088

Invoice # _____
Acct. # _____

E-17088

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Interment space for: DONNA MARTIN

Interment Date: 5-14-02 Time: 1:00

Lot: 21 Grave: 1 Row: _____ Sect: "J" Div: MAS

Grave Laid out by: DAVID DF

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: NORMAN Date: _____

E-17088

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DONNA	1B. MIDDLE MARLENE	1C. LAST (FAMILY) MARTIN	2. DATE OF BIRTH MONTH, DAY, YEAR 07/20/1934	3. DATE OF DEATH MONTH, DAY, YEAR 05/07/2002	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 ELIZABETH GALLEGU—DAUGHTER 7424 STONE BREAKERS AVE BAKERSFIELD, CA 93313			
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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 05/13/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/13/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208061 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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102	11B. DATE BURIED 5-14-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-need
 in trust*

12-14-04 13:29 PAID

Date 5-9-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nolasco, Rocio (Leticia & Sergio)

in a D.D. Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 222 Grave 2 Row _____ Section 2 Division/Bleek 12

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 - Marker setting fee

Recording and filing fee 90.00

Sales taxes 29.45

PAID
 DEC 14 2004

Total Due 2464.45

25% down
 Paid receipt number

R-54970 671.00

Balance due 1793.45

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

204
 Signature Rocio Nolasco
 Address 4548 35th St
 City SAN DIEGO CA Zip Code 92116
 Telephone (619) 281-1850 - (619) 7423081

Work Order # **E 17089**

Invoice # _____

Acct. # _____

2630 University Ave

92104

E-17089

Nolasco, Rocio; Nolasco, Alicia B. & Sergio

4548 35th St., San Diego CA

92116 (619) 281-1850

05-09-02	Opened Pre-need Lot & Trust Account. Lot 222 Gr. 2 Sec 2 Div. 12			895.00		
	Trust includes: (TWO) O/C, D.D. Crypt container, H/F, (TWO) R/F Fees and Tax on the D.D. Crypt container.			1,569.45		2,464.45
05-09-02	25% down payment, R-54970 Mailing Coupon Bk. (1st payment due June 10, 2002)			✓	671.00	1,793.45
6-3-02	R-55059 NO COUPON	BAL TO TRUST		✓	74.00	1,716.45
7-2-02	R-55164 NO COUPON			✓	78.00	1,638.45
8-8-02	R-55299 NO COUPON			✓	78.00	1,560.45
9-5-02	R-55376 " "			✓	78.00	1,482.45
10-4-02	R-55479 " "			✓	78.00	1,404.45
11-8-02	R-55603 " "			✓	80.00	1,324.45
12-10-02	R-55717 " "			✓	81.00	1,243.45
1-9-03	R-55818 " "			✓	78.00	1,165.45
2-10-03	R-55904 " "			✓	80.00	1,085.45
	(TURN-OVER)					

NOLASCO, ROCIO; ALICIA, SERGIO

Pre-need Lot & Trusts

E-17089

NOLASCO, Rocio; Alicia B. & Sergio

2630 UNIVERSITY AVE. S.D. CA 92104

DEBIT

CREDIT

	LOT 222, Gr. 2	SEC. 2, DIV 12						1085.45
3-7-03	R-56009	NO COUPON		✓	80.00			1005.45
4-14-03	R-56136	NO. "		✓	100.00			905.45
5-27-03	R56286	"		✓	160.00			745.45
10-27-03	56417	"		✓	100.00			645.45
7/31/03	56530			✓	100.00			545.45
8-21-03	56622			✓	100.00			445.45
9-24-03	56740			✓	100.00			345.45
11-19-03	R-56918				200.00			145.45
2-10-04	R57197	"		✓	115.00			30.45
9-23-04	mailed delinquent notice							
11-04-04	mailed final delinquent notice							
12-14-04	58316	no coupon				34.00		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-10-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miriam Wishart

in a LINER Funeral, date, time WED 5-15 10:00

Church, Chapel, Graveside Goodbody Mortuary: ALAN ALLEN ⁵⁸²⁻¹⁷⁰⁰
 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 260 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund B-508B _____

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container **PAID** 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MAY 14 2002 _____

Recording and filing MT. HOPE CEMETARY 45.00

Sales taxes CITY OF SAN DIEGO 14.73

Total Due 769.73

Paid receipt number R-54982 769.73

Balance due 0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X _____
 Signature
X _____
 Address
X _____
 City Zip Code
X _____
 Telephone

Work Order # **E 17090**

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

E-17090

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				TREE		
				ROOT		
			1 260	X	2	DAY 3 DAY
			WISHART			

Interment space for: Miriam Wishart

Interment Date: WED 5-15 Time: 10:00

Lot: 260 Grave: 2 Row: _____ Sect: 11 Div: 7

Grave Laid out by: DAVID DF

Agrees with Legal Card: Yes No

Key on Grave

Agrees with Map: Yes No

Blind Check & Verified By: Robert Date: 5.14.02

E-17090

014

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MIRIAM	1B. MIDDLE ANGELINE	1C. LAST (FAMILY) WISHART	2. DATE OF BIRTH MONTH, DAY, YEAR 06/08/1907	3. DATE OF DEATH MONTH, DAY, YEAR 05/09/2002	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 CAROLYN HEYENIG-COUSIN 1820 154TH AVENUE, N.E. APT. D 130 BELLEVUE, WA 98007		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY: 5027 EL CAJON BOULEVARD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 790	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Azzano</i>		8B. DATE SIGNED 05/14/2002

ACKNOWLEDGMENT OF APPLICANT I solemnly acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103374 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/14/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA AZZANO 2208212
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		

<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"/> 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 5-15-02	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.



DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Laurence & Miriam Wishart for the sum of \$ 120.00 (DOLLARS)

LEGAL DESCRIPTION Lot 260, Grave 1 and 2, Section 11, Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER B-5088

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Memorial

Raymond W. Stehul
Cemetery Manager

Joe B. Callan
Park and Recreation Director

FORM 58

mt. Hope Cemetery
3751 Market St.
San Diego, CA 92102

Please send me an itemized
statement and a receipt of funds.
I will need this for our records.

Carolyn Meyring
1820 154th Ave. NE D-130
Bellevue, WA 98007

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-13-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BEATRICE JOHNSON 575 WED

in a T.S. VAULT Funeral, date, time 11:00 AM 5-15-02

Church, Chapel, Graveside GRAVESIDE; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 130 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____ 795.00

Additional spaces and care fund **PAID** _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 250.00

Handling Fees MT. HOPE CEMETERY _____ 185.00

Flower vases - Marker setting fee CITY OF SAN DIEGO, CA _____

Recording and filing fee _____ 45.00

Sales taxes _____ 19.38

Total Due _____ 1669.38

Paid receipt number R-54976 1669.38

x daughter

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.

Barbara Taylor 575 x Barbara Taylor

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

Signature Barbara Taylor

Address 2445 Ingraham Ave.

City San Diego, CA 92154 Zip Code _____

Telephone 619-429-3787

Work Order # E 17091

Invoice # _____
Acct. # _____

E-17091

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1 PFAFF	2	3	4 CHADBERNARD	5	6 HILLE	
	7	8	9 130 X	10 DIXON	11	12	

Interment space for: BEATRICE JOHNSONInterment Date: WED 5-15 Time: 11:00Lot: 130 Grave: 9 Row: Sect: 2 Div: 11Grave Laid out by: DAVID DFAgrees with Legal Card: Yes NoAgrees with Map: Yes NoBlind Check & Verified By: ROBERT Date: 5/14/02

E-17091
63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Beatrice	1B. MIDDLE -	1C. LAST (FAMILY) Johnson	2. DATE OF BIRTH MONTH, DAY, YEAR 05/15/1938	3. DATE OF DEATH MONTH, DAY, YEAR 05/09/2002	4. SEX F
5A. CITY OF DEATH Austell	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Cobb, Georgia		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Barbara Taylor, Step-daughter 2145 Ingrid Ave. San Diego, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 3050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1329	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 05/13/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN 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 05/13/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T. Tinsley
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED 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 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 4-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-13-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALHONSO SLY 572

in a LINER Funeral, date, time MON 5-20 11:00

Church, Chapel, Graveside CABRIAL Mortuary, FLORIAN BLVD

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 144 Grave 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 MAY 15 2002 190.00

Handling Fees MT. HOPE CEMETARY 145.00

Flower vases - Marker setting fee CITY OF SAN DIEGO

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number R-54991 1664.73

Balance due 0

I hereby certify I am the X NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. Cecil Bell X Cecil Bell 570

Signature of recorded holder of deed _____
6580 Calle Pavana
San Diego 92139-2336
(619) 479-8360

Work Order # **E 17092**

Invoice # _____
 Acct. # _____

E-17092

MT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		TREY				
1	2	3	4	5	6	
7	8	9	10	11	12	
HILL		GREEN	144 X	HERVEY		

Interment space for: ALPHONSO SLY

Interment Date: mon 5-20 Time: 11:00

Lot: 144 Grave: 10 Row: Sect: 2 Div: 12

Grave Laid out by: ROBERT Ken

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

*Key on
Grave*

Blind Check & Verified By: ROBERT/ken Date: 5-17-02

E-17092

20

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ALPROMSO	1B. MIDDLE -	1C. LAST (FAMILY) SLY	2. DATE OF BIRTH MONTH DAY YEAR 12/06/1931	3. DATE OF DEATH MONTH DAY YEAR 05/12/2002	4. SEX MALE
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 CECIL BELL—NEPHEW 6580 CALLE PAVANA SAN DIEGO, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	

8B. DATE SIGNED
05/15/2002

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/15/2002 J. BENYARD	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208289
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5-20-02	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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF 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 5-13-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of AMADOR L. PEREZ
 in a T.S. VAULT Funeral, date, time FRI 5-17 9:00
Type of Burial Container
 Church Chapel Graveside ; GUADALUPANA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned. _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases - Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38

Paid receipt number _____

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 17093**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-14-02

*on the grave
of Velma Price
(Grandmother)*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IVORY BERNARD HARDY

in a ASH VAULT Funeral, date, time WEDS MAY 15TH 1:00

Church, Chapel, Graveside : SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

Lot 265 Grave 6 Row _____ Section 2 Division/Block 12

E-10267

Grave space & Care Fund 0

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-549MB 269.26

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature _____
X Address _____
X City See attached Zip Code _____
X Telephone _____

Work Order # E 17094

Invoice # _____

Acct. # _____

Family to come in today

MT HOPE CEMETERY

E-17094

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

3 wright	4 DeLeon	5 DeLeon	6 X			
9	10	"	12 neal			

Interment space for: IVORY HARDY

Interment Date: 5-15-02 Time: 1:00

Lot: 205 Grave: 6 Row: Sect: 2 Div: 12

Grave Laid out by: DAVID CW

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT Date: 5.15.02

flag on grave

E-17094

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) IVORY	1B. MIDDLE BERNARD	1C. LAST (FAMILY) HARDY	2. DATE OF BIRTH MONTH DAY YEAR 11/28/1936	3. DATE OF DEATH MONTH DAY YEAR 04/16/2002	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 DECEASED Gwendolyn Hardy—Daughter 5387 IMPERIAL AVE #2 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>Rosa Nava</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/22/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/22/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2206927
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4-15-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Laguna</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM INC 601-D CRANE ST LAKE ELSINORE CA 92530	12B. DATE CREMATED 4-30-02	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.

ON THE GRAVE
OF Velma Price
(Grandmother)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of IVORY BERNARD HARDY

in a ASH VAULT Funeral date, time WEDS MAY 15TH 1:00

Church, Chapel Graveside SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned _____

Lot 2105 Grave 6 Row _____ Section 2 Division/Block 12

E-10267

Grave space & Care Fund _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

Total Due 269.26

Family to
come in
today

Paid receipt number _____

Balance due _____

I hereby certify I am the X Counselor of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed _____

Signature of responsible holder of deed _____

Ross A. Hawes
2441 University Ave
San Diego CA 92104
(619) 692-3090

Work Order # E 17094

Invoice # _____

Acct # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-14-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RAYMOND A. WHITE ~~♂~~

REG in a ASH VAULT Funeral, date, time MON 5-20 11:00

Church, Chapel, Graveside Mortuary, CYPRESS VIEW
RESINALO

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 180 Grave 1 Row _____ Section BLK 5 Division/Block 4

Grave space & Care Fund Pre-need C-4157

Additional spaces and care fund _____

Opening/Closing & Setup Pre-need E-7230 3.00

Burial Container **PAID** 55.00

Handling Fees 60.00

Flower vases - Marker setting fee MAY 14 2002 _____

Recording and filing fee MT. HOPE CEMETARY 13.00

Sales taxes CITY OF SAN DIEGO 4.26

Total Due 209.26

Paid receipt number R-5480 209.26

Balance due 0

mortuary to bring casket - permit

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Norma J. Corbin
 Signature

X 745 Ocean Crest
 Address

X Cardiff, CA 92007
 City Zip Code

X (760) 753-7135
 Telephone

Work Order # E 17095

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-11095

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. **BOTTOM LEFT**

			180 X 1		2	
			LEGAL CARD	THOMPSON		
			179			
			LOMMASSON			

Interment space for: RAYMOND WHITE ~~4~~

Interment Date: MON 5-20 Time: 11:00

Lot: 180 Grave: 1 Row: BLK 5 Sect: 4 Div: 4

Grave Laid out by: Robert

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

*Key on
Grave*

Blind Check & Verified By: Ken Collins Date: 5/17/02

81414

E-17095 KO
100/1178

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RAYMOND	1B. MIDDLE A.	1C. LAST (FAMILY) WHITE	2. DATE OF BIRTH MONTH DAY YEAR 04/20/1902	3. DATE OF DEATH MONTH DAY YEAR 05/14/2002	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 NORNA V. CORBIN - DAUGHTER 745 OCEAN CREST RD CARDIFF CA 92007		
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	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/14/2002

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE 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 05/15/2002 L. CASTRO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208252
	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

- 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 MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 5/20/02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 5/15/02	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 5-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of TAMIKO IWASHITA

in a DOUBLE DEPTH Funeral, date, time Fri 5-17

Church, Chapel, Graveside; LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned.

Lot 5174 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid C-1279 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ **PAID** _____

Handling Fees _____ MAY 15 2002 _____

Flower vases - Marker setting fee _____

Recording and filing fee MT. HOPE CEMETARY _____ 45.00

Sales taxes CITY OF SAN DIEGO, CA _____

Total Due 420.00
R-54990 420.00

Paid receipt number _____

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Norma Suzuki
 Signature
X 732 9 ave.
 Address
X Coronado Ca 92118
 City Zip Code
X 435-0829
 Telephone

Work Order # E 17096

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY E-17096

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. GRAVE OF JAMES Z- IWASHITA

		5175 DUNN	5174 X	5173 IWASHITA		

Interment space for: TAMIKO IWASHITA

Interment Date: Fri 5-17 Time: 10:00

Lot: 5174 Grave: _____ Row: _____ Sect: _____ Div: 10

Grave Laid out by: PICKY Kon

Agrees with Legal Card: Yes No

fly on grave

Agrees with Map: Yes No

Blind Check & Verified By: Robert Date: 5.16.02

E-17096

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) TAMIKO		1B. MIDDLE -	1C. LAST (FAMILY) IWASHITA		2. DATE OF BIRTH MONTH, DAY, YEAR 02/15/1915	3. DATE OF DEATH MONTH, DAY, YEAR 05/13/2002	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 FLORENCE HIZUKI - DAUGHTER 732 G AVE CORONADO, CA 92118			
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 <i>Paulette Valente</i>		8B. DATE SIGNED 05/15/2002
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 05/15/2002 P Valente	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208250		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)				
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> F. DISINTERMENT						
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA						
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102		11B. DATE BURIED 5-17-02	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	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-15-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe PA # 20021464

in a Double Depth 2nd Funeral, date, time Fri May 17th 9:00

Church, Chapel, Graveside _____: MAYER ^{Barbara} Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 619-281-7055

will be applied and billed to undersigned. _____

Lot 9 Grave 3T Row - Section - Division/Block 13

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 423.00

Burial Container 123.01

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 953

Total Due 726.54

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 17097

Invoice # 363632

Acct. # 000952

Bice County

Paid 7-2-02

Billed 3-24

E-17097

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 Unk	3. DATE OF DEATH MONTH, DAY, YEAR 10/03/2001	4. SEX M
5A. CITY OF DEATH Borrego Springs		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Darnell Price, 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 Avenue, San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person being permit. <i>B. E. Mayer</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103229 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.		8B. DATE SIGNED 05/16/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR 01-1831 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 05/16/2002 B.E. Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2208355
	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 type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5-17-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Morgan Ferguson</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-15-00

*Pre-Need
Lot*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHERRON MORGAN

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 116 Grave 3 Row _____ Section 2 Division 12 Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

*PAID IN FULL
on 8-5-00
R-55870*

Total Due 895.00

Paid receipt number M/C 224.00

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.

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order #

E 17098

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

#88

MORGAN, SHERRON 840 Gallery Ct., San Diego 92114 264-2120

		DEBIT	CREDIT	BALANCE
5-15-02	Opened pre-need lot.			
	Lot 116, Grave 3, Section 2, Division 12	895.00		895.00
05-15-02	M/C		224.00	671.00
6-4-02	R- 55066 Coupons 1-9		252.00	419.00
7-5-02	R- 55179 Coupons 10-16		252.00	167.00
8-5-02	R- 55277 Paid in full (19-24)		167.00	0

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

N^o 55179

MOUNT HOPE CEMETERY

(619) 527-3400

Date: July 5, 20 02
 From: S. D. Morgan Address: on record
Two-hundred Fifty - 70 and 00 Dollars (\$ 252.00)

 In part Payment of pre-need lot account for
S. Morgan

 Lot 116 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-17098BALANCE DUE \$ 167.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

4348

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>252.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>252.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

No 55066

Date: 6-4, 2002

From: Sherron D. Morgan Address: on record

two-hundred, fifty-two and 00 Dollars (\$ 252.00)

In part Payment of Opened pre-need lot account. Coupon's
number 1-9. (Nine payments)

Lot 116 Grave 3 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-17098

BALANCE DUE \$419.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

4341

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Pauletto

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	<u>252.00</u>
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>252.00</u>

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114
264-2120
E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

	1	1
Payment Due Date		June-02
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114
264-2120
E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	2
Payment Due Date	July-02
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114
264-2120
E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	3
Payment Due Date	August-02
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	4
Payment Due Date	September-02
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	5
Payment Due Date	October-02
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

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Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	6
Payment Due Date	November-02
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	7
Payment Due Date	December-02
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	8
Payment Due Date	January-03
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	9
Payment Due Date	February-03
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

9 payments

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	10
Payment Due Date	March-03
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	11
Payment Due Date	April-03
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	12
Payment Due Date	May-03
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

17099

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	13
Payment Due Date	June-03
Payment Amount Due	28.00
Balance Due	307.00

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

17898

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	14
Payment Due Date	July-03
Payment Amount Due	28.00
Balance Due	279.00

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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	15
Payment Due Date	August-03
Payment Amount Due	28.00
Balance Due	251.00

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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	16
Payment Due Date	September-03
Payment Amount Due	28.00
Balance Due	223.00

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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	17
Payment Due Date	October-03
Payment Amount Due	28.00
Balance Due	195.00

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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	18
Payment Due Date	November-03
Payment Amount Due	28.00
Balance Due	167.00

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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	19
Payment Due Date	December-03
Payment Amount Due	28.00
Balance Due	139.00

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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	20
Payment Due Date	January-04
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	21
Payment Due Date	February-04
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	22
Payment Due Date	March-04
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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	23
Payment Due Date	April-04
Payment Amount Due	28.00
Balance Due	27.00

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

17098

Mt. Hope Cemetery Prepayment Plan Record

Sherron Morgan
840 Gallery Court
San Diego, CA 92114

E-17098

Preneed for:

Lot 116, Grave 3, Sec 2, Div 12

Payment NO.	24
Payment Due Date	May-04
Payment Amount Due	27.00
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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-16-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FRANCES ANN WATERSON
in a LINER Funeral, date, time Mon. May 20th 1:00

Church, Chapel, Graveside : Conrad 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 71 Grave _____ Row _____ Section 100F Division/Block 23

Grave space & Care Fund **PAID**

Additional spaces and care fund

Opening/Closing & Setup MAY 17 2002 375.00

Burial Container 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 R-54998 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. Steve Waterston

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

X Stephen Wall
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Work Order # E 17099 Invoice # _____
Acct. # _____

MT HOPE CEMETERY 17099

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			71 X	70 Waters	67 Peters	66 Peters
— SOUTH PALM —						

Interment space for: FRANCIS ANN WATERSON

Interment Date: 5-20-02 Time: 1:00

Lot: 71 Grave: _____ Row: _____ Sect: DOE BLK Div: 23

Grave Laid out by: Robert Ken

Agrees with Legal Card: Yes No Flag on the grave

Agrees with Map: Yes No

Blind Check & Verified By: ROBERT / Ken Date: 5-17-02

E-17099

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) FRANCES	1B. MIDDLE ANN	1C. LAST (FAMILY) WATERSON	2. DATE OF BIRTH 08/17/1916	3. DATE OF DEATH 05/15/2002	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT STEPHEN T. WATTERSON - SON 4633 EDGEWARE ROAD SAN DIEGO, CA 92116		
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>Grant K. Conrad</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 7120 of the Health and Safety Code.		8B. DATE SIGNED 05/17/2002			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 05/20/2002	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Grant K. Conrad 2208470
	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5-20-02	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen 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.