

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-18-92

ME # 91-2658

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

of John Doe PA # 1128434

in a Linee Funeral, date, time Tues, 5/19 11:00 AM

Church, Chapel, Graveside Del Only Mortuary Mayer (T.M.)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 33 Grave 9-B Row Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297.00

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10100

PY-093 (REV. 8-88)

Invoice # 199283

Acct. # 000552

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10100

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 91-2658	2. DATE OF BIRTH MONTH, DAY, YEAR unknown	3. DATE OF DEATH MONTH, DAY, YEAR 12-28-91	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 Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA. 92128			7B. CALIF. LICENSE NUMBER—IF APPLICABLE 1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 5-18-92		

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 MAY 19 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Terrell L. Powell, M.D.</i>
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		
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 5-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 5-19-92

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

of Mary E. Sellock

in a Niche Funeral, date, time 4:46 Fri 8/14

Church, Chapel, Graveside DIRECT BURIAL Humphrey Mortuary.

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

Lot Niche Grave 7 Row 2 Section 2 Division/Block 9

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup 75.00

Burial Container

Handling Fees

Flower vases - Marker setting fee MT. HOPE CEMETERY

Recording and filing fee CITY of SAN DIEGO, CALIF 105.00

Sales taxes

Total Due 430.00

Paid receipt number 42258 430.00

Balance due 0

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 _____

Mary Sellock
Signature

1341 Second Ave
Address

Chula Vista, CA 91911
City

585 8297
Telephone

Zip Code

Work Order # E 10101

Invoice # _____

Acct. # _____

Name of Mortuary HUMPHREY CHULA VISTA MORTUARY 25529

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

E10101

The undersigned hereby certify that they have the legal right to take custody of the herein named deceased and have the legal authority to make disposition of the cremated remains and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: MARY SELLECK

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agrees to indemnify and hold harmless the above named mortuary, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named mortuary, shall be held harmless from any defects or faults of any container not supplied by the mortuary.

Dated this 5 day of 20 19 92

Address: Mt Hope Cem.
Street City State Zip

Signature: Wanda P. Teague
Authorized Representative Relationship to Deceased

Signature: Shirley C. [unclear] Humphrey Mort.
Authorized Representative Relationship to Deceased

OFFICIAL RECEIPT



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

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

NO 42258

Date: 5-13, 1970

From: Larry Sellock Address: 1341 Second Ave. C.B., 91911

Four Hundred Thirty Dollars (\$ 430)

In Payment of Interment by Mary Sellock

Lot Grave 7 Row 2 Section 2 Division Block 9

Invoice No. _____
Acct. No. _____
W.O. E-10101
BALANCE DUE

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

ISSUED BY J. Ait

CREDIT	67007	
20% Sales Care	77184	<u>50 00</u>
80% Sales of Lots	100	<u>200 00</u>
Opening/Closing	100	<u>75 00</u>
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>105 00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>430 00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-10101

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY	1B. MIDDLE ELIZABETH	1C. LAST (FAMILY) SELLECK	2. DATE OF BIRTH MONTH DAY YEAR 12-19-1900	3. DATE OF DEATH MONTH DAY YEAR 3-26-1992	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 Fredrick Selleck - Son 700 Country Club Lane Coronado, CA 92118	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary - 855 Broadway Chula Vista, CA 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-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.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 5-19-92

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 MAY 20 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mr. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 5-14-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

- MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need Trust for:

Date 5-19-92

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

of Lillian Dobbins (X)

in a Ash Vault Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 889 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre-Need (1976) _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 42.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 3.10

PAID

MAY 19 1992

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 253.10

Paid receipt number 42210 253.10

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

Lillian R. Dobbins
 Signature
1634 RUSH AVE
 Address
VISTA CA 92084
 State Zip Code
724-4004
 Telephone

Work Order # **E** 10102

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

NO 42260

Date: 5-19, 19 72

From: Harvey Robbins Address: 1434 West Ocean Vista, 92094

200 Highland Falls, Area 10/100 Dollars (\$ 253.10)

In _____ Payment of Pre-Need Trust for INTERMENT of
Allian Robbins &

Lot 879 Grave _____ Row _____ Section 3 Division F Block F

Invoice No. _____
 Acct. No. _____
 W.O.F. 10102
 BALANCE DUE 0

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

AC-212 (Rev. 1-81)

2393

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>105 10</u>
Burial Containers	100	<u>40 10</u>
Handling Fee	77182	<u>60 10</u>
Recording & Misc. Fees	100	<u>45 10</u>
Pre-Need Trust	77183	
Sales Tax	63033	<u>3 10</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>253 10</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Bennett Addison

Date

5/30/92

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

of John Doe PA# 1128426 / 91-2473

in a Casket Funeral, date, time Thurs 5/28 1:00pm

Church, Chapel, Graveside Del Oro Spaffordville Mortuary, (Ed)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 33 Grave 8B Row 2B Section 1 Division Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund 1

Opening/Closing & Setup 12.00

Burial Container 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 297.00

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10103

PY-593 (REV. 8-85)

Invoice # 199286

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10103

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE -----	1C. LAST (FAMILY) DOE 81-2473	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 11/30/91	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 INCEMANT Public Administrator 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 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Tom Teedole</i>			8B. DATE SIGNED 5-20-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1076 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 MAY 20 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</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			

G. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5/21/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J Teague</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.

Preneed Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-20-92

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

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; EL CAJON Mortuary.

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

Lot 92 Grave 8 Row _____ Section 2 Division/Block 7

Grave space & Care Fund preneed B6125 _____

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container Purchased from El Cajon (Vault) _____

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

PAID
MAY 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 570.00

42266 570.00

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 _____

Gladys E. Manke
Signature

6365 Creathaven Dr.
Address

La Mesa CA 91942
State _____ Zip Code

619-465-0122
Telephone

Work Order # **E 10104**

PY-893 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42266

Date: 5-20- 1992

From: Glady's E. Manke Address: 6365 Cranthaven Dr., La Mesa, CA 91942

Five hundred seventy dollars ^{00/100} Dollars (\$ 570.00)

In Full Payment of Preneed Trust for Gladys

Lot 92 Grave 8 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E 10104

BALANCE DUE 0

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

AG-212 (Rev. 1-91)

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

...Y AUDITOR
MAY 26 1992

ISSUED BY W. J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		<u>012643</u>
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>570 -</u>
9022		
Sales Tax	80101	
76390		
TOTAL PAID	\$	<u>570 -</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Pre-Need Trust
for: *Pauline Clark*

Date 5-20-92

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

in a Ash Vault Vault/Urns 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 will be applied and billed to undersigned. War time veteran No

Lot 32 Grave 9 Row _____ Section MAS Division P

Grave space & Care Fund Pre-Need (1911 & 1946) _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 3.10

Total Due _____ 253.10

Paid receipt number 42272 253.10

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 _____

Chris Hochberg
Signature _____
Address 1933 Thomas Ave
CA 92104
State _____ Zip Code _____
Telephone 483-2797

Work Order # **E** 10105

PV-593 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

NO 42272

Date: 5-20, 1993

From: Jane Henderson Address: 46067 Via Mar Vista Rd 92115

Two Hundred Fifty Three and 10/100 Dollars (\$ 253.10)

In Payment of Pre-Need Trust for
Phyllis Clark

Lot 32 Grave _____ Row _____ Section 11115 Division Block P

Invoice No. _____

Acct. No. _____

W.O. E-12105

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 104 2/20 13253

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>105.00</u>
Burial Containers	100	<u>40.00</u>
	77182	<u>60.00</u>
Handling Fee	77185	<u>45.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>3.00</u>
	78390	
TOTAL PAID	\$	<u>253.10</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Need
Not + Trust*

Date 5-21-92

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

of Glenn Ashcraft & Phyllis Ashcraft

in a Double Death Crypt Vault/Case 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 will be applied and billed to undersigned. War time veteran No.

Lot 133 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 2 @ \$350 @ 700.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 2 @ \$45.- 90.00

Sales taxes 25.58

Total Due 2060.58

Paid receipt number 42273 515.00

Balance due 1545.58

*Paid in full
11-9-94*

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

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

Signature of recorded holder of deed _____

Phyllis Ashcraft
Signature
4168-44st-apt 3-S.D.
Address
San Diego, Calif. 92105
City
282-4818
Telephone
Zip Code

Work Order # E 10106

PY-603 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42273

From Don Aircraft & Glenn & Myrtle Aircraft Address: 4168 40th St, Apt #3, San Diego
Five Hundred Twenty Dollars (\$ 515.⁰⁰)
 In Payment of Pre Need Lot - Trust of Glenn & Myrtle Aircraft - Double Depth
 Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10106
 *BALANCE DUE \$1545.51

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

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

ISSUED BY J. White

CREDIT	67007	
20% Sales Care	77184	<u>39.00</u>
80% Sales of Lots	77184	<u>476.00</u>
Opening/Closing	300	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>515.00</u>

OFFICIAL RECEIPT



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

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

NO 42723

From: George Peoples Account Address: 4168 44th St. Ste Date: 7-16, 1972

In Sixty-four Dollars (\$ 64)
 Payment of Pre Need for Trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10106
 BALANCE DUE _____

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	<u>64 00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	69033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42830

Date: 10-8- 1992

From: Myrtle Ashcroft Address: 4168 44th St. Apt. 3, S.D. 92105

Sixty-four and 00/100 Dollars (\$ 64.00)

In part Payment of preneed lot + trust - coupon # 2

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E10106

BALANCE DUE 1417.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

784

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

ISSUED BY Norby J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	64	-
Opening/Closing	77184		
Burial Containers	100		
	77181		
	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	64	-

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42962

Date: 11-9, 1992

From: Phyllis Ashcraft Address: 4168 4444 St. Apt 3

Sixty-four and xx/100 Dollars (\$ 64)

In part Payment of pruned trust coupon # 3

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10106

BALANCE DUE 1353.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

798

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

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/ Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	63033	<u>641</u>	<u>-</u>
TOTAL PAID	9022		
	60101		
	78390		
	\$	<u>64</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

№ 43103

Date: 12-8- 19 92

From Phyllis Schraft Address: 4168 44th St.

Lefty. you on 12/24/100 Dollars (\$ 64. -)

In part Payment of renued trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10106

BALANCE DUE 1289.58

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 W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>64</u>	<u>-</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>-</u>

S15

OFFICIAL RECEIPT



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

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

No 43202

Date: 1-5, 19 73

From: Super + Hope Cemetery Address: 4409 44th St Apt #13 SD

Sixty Four Dollars (\$ 64 -)

In _____ Payment of The Wood Trust Fund

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10100
 BALANCE DUE _____

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

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Carp	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>64.00</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
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43340

Date: 2-8, 1973

From: Sharon Ashcraft Address: 4168 44th St. #3 S.D. 92105

In part Payment of Sixty-four Pre-Need Trust Dollars (\$ 64.00)

Lot 133.0 Grave 2 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE 1161.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

848

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

ISSUED BY

M. Ferguson

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc Fees	100		
	77183		
Pre-Need Trust	63033	64	00
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	64	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

43564

Date: 7-7, 1973

From: D. Penn Ashcroft Address: 4163 4144 Apt 3 S.D. 92115

Sixty-four Dollars (\$ 64.00)

In part Payment of Pre-Need Lot + Trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE 1097.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	80033	<u>64</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

OFFICIAL RECEIPT

43673



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

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

Date: 5-7, 1973

From: Blann Ashcraft Address: 4409 Monroe Ave.

Sixty-four Dollars (\$ 64.00)

In _____ Payment of _____

Lot 133 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE 1033.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61)

900

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

ISSUED BY M. Ferguson

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>64</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

43787

From Glenn Ashcraft Address: 4169 44th St. Apt #3 Date: 6-7, 1993
Sixty-four Dollars (\$ 64)
 In Payment of Pre-Need Trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. F-10106
 BALANCE DUE _____

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

939

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

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
	77181		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	83033	<u>64</u>	<u>W</u>
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>W</u>

OFFICIAL RECEIPT



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

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

43890

Date: 7-8, 1992

From: John L. Kopp Address: 4409 11th St, La Jolla

Sixty four Dollars (\$ 64)

In Payment of Pre-Need Trust - Mount Hope

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE _____

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

AC-212 (Rev. 1-81)

956

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

ISSUED BY Yait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>64 W</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

43984

Date: 8-6, 19 73

From: Alan Ashcraft Address: 3417 Mission Ave, San Diego

100.00 Dollars (\$ 100.00)

In Payment of Pre-Need Trust

Lot 153 Grave 2 Row 17 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10/06

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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

1/4

ISSUED BY W. White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	60333	<u>64.00</u>
	9022	
	60101	
	78390	

OFFICIAL RECEIPT

44143



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: Sept 21, 1993

From: Ray Schubert Address: 4409 Mission St

Sept - 1993 Dollars (\$ 64)

In Payment of Pre-Need Trust Fee

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10/06

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>64</u>
	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64</u>

987

OFFICIAL RECEIPT

44252



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

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

Date: 10-27, 1993

From: Glean Ashcraft Address: 2409 Monica Ave, SD

In Sixty-four Dollars (\$ 64)
Payment of Pre-Need Trust Fee

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-10106
BALANCE DUE _____

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>64.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>64.00</u>

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

1007

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44340

Date: 11/10, 19 03

From: Glenn Abbott Address: 4168 4th St #3 San Diego CA 92105

Sixty-four & 00/100 Dollars (\$ 64.00)

In Part Payment of Pre-need lot-trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10106
 BALANCE DUE _____

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>64</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

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

#1020

OFFICIAL RECEIPT

44540



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

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

Date: 1-12, 19²⁴

From: Glen Ashcroft Address: 4409 Monroe Ave. SD. 02115

Sixty-four and 0/100 Dollars (\$ 64.00)
In Part Payment of Pre-need lot/trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE 1

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>64.00</u>
	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>64.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44602

Date: 25, 19 94

From: Glenn Ashcraft Address: 4168 44th St. #3 S.D. 92105

Five-hundred and 00/100 Dollars (\$ 64.00)

In Part Payment of Pre-need lot trust

Lot 133 Grave 2 Row _____ Section 3 Division 12 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10106
 BALANCE DUE 585.58

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	63033	<u>64.00</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>64.00</u>

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

OFFICIAL RECEIPT

44706



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Date: 3-7, 1974

From: Glen A. Meyer Address: 4429 Miramar, San Diego, Calif

Dollars (\$ 64.00)

In Payment of Pre-Need Trust

Lot 133 Grave 2 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	<u>64.00</u>
Sales Tax	63033	
	9022	
	80101	
	78300	
TOTAL PAID	\$	<u>64.00</u>

1076

OFFICIAL RECEIPT

44826



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

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

Date: 4-6, 1974

From: GLENN ASHCRAFT Address: 4168 4416 ST APT 3 S.D. CA 92105

Sixty-Four Dollars (\$ 64.00)

In Part Payment of PRE NEED LOT + TRUST

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE 457.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1093

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

ISSUED BY

J. Leques

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>64</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>64</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44948

Date: 5-12 19 94
 From: Gloria A. Barrett Address: 4108 40th St. Dept. #19, St. Louis, Mo
Sixty Four and 1/2 Dollars (\$ 64 -)
 In _____ Payment of Pre-Need Trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10106
 BALANCE DUE _____

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>64 00</u>
	9022	
Sales Tax	60101	
	78300	
TOTAL PAID	\$	<u>64 00</u>

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

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

45096

Date: 6-7, 1974

From: GLADWIN ASDCRAFT Address: 4162 44th St. Apt 3 S.D. 92165

Sixty-Four Dollars (\$ 64.00)

In Part Payment of PRE-NEED Lot + TRUST

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE 329.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 1128

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

ISSUED BY _____

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>64</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>64</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

45207

Date: 7-6, 1994

From: Phyllis Ashcraft Address: 4409 Monroe St 92115

Sixty-four and 70/100 Dollars (\$ 64⁰⁰)
 In _____ Payment of Pre-Need Fee + Trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10106
 BALANCE DUE _____

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>64 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>64 00</u>

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

1148

45329

OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400
Date: Aug 8, 1994
 From Phyllis Ashcraft Address: 468 - 44th St. San Diego, CA 92105 Apt #3

 In Part Payment of Sixty-four dollars and 00/100 Dollars (\$ 64.00)

 Payment of Pre-need & lot trust for Glenn & Phyllis Ashcraft

 Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10106BALANCE DUE 201.58Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

#1163

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>64 00</u>
9022		
Sales Tax	80101	
78300		
TOTAL PAID	\$	<u>64 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

45407



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

MOUNT HOPE CEMETERY

527-3400

Date: Sept 1, 1994

From: Phillip Robert Address: 4118 44th St #3 San Diego 92116

Dollars (\$ 64.00)

In Pay Payment of Personal lot - trust

Lot 133 Grave 2 Row _____ Section 3 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E-12106

BALANCE DUE \$37.53

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	
TOTAL PAID	78390	\$ <u>64.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45538

Date: OCT 5, 1994

From: PHYLLIS ASHCRAFT Address: 4168 44TH #3 SAN DIEGO 92105
SIXTY-FOUR & 130/100 & Dollars (\$ 64.00)

In Part Payment of PRE-NEED LOT & TRUST

Lot 133 Grave 2 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10106

BALANCE DUE 73.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

1178

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

ISSUED BY

Rauch

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>64.00</u>
9022		
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

527-3400

45644

Date: 11-9, 1994

From: GLENN Ashcraft Address: 4168 44th STR, #113, S.D. CA. 92105

seventy three Dollars (\$ 73 58)

In full Payment of pre-need trust for Glenn E. Ashcraft

Lot 133 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10106

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

1138

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

ISSUED BY V. Balaban

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>73</u>	<u>58</u>
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>73</u>	<u>58</u>

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust
E-10106

Glenn & Phyllis Ashcraft

4168 44th Street, Apt. 3

San Diego, Cal. 92105

Month and Day Due Indicated Below

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

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

▶ \$ 64.00

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

▶ \$ _____
\$ 64.00

NAME Phyllis + Glenn Ashcraft Amount Received \$ _____
 ADDRESS 4168-44th - Apt 3
 CITY San Diego STATE Calif. ZIP 92105
 check (✓) if this is new address

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot & Trust
E-10106

Glenn & Phyllis Ashcraft

4168 44th Street, Apt 3

San Diego, CA 92105

Month and Day Due Indicated Below

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

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

▶ \$ ~~64~~ 64.00

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

▶ \$ _____
\$ _____

NAME Phyllis + Glenn Ashcraft Amount Received \$ _____
 ADDRESS 4168-44th - Apt 3
 CITY San Diego STATE Calif. ZIP 92105
 check (✓) if this is new address

Send or bring one coupon with each remittance**COUPON****3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot & Trust
E-10106

Glenn & Phyllis Ashcraft

4168 44th Street, Apt 3

San Diego, CA 92105

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above\$ **64.00**Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ **64.00**

NAME

Phyllis Ashcraft

ADDRESS

4168-44th - Apt 3 - S.D.

CITY

San Diego

STATE

Calif ZIP *92105* check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

8-10106

Glenn & Phyllis Ashcraft

4168 44th Street, Apt. 3

San Diego, Cal 92105

Month and Day Due Indicated Below

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

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

\$ 64.00

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

\$ _____

\$ _____

Amount Received

\$ 64.-

NAME Phyllis Ashcraft

ADDRESS 4168-44st - Apt 3

CITY San Diego STATE Calif. ZIP 92105

check () if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust**
E-10106

Glenn & Phyllis Ashcraft
4168 44th Street, Apt 3
San Diego, CA 92105

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above.



\$ **BN 64.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME Phyllis Ashcraft

ADDRESS 4168-44th - Apt 3

CITY San Diego STATE Calif. ZIP 92105

check if this is new address

Send or bring one coupon with each renewance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

B-10106

Glenn & Phyllis Ashcraft

4168 44th Street, Apt. 3

San Diego, Cal. 92105

Month and Day Due Indicated Below

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

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

\$ 64.00

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

\$ _____

\$ _____

Amount Received \$ _____

NAME

Phyllis Ashcraft

ADDRESS

4168-44st - Apt 3

CITY

San Diego

STATE

Calif ZIP 92105

check (✓) if this is new address

Send or bring the coupon with each recurrence

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot & Trust
E-10106

Glenn & Phyllis Ashcraft
4168 44th Street, Apt 3
San Diego, CA 92105

Month and Day Due Indicated Below

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

Amount due when paid on, or before
due date above

\$ 64.00

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

\$ _____

\$ _____

Amount Received

\$ 64.00

NAME Phyllis Ashcraft

ADDRESS 4409 Monroe

CITY S.D.

STATE Ca. ZIP 92115

check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Paid Lot & Trust

B-1206

Glenn & Phyllis Ashcraft 4407

~~4168 44th Street, Apt. 3~~

MONROE

San Diego, Cal 92115

Month and Day Due Indicated Below

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

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



\$ 64.00

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



\$ _____

\$ _____

Amount Received \$ 64.00

NAME Phyllis Ashcraft

ADDRESS 4407 Monroe Ave

CITY San Diego STATE Calif ZIP 92115-

check if this is new address

3105

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

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Lot 6 Trust*
E-10106

Glenn & Phyllis Ashcraft
4168 44th Street, Apt 3
San Diego, CA 92105

Month and Day Due Indicated Below

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

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



\$ *64.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME *Phyllis Ashcraft*

ADDRESS *74409 Monroe Ave*

CITY *S.D.* STATE *Ca.* ZIP *92115*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pro-Need Lot & Trust
E-10106

Glenn & Phyllis Ashcraft
4168 44th Street, Apt. 3
San Diego, Cal 92105

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above



\$ 64.00

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Lot & Trust*
E-10106

Glenn & Phyllis Ashcraft
4168 44th Street, Apt 3
San Diego, CA 92105

Month and Day Due Indicated Below

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

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

▶ \$ *EA 64.00*

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

▶ \$ _____

\$ _____

Amount Received \$ _____

NAME *Phyllis Ashcraft*

ADDRESS *4409 - Monrise Ave*

CITY *San Diego* STATE *Calif* ZIP *92115*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pro-Seed Lot & Trust

8-10106

Glenn & Phyllis Ashcraft

4168 44th Street, Apt. 3

San Diego, Cal 92105

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								3			

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



\$ 64.00

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Freemond Lot & Trust*
E-10106

Glen & Phyllis Armerale
4168 54th Street, Apt 7
San Diego, CA 92105

Month and Day Due Indicated Below

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

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



\$ 53 64.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pro-Head Lot & Trust

B-10106

Glen & Phyllis Ashcraft

4165 44th Street, Apt. J

San Diego, Cal. 92105

Month and Day Due Indicated Below

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

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

\$ 64.00

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot & Trust
5-10106

Glenn & Phyllis Ashcraft
4168 44th Street, Apt 3
San Diego, CA 92106

Month and Day Due Indicated Below

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

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

\$ **28 64.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME

Phyllis Ashcraft

ADDRESS

4409 Monroe Ave

CITY

SD

STATE

Ca. ZIP *92115*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pro-Need Lot & Trust

8-10106

Glenn & Phyllis Aschcraft

4168 44th Street, Apt. 3

Sao Diego, Cal 92105

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								2			

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



\$ 64.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-used Lot 5 Trust
E-10106

Glenn & Phyllis Ashcraft
4168 44th Street, Apt 3
San Diego, CA 92105

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR
								10			

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



\$ 33 64.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ←

Pro-Head Lot & Trust

H-10106

Glenn & Phyllis Ashcraft

4168 44th Street, Apt. 3

San Diego, Cal. 92105

Month and Day Due Indicated Below

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

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



\$ 64.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME Phyllis Ashcraft

ADDRESS 4409 Monrovia Ave

CITY S. P. Ca STATE Ca ZIP 92106

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-paid Lot & Trust
E-10/06Glenn & Phyllis Ashcraft
4168 64th Street, Apt 3
San Diego, CA 92115

Month and Day Due Indicated Below

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

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

\$ 64.00

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pro-Seed Inc & Trust

H-10106

Glenn & Phyllis Ashcraft

4163 46th Street, Apt. 3

San Diego, CA 92115

Month and Day Due Indicated Below

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

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



\$ 64.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME Phyllis Ashcraft

ADDRESS 4409 Monard Ave

CITY San Diego, Ca STATE Calif ZIP 92115

check (✓) if this is new address

if or being one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Lot & Trust*

5-10106

Glenn & Phyllis Ashcraft

4168 44th Street, Apt 3

San Diego, Ca 92105

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

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



\$ *13 64.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Use coupon with each remittance. **COUPON**

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

2-10106

Gleam & Phyllis Ashcraft

4165 44th Street, Apt. 3

San Diego, Cal 92115

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								3			

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



\$ 64.00

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



\$ _____

\$ _____

Amount Received

\$ 64.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (y) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-read Lot 6 Trust**
5-10166

Gleason & Phyllis Ambcraft
4108 44th Street, Apt 3
San Diego, CA 92105

Month and Day Due Indicated Below

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

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



HS 64.00

\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

NAME Glenn & Phyllis Ashcraft

ACCT. NO. E-10106



ADDRESS 4168 44th St. apt #3, S.D., CA

4409 *Monroe*
SD 572115
92105 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
5-21-92	Pre-Need Lot & Trust				
	Lot 133; Grave 2; Section 3; Division 12	595.00			
	Trust:				
	Double Depth Crypt; two (2) O/C; Handling Fee; two (2) Recording/filing fee; tax on crypts <i>Crypts</i>	1465.58			2060.58
5-21-92	Receipt # 42273			515.00	1545.58
9-16-92	Coupon #1, receipt # 42723			64.00	1481.58
10-8-92	Coupon #2, receipt # 42830			64.00	1417.58
11-9-92	Coupon #3, receipt # 42962			64.-	1353.58
12-8-92	Coupon 4, receipt 43103			64.-	1289.58
1-5-93	Coupon 5, rec # 43202			64.-	1225.58
2-8-93	Coupon 6, rec 43340			64.-	1161.58
4-1-93	Coupon 7, rec 43564			64.-	1097.58
5-7-93	Coupon 8, rec 43673			64	1033.58
6-7-93	Coupon 9, rec 43787			64	969.58
7-9-93	Coupon 10, rec 43890			64	905.58

NAME

ACCT. NO.

0 72782 41153 4

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8-6-93	Coupon 11, Rec #43984	64.00			905.58
10-7-93	Coupon 12, Rec #44253	64.00			841.58
11-10-93	Rec. # 44340	64.00			777.58
1-12-94	Coupon 17 Rec # 44540	64.00			713.58
2-8-94	Coupon 18 Rec # 44602	64.00			649.58
3-8-94	Coupon #16, Rec # 44706	64.00			585.58
4-6-94	COUPON 18, REC 44826	64.00			521.58
5-12-94	Coupon 19, Rec # 44948	64.00			457.58
6-7-94	Coupon 20, rec # 45096	64.00			393.58
7-6-94	Coupon 21, Rec # 45207	64.00			329.58
8-8-94	Coupon 22 rec # 45329	64.00			265.58
9-6-94	Coupon #23 R# 45407	64.00			201.58
10-5-94	note (letter) R# 45538	64.00			137.58
11-9-94	R# 45644	73.58			73.58

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Need
Lot + Trust*

Date 5-21-92

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

of Richard H. Totumaru

in a T.S. Vault Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 5152 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>200.00</u>
Handling Fees	<u>175.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>15.50</u>

Total Due 1580.50

Paid receipt number 42274 395.00

Balance due 1185.50

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

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

Signature of recorded holder of deed

Richard H. Totumaru
 Signature
1260 THIRD AVE #221
 Address
CHULA VISTA, CA 91911
 State Zip Code
619-266-2080
 Telephone

Work Order # **E** 10107

PF-593 (REV. 8-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42276

Date: 5-21, 1992

From: Richard Tokumaru Address: 1260 3rd Ave, Apt # 221, C.V. 91911

Three Hundred 7 Dimes Five Dollars (\$ 395.⁰⁰)

In Payment of Pre-Need Fee + Trust

Lot 5152 Grave 1 Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10107

BALANCE DUE \$1185.⁵⁰

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>395</u>	<u>W</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>395</u>	<u>W</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-22-92

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

of John A. Scott (X)

in a Ash Vault Funeral, date, time Mon 11-29 AYD

Church, Chapel, Graveside Delivery Only; San Bernadino Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No (CENTER OF GRAVE)

✓ Lot 6 Grave 12 Row _____ Section 3 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 _____

Burial services paid for by returning grave Lot 6 Div. 3 to Cemetery per Ben RUBIDOUX

Total Due _____

Paid receipt number _____

Balance due _____

Called by Ben RUBIDOUX San Bernadino Mortuary

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

State

Zip Code

Telephone

Invoice #

Acct. #

Work Order # **E** 10108

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10108

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

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE Augustus	1C. LAST (FAMILY) Scott	2. DATE OF BIRTH MONTH DAY YEAR 5/29/1894	3. DATE OF DEATH MONTH DAY YEAR 3/24/1992	4. SEX Male
5A. CITY OF DEATH Montclair		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Bernardino		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT San Bernardino Coroner Office 175 S. Lena Rd. San Bernardino, CA 92415	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA GENERAL DIRECTOR OR PERSON ACTING AS SUCH S.B.C. Coroner, 175 S. Lena Rd., San Bernardino, CA 92415			7B. CALIF. LICENSE NUMBER —IF APPLICABLE -		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 4-11-

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 5/27/92	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 351 N. Mt. View Ave. San Bernardino, CA 92415	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 83222 San Diego, CA 92138-5222		

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"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery 3751 Market San Diego, CA 92102, San Diego County	11B. DATE BURIED 11-29-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Victor Valley Crematory 17150 4th St. Victorville, CA 92392	12B. DATE CREMATED 6-12-3-12	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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

Pre-Need Trust

Date 5-22-92

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

of Carolyn Johnson

in a T.S. Vault (Vault/Urner) 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 will be applied and billed to undersigned. War time veteran _____

Lot 4 Grave 1 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund (See E-10010 3/31/92) X

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 15.50

Total Due 785.50

Paid receipt number 42277 785.50

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 _____

Carolyn Johnson
Signature
3430A 39th St.
Address
Ca 92105
State Zip Code
563-9248
Telephone

Work Order # **E** 10109
FY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

E-10109
 No 42277

Date: 5-22, 1992
 From: Garlyn Johnson Address: 3430 A 39th St # 9205
Twelve Hundred Katya Ave 5/10 Dollars (\$ 1230.50)
 In Payment of Pre-Need ROT + Trust for Burial
(T.S. Unit 4)

Lot 4 Grave 1 Row _____ Section 3 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10010 5/10/92
 BALANCE DUE 2

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

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

012644
 CITY AUDITOR
 MAY 26 1992

ISSUED BY White

CREDIT	67007	
20% Sales Care	77184	<u>119.00</u>
80% Sales of Lots	100	<u>326.00</u>
	77184	
Opening/ Closing	100	<u>350.00</u>
	77181	
Burial Containers	100	<u>200.00</u>
	77182	
Handling Fee	100	<u>145.00</u>
	77185	
Recording & Misc. Fees	100	<u>45.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>15.50</u>
	78390	
TOTAL PAID	\$	<u>1230.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need Trust for:

Date 5-22-92

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

of Lodee Jones

in a T.S. Vault Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 12 Grave 10 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund Pre-Need (D-6178) 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

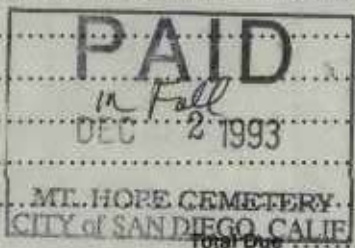
Burial Container _____ 200.00

Handling Fees _____ 175.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 15.50

Sales taxes _____ 785.50



*Paola Fall
12/2/93
[Signature]*

Total Due _____ 300.00

Paid receipt number 42279

Balance due 485.50

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

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

Lodee Jones
 Signature
3203 Webster Ave
 Address
San Diego Ca. 92113
 City
234-03069
 Telephone
 Zip Code

Signature of recorded holder of deed _____

Work Order # **E 10110**

PR-693 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42279

Date: 5-22, 1992
 From: Kodex Inc Address: 3203 Webster Ave. St. Cp 92113
Three Hundred and Dollars (\$ 300.⁰⁰)
 In Payment of Pre-Need Trust for Kodex Inc

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-10110
 BALANCE DUE 5485.50

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

AC-212 (Rev 1-91)

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

CITY AUDITOR
 JUN 03 1992

012954

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
60% 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>300</u>
	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID.	\$	<u>300</u>

OFFICIAL RECEIPT



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

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

No 42752

Date: 9-16, 19 92

From: Lodca Jones Address: 32036 Webster Street

San Diego Dollars (\$) 200

In Payment of Pre-Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-10110
 BALANCE DUE 8285.50

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

ISSUED BY [Signature]

CREDIT	87007		
25% Sales Carn	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033	<u>200</u>	<u>W</u>
Sales Tax	80101		
TOTAL PAID	\$	<u>200</u>	<u>W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42808

Date: 10-6, 1992

From: Lodee Jones Address: 3203 Webster Ave

Twenty Dollars (\$ 20.00)

In Payment of Pre-Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-10110
 BALANCE DUE _____

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

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

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

AC-212 (Rev 1-91) 1200

ISSUED BY V. Balofsky

OFFICIAL RECEIPT



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

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

No 42936

Date: 11-5- 1992

From: Lodee Jones Address: 3203 Webster Ave.

Twenty dollars and 00/100 Dollars (\$ 20.00)

In paid Payment of Preneed Trust - Coupon # 3

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E 10110

BALANCE DUE 245.50

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1234

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

ISSUED BY W.J. Teague

CREDIT	87007		
30% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>20</u>	<u>-</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>-</u>

OFFICIAL RECEIPT



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

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

No 43077

Date: 12-4-, 19 92

From: Doyle Jones Address: 3203 Webster Ave, S.D. 92113

Twenty and xx/100 Dollars (\$ 20.00)

In past Payment of Renewal Trust - Coupon 4

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E 10110

BALANCE DUE 225.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev 1-91)

1260

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

ISSUED BY W. J. Teague

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

OFFICIAL RECEIPT



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

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

No 43234

Date: 1-13, 19 93

From: Ledra Jones Address: 3203 Webster Ave

Mustang • 714/100 Dollars (\$ 20⁰⁰)

In _____ Payment of Pre-Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____
Acct. No. _____
W.O. E-10110
BALANCE DUE _____

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		
	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>20</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>20</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
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43310

Date: 2-3, 1973

From: Lodee Jones Address: 3203 Webster ave S.D. ca. 92113

Twenty 00/100 Dollars (\$ 20.00)

In part Payment of Pre Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E 10110

BALANCE DUE 185.50

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61)

1317

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

ISSUED BY N. Ferguson

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

OFFICIAL RECEIPT



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

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

43421

Date: 3-3, 1993

From: Lodee Jones Address: 3203 Webster Ave S.D. 92113

Twenty Dollars (\$ 20.00)

In part Payment of Pre Need Trust

Lot 12 Grave 110 Row _____ Section 17 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E-10110

BALANCE DUE \$ 165.50

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1342

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

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>20</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

43544

Date: 4-5, 19 73

From: Soderstrom Address: 3203 Webster Ave S.D. Ca 92113

In part Payment of Twenty Pre Need Trust Dollars (\$ 20.00)

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E10110
 BALANCE DUE 145.50

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

ISSUED BY M. Ferguson

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

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 1-91) 1367

OFFICIAL RECEIPT

43663



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: 5-5, 1973

From: Lolita Jones Address: 3203 Webster S.D. 92113

Reverend Dollars (\$ 20.00)

In part Payment of Pre Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E 10110

BALANCE DUE 125.50

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

AC-212 (Rev. 1-61)

1400

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

ISSUED BY M. Longman

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

OFFICIAL RECEIPT



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

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

43785

Date: 6-7, 1993

From: Linda Jones Address: 3305 Webster Ave. St

Twenty Dollars (\$ 20.00)

In Payment of Pre-need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-10110

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1434

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>20.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

OFFICIAL RECEIPT

43887



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: 7-8, 1993

From: Edna Jones Address: 323 W. Washington Ave, St

Twenty Dollars (\$ 20.00)

In Payment of Pre-Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10100

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1456

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

OFFICIAL RECEIPT

43978



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: 9-4, 1993

From: Julius [unclear] Address: 3205 White Ave. # 92013

In Twenty Dollars (\$ 20) Payment of Pre-Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division 1 Block 1

Invoice No. _____

Acct. No. _____

W.O. E-10110

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-213 (Rev. 1-91)

1485

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	60003	<u>20</u>
	9022	<u>00</u>
	60101	
	78390	
TOTAL PAID	\$	<u>20 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44129

Date: Sept 17, 1993

From: Roderic Jones Address: 3223 Wilshire Blvd, LA

Twenty Dollars (\$ 20.00)

In Payment of Pre-Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. F-10110

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	<u>20.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

OFFICIAL RECEIPT

44258



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: 10-27, 1993

From Linda Jones Address: 3205 W. Center Ave. #11

Twenty Dollars (\$ 20.00)

In Payment of Pre-Need Trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 4

Invoice No. _____
 Acct. No. _____
 W.O. E-10110
 BALANCE DUE _____

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

ISSUED BY [Signature]

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

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
1557

OFFICIAL RECEIPT



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

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

44323

Date: Nov 5, 19 93

From: Locio Jones Address: 3223 Webster Ave. S.D. CA 92113

Twenty and 00/100 Dollars (\$ 20.00)

In Part Payment of Pre-need trust

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-10110

BALANCE DUE 15.50

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-83)

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	
	77184	
Opening Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>20.00</u>
	9022	
Sales Tax	60101	
	76300	
TOTAL PAID	\$	<u>20.00</u>

1564

OFFICIAL RECEIPT



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

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

44405

Date: 12/2, 1993

From: LODEE JONES Address: 3203 WEBSTER AVE. SAN DIEGO, CA 92113

FIVE AND 50/100 Dollars (\$ 5.50)

In FULL Payment of PRE NEED TRUST FOR LODEE JONES

Lot 12 Grave 10 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. F-10110

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1599

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77194		
80% Sales of Lots	100		
	77194		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77193		
Pre-Need Trust	63033	5	50
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	5	50

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust ~~XXXXXXXXXX~~
E-10110

Lodee Jones
3203 Webster Avenue
San Diego, CA 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10110

Lodee Jones

3203 Webster Ave.

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

~~XXXXXXXXXX~~

E-10110

Lodde Jones

3203 Webster Avenue

San Diego, CA 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

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



\$ _____

\$ _____

Amount Received

\$

20.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10110

Lodee Jones

3203 Webster Ave.

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

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



\$ _____

\$ _____

Amount Received

\$ 20--

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (/) if this is new address

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

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust** ~~XXXXXXXX~~

E-10110

Lodde Jones

3203 Webster Avenue

San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before
due date above

\$ **20.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

6

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need Trust E-10110

Lodee Jones

3203 Webster Ave.

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust** ~~XXXXXXXX~~
E-10110

Lodde Jones
3203 Webster Avenue
San Diego, CA 92113

Month and Day Due Indicated Below

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

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

\$ 20.00

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust E-10110**

Lodea Jones

3203 Webster Ave.

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ **20.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust** ~~XXXXXXXX~~
E-10110

Lodde Jones
3203 Webster Avenue
San Diego, CA 92113

Month and Day Due Indicated Below

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

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



\$ **20.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust E-10110**

Lodee Jones

3203 Webster Ave.

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ **20.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust** ~~XXXXXXXXXX~~
E-10110

Lodde Jones
3203 Webster Avenue
San Diego, CA 92113

Month and Day Due Indicated Below

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

Amount due when paid on, or before
due date above

▶ \$ **20.00**

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

▶ \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pro-Need Trust R-10110*

Lodea Jones

3203 Webster Ave.

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust HELMHEXK
E-10110**

**Lodde Jones
3203 Hobbs Avenue
San Diego, CA 92113**

Month and Day Due Indicated Below

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

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

\$ **20.00**

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust E-10110**

Lodee Jones

3203 Webster Ave.

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ **20.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Trust** ~~XXXXXXXXXX~~
8-10110

Lodde Jones
3203 Webster Avenue
San Diego, CA 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

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

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-22-92

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

in a _____ Vault/Liner Funeral, date, time Fri, 5/22 3:15 PM

Church, Chapel, Graveside Church + grave - Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 2920 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 75.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 220.00

Paid receipt number _____

Balance due _____

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 _____

Ernestine Kekona
Signature
2639 "K" ST
Address
San Diego 92102
State Zip Code
239-9707
Telephone

Work Order # E 10111

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10111

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Fatia	1B. MIDDLE Sharon	1C. LAST (FAMILY) Mercado	2. DATE OF BIRTH MONTH DAY YEAR 5/4/1992	3. DATE OF DEATH MONTH DAY YEAR 5/16/1992	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 Ernestine Mercado-Mother 2639 K Street San Diego, CA 92102			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5662 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 5/19/92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

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 MAY 20 1992	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 P.O. Box 85222 San Diego, CA	9E. 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	11B. DATE BURIED 5-22-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — 2920 -1-9	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 5/26/92

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

of Mattie Pepiot

in a T.S. Vault Funeral, date, time Fri 5/29 2:00pm

Church, Chapel, Graveside GRAVESIDE Mortuary Humphrey (Jesus)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No. 16 CHAIRS

Lot 98 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 145.00

Flower vases - Marker setting fee 31.55

Recording and filing fee 45.00

Sales taxes 15.50

Total Due \$1412.05

Paid receipt number 42294 \$1412.05

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 _____

Elizabeth A. Pepiot
Signature
7314 E. Bellingham Dr.
Address
Tucson, AZ 85730
Sales (602) 8750-8431 Zip Code
Telephone

Work Order # E 10112

PY-593 (REV. 8-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42294

E10112

Date: 5-29, 1992

From: Elizabeth A PePiot Address: 7314 E. Bellingham Dr Tucson AZ 85730

Fourteen hundred twelve Dollars ^{00/100} Dollars (\$ 1,412⁰⁰)

In full Payment of Mattie PePiot interment

Lot 98 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10112
 BALANCE DUE 0

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

CREDIT	67007		
20% Sales Care	77184	<u>119</u>	<u>00</u>
80% Sales of Lots	77184	<u>476</u>	<u>00</u>
Opening/Closing	100	<u>350</u>	<u>00</u>
Burial Containers	77182	<u>200</u>	<u>00</u>
Handling Fee	77185	<u>175</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>16.45</u>	<u>00</u> <u>55</u>
Pre-Need Trust	63033	<u>31</u>	<u>55</u>
Sales Tax	60101	<u>15</u>	<u>50</u>
	78390		
TOTAL PAID	\$	<u>1412</u>	<u>05</u>

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

ISSUED BY D. Carter

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10112

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MATTIE	1B. MIDDLE BELL	1C. LAST (FAMILY) PEPIOT	2. DATE OF BIRTH MONTH DAY YEAR 6-3-1925	3. DATE OF DEATH MONTH DAY YEAR 5-19-1992	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 Elizabeth Pepiot - Daughter 7314 E. Bellingham Drive Tucson AZ 85730	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Hughrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-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.

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 MAY 26 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramez, M.D.</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	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 Vista St. San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal - sealer	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

Date 5/26/92

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

of KENARSIE CEASAR
in a T-S Vault Funeral, date, time Wed, 5/27 11:00 AM

Church, Chapel, Graveside Church - grave - CAMP. BURNAL Mortuary. side (VAN)

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

1 Lot 180 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>200.00</u>
Handling Fees	<u>175.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>15.00</u>
Sales taxes	<u>15.50</u>

Handwritten red scribbles and notes:
Pd. in full
9-1-92

Total Due 1580.50

Paid receipt number 42286 400.00

Balance due 1180.50

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

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

Signature of recorded holder of deed _____

180381
Vernella J. Coover
Signature
127 Elizabeth Street
Address
SAN DIEGO, CALIF. 92113
State
619-264-1325 Zip Code
Telephone

Work Order # **E** 10113

PY-593 (REV. 8-85)

Invoice # 199494
Acct. # 073686

OFFICIAL RECEIPT



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

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

No 42286

From: Vernella Ceasar Address: 727 Elizabeth St, SD 92113
Four Hundred 470/10 Dollars (\$ 400.00)
 In _____ Payment of Arrival of Vernella Ceasar

Lot 190 Grave 6 Row - Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. F-10113
 BALANCE DUE \$1190.50

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

ISSUED BY Waite

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	<u>400.00</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	
75390		
TOTAL PAID	\$	<u>400.00</u>

MT. HOPE CEMETERY

W.O. # E 10113

NOTE

\$ 1180.⁵⁰ San Diego, California 5-26 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven Hundred Eighty 50/100 DOLLARS with interest from June 27, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME VERNELLA JEAN CASAR SIGNATURE Vernella Jean Casar

ADDRESS 727 Elizabeth Street S. D. 92113

CALIFORNIA DRIVER LICENSE NUMBER GD 418652 SSN # 555-52-1309

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10113

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Kenarsia	1B. MIDDLE La Don	1C. LAST (FAMILY) Cesar	2. DATE OF BIRTH MONTH DAY YEAR 3/11/1968	3. DATE OF DEATH MONTH DAY YEAR 5/21/1992	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 Joe L. Cesar-Father 727 Elizabeth Street San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-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 5/26/92			

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 MAY 26 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA		9E. 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"/> 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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	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 ▶
			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 5/26/92

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

of GERALD VADEN
in a T-5 Vault Funeral, date, time Fri, 5/29 11:00AM

Church, Chapel, Graveside Chapel + grave - Ragsdale Mortuary. side (MARK)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 69 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 595.00
Additional spaces and care fund _____
Opening/Closing & Setup 350.00
Burial Container 200.00
Handling Fees 175.00
Flower vases - Marker setting fee _____
Recording and filing fee 45.00
Sales taxes 15.50

Total Due 1380.50

Paid receipt number 7/2 424.55 1380.50

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature [Signature]
Address 9866 Swearing Rd Unit 0
San Diego, CA 92120
State 229-1113 Zip Code
Telephone _____

Work Order # E 10114

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

NO 42455
 E 10114

Date: 7-2, 1992

From: Anderson - Hospital Mt Hope Address: 5000 Federal Blvd, SA 92102

The two thousand eighty Dollars (\$ 1520.00)

In Payment of Interment of Gerald Vanden

Lot 69 Grave 8 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10114

BALANCE DUE ✓

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 9701

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

ISSUED BY J. [Signature]

CREDIT	67007	<u>119</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>476</u>	<u>00</u>
77184			
Opening/Closing	100	<u>350</u>	<u>00</u>
77181			
Burial Containers	100	<u>200</u>	<u>00</u>
77182			
Handling Fee	100	<u>175</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	<u>15</u>	<u>50</u>
78390			
TOTAL PAID	\$	<u>1380</u>	<u>50</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10114

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Gerald	1B. MIDDLE —	1C. LAST (FAMILY) Vaden	2. DATE OF BIRTH 7-11-40 YEAR	3. DATE OF DEATH 5-28-92 MONTH YEAR	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Gracie Vaden - Ex-Wife 5259 Groveland Dr. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5030 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10373 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Rebecca Williams</i>		8B. DATE SIGNED 5-26-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 MAY 28 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald S. Rivas, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— Vital Records; 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. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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

Date 5/26/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mark, William 1128140

in a _____ Vault/Urner Funeral, date, time _____
Church, Chapel, Graveside Westley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

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

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number _____

Balance due _____

Raymond Howard

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

State _____ Zip Code _____

Telephone _____

Work Order # **E 10115**

PY-593 (REV. 6-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-26-92

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

of PAUL E. TAMAYO

in a T.S. Vault Funeral, date, time MON. 6-1-92 10 AM.

Church, Chapel, Graveside Chapel G.S.; Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 4924 Grave - Row - Section - Division/Block 10

Grave space & Care Fund pruned. C 8025 2

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 15.50

Total Due 785.50

Paid receipt number 42454 785.50

Balance due 0

30 day note

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

Paul O. Tamayo
Signature
411 NICKMAN ST
Address
CANA VISTA CA 91904
City
427-7545 91911
Telephone

Work Order # E 10116 ✓

FR-583 (REV. 8-86)

Invoice #

Acct. #

LOT OWNER

C-7772
E10116

TAMAYO, Paul E. 1522 Tarbox St. S.D. 92114
NAME ADDRESS

LOT 5004 GR. Div 10

Lots 4922 & 4923 Div 10 12/9/1969 C-8001

Lot 4924 Div 10 W.O. C-8025

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42454
 E10116

Date: 7-2, 1992

From: Paul Danay Address: 411 Newkirk Ct 91911

Seven Hundred Eighty-five 50/100 Dollars (\$ 785.50)

In Payment of Interment of Paul F. Danay

Lot 4924 Grave - Row - Section - Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10116
 BALANCE DUE ✓

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>350.00</u>
	77181	
Burial Containers	100	<u>20.00</u>
	77182	
Handling Fee	100	<u>175.00</u>
	77185	
Recording & Misc. Fees	100	<u>45.00</u>
	77183	
Pre-Need Trust	63053	
	9022	
Sales Tax	60101	<u>15.50</u>
	78390	
TOTAL PAID	\$	<u>785.50</u>

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

3181

ISSUED BY J. [Signature]

MT. HOPE CEMETERY

W.O. # E10116

NOTE

\$ 785.50 San Diego, California 6-1- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven hundred eighty five and 50/100 DOLLARS with interest from 7-1-92 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME PAUL O TAMAYO SIGNATURE Paul O. Tamayo
ADDRESS 411 NICKMAN ST CHULA VISTA CA
CALIFORNIA DRIVER LICENSE NUMBER F0635625 SSN # 569-44-3239

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10116

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

1A. NAME OF DECEDENT—FIRST (GIVEN) PAUL	1B. MIDDLE ESTRADA	1C. LAST (FAMILY) TAMAYO	2. DATE OF BIRTH MONTH DAY YEAR 01-15-1913	3. DATE OF DEATH MONTH DAY YEAR 05-25-1992	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 Paul O. Tamayo - Son 411 Nickman Street Chula Vista CA 91911			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 5-28-92

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED MAY 28 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Ronald L. Ramos, M.D.]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mr. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 6/1/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED <i>[Handwritten]</i>	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

Date 5-26-92

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

of Helder P. Brundige
in a Ash Vault Funeral, date, time Fri 2:00pm 5-29-92

Church, Chapel, Graveside Chapel, G.S. Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 1252 Grave 3 Division/Block 8

Grave space & Care Fund prepaid E 9081

Additional spaces and care fund JUN. 29. 1992

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 3.10

Sales taxes 3.10

Total Due 253.10

Paid receipt number 6-29 253.10
WUOICE
Balance due 0

PAID
JUN. 29. 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*Victims Witness
Compensation Fund
c/o District Attorney
426 Alamosa
San Jose, CA 95101
(719) 589-3691*

*ATN: Corp
John Peasley (Deceased)
(719) 589-2548*

I hereby certify I am the GRAND 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.
Rozella May Sheegee
Signature of recorded holder of deed

Rozella May Sheegee
Signature
596 ALICE ST.
Address
SAN DIEGO, CALIF.
State
423-1179
Telephone

Work Order # E 10117

PY-593 (REV. 8-85)

Invoice # 199498
Acct. # 073749

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E 10114

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

10118

CUSTOMER ACCOUNT NO. 073749

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE June 24th 1992

PAID BY (CIRCLE ONE):

CA

CK

NF

PAYMENT REFERENCE NUMBER

1049

AMOUNT PAID

253.10

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

Victim Compensation Fund
District Administrator County Court House

PAYOR NAME

same

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

426 San Juan

Alamosa CA 81101

REMARKS

CASHIER

INV. NO.

199498

MT. HOPE CEMETERY

W.O. # E-10117 & E-10118

NOTE

\$ 346.96 San Diego, California 5-26 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Three Hundred Forty Six & 96/100 DOLLARS with interest from June 29, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME ROZELLA MAY GALLEGOS SIGNATURE Rozella May Gallegos
ADDRESS 626 ALICE ST. SAN DIEGO, CALIFORNIA
CALIFORNIA DRIVER LICENSE NUMBER MO220184 SSN # 515-20-7702

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10117
E 10118

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

1A. NAME OF DECEDENT—FIRST (GIVEN) HELDER		1B. MIDDLE P.	1C. LAST (FAMILY) BRUNDIGE		2. DATE OF BIRTH MONTH DAY YEAR 06-09-1970	3. DATE OF DEATH MONTH DAY YEAR 05-19-1992	4. SEX M	
5A. CITY OF DEATH Alamos			5B. COUNTY OF DEATH—OUTSIDE CALIF.— ENTER STATE Colorado		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INDEMNANT Rozella M. Gallegos-Grandmother 626 Alice Street San Diego CA 92154			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964				
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				BA. SIGNATURE OF APPLICANT—Person taking permit <i>De King</i>		BB. DATE SIGNED 5-27-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT 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 MAY 28 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Brown, M.D.</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		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY			
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> F. DISINTERMENT					
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input 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 St. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A ash	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

Date 5-26-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helder P. Brundige (S)

in a _____ Vault/Case Funeral, date, time _____

Church, Chapel, Graveside _____; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 1252 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Trian Vase (2) 93.86

Recording and filing fee _____

Sales taxes _____

Total Due 93.86

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

State Zip Code

Telephone

Work Order # E 10118

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/26/92

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

of Carol Harmon

in a Free-to-Place Funeral, date, time May 6/5 3:30pm

Church, Chapel, Graveside Funerary Mortuary AD Cream

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no

Lot 326 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 215.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 40.-

Handling Fees 60.-

Flower vases - Marker setting fee

Recording and filing fee 45.-

Sales taxes 3.10

Total Due 468.10

Paid receipt number 42287 468.10

Balance due 0

PAID
MAY 26 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

10" Tall
9" wide

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

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

Signature of recorded holder of deed _____

John N. J.
Address 941 J AVE
CORONADO, CAL 9218
City San Diego Telephone 531-4847
Zip Code _____

Work Order # **E** 10119
FY-683 (REV. 8-88)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



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

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

No 42287

Date: 5-26, 1992

From: Paul Herman, Jr Address: 941 of Ave. Coronado 92118
Four Hundred Twenty Eight Dollars (\$ 468.¹⁰/₁₀₀)

In Payment of Paul Herman Interment

Lot 326 Grave _____ Row _____ Section 4 Division 8 Block 8

Invoice No. _____
 Acct. No. _____
 W.O. E-10119
 BALANCE DUE 0

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

ISSUED BY J. [Signature]

CREDIT	57007		
20% Sales Care	77184	<u>43</u>	<u>00</u>
80% Sales of Lots	77184	<u>172</u>	<u>00</u>
Opening/Closing	77181	<u>105</u>	<u>00</u>
Burial Containers	77182	<u>40</u>	<u>00</u>
Handling Fee	77185	<u>60</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390	<u>3</u>	<u>00</u>
TOTAL PAID	\$	<u>468</u>	<u>00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10119

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Carol		1B. MIDDLE Jean	1C. LAST (FAMILY) Harmon		2. DATE OF BIRTH MONTH, DAY, YEAR 9-5-1936	3. DATE OF DEATH MONTH, DAY, YEAR 5-23-1992	4. SEX F
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Lloyd Harmon—Executor 941 J Ave. Coronado, CA 92118		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Cremation Service 4135 Taylor St. San Diego, CA 92110				7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 1481			
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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—Funeral Director or Person Acting as Such <i>Lloyd Harmon</i>		8B. DATE SIGNED 5/27/92	

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 JUN 1 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramirez, R.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <i>117. Lopez Cemetery 3751 Miraloma St SD 92105</i>	11B. DATE INTERRED 6-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy To Jaque</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda, Inc. 14065 Old Hwy 80, El Cajon, CA	12B. DATE CREMATED 6/1/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Ray Stevens</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION Lloyd Harmon—Executor 941 J Ave. Coronado, CA San Diego	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 5-27-92

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

of ILIS ZELGKO

in a LINER Vault/Liner Funeral, date, time Thur 5/28 1:00

Church, Chapel, Graveside DEL ONLY ; POWAY Mortuary.

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

Lot 29 Grave 87 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 121.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 297.00

PA # 1128841

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 10120

FY-553 (REV. 8-88)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-27-92

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

of LYDIA R. COOK \otimes

in a ASH VAULT Vault/Liner Funeral, date, time Fri 5-27-92 2:00 PM

Church, Chapel, Graveside GRAVESIDE ; FAMILY WILL BRING ASHES Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 21 Grave 5 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 3.10

Total Due 253.10

Paid receipt number 46289 253.10

Balance due 0

PAID
MAY 29 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Family will
BRING check

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

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

Donald R. Cam
Signature of recorded holder of deed

Donald R. Cam
Signature
4521 NORMANDIE
Address
LAMESA CA 91944
State Zip Code
465-0143
Telephone

Work Order # E 10121

PY-593 (REV. 6-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42289

E 10121

Date: 5-29, 1992

From: Dorothy R Smith Address: 5547 N. 63rd Glendale AZ 85301

Two hundred forty three Dollars ¹⁰/₁₀₀ Dollars (\$ 253.10)

In full Payment of Lydia R Cook interment

Lot 21 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10121

BALANCE DUE 0

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

AC-212 (Rev. 1-81)

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

ISSUED BY P. Lantz

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>105.00</u>
	77181	
Burial Containers	100	<u>40.00</u>
	77182	
Handling Fee	100	<u>60.00</u>
	77185	
Recording & Misc. Fees	100	<u>45.00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	<u>3.10</u>
	78390	
TOTAL PAID	\$	<u>253.10</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LEWIS COLONIAL/
BENBOUGH
E 10121

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LYDIA		1B. MIDDLE ROSALIND		1C. LAST (FAMILY) COOK		2. DATE OF BIRTH MONTH DAY YEAR 04-18-1917		3. DATE OF DEATH MONTH DAY YEAR 05-27-1992		4. SEX F	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DOROTHY SMITH - DAUGHTER 5547 N. 63RD AVE GLENDALE, CA 95301					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 305 1/2 EL CAJON BLVD SAN DIEGO, CA 92104						7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD 480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 05-27-1992	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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 MAY 28 1992		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 95222 SAN DIEGO, CA 92138-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> F. DISINTERMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)					
<input checked="" type="checkbox"/> B. CREMATION		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA							
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY											
<input type="checkbox"/> D. SCIENTIFIC USE											
COMPLETE ALL APPLICABLE ITEMS	BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA			11B. DATE BURIED		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL			
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVENUE SAN DIEGO, CA			12B. DATE CREMATED 5-29-92		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>			
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A <i>ash & pour concrete</i>			13B. DATE RECEIVED		13C. SIGNATURE OF 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 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 5-27-92

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

of LORINE FRALEY

in a LINER Vault/Liner Funeral, date, time Fri 5/29 1:00 PM

Church, Chapel, Graveside CHapel + CEMETERY, CA. BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 146 Grave 5 Row _____ Section 3 Division 12

Grave space & Care Fund	<u>595.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>150.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>11.63</u>
Total Due	<u>1296.63</u>

30 DAY NOTE

Paid receipt number 42290 324.00

Balance due 972.63

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

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

Signature of recorded holder of deed

Signature Will Simon
Address 6984614
2113 Camino Delis Pal.
State LEMON GROVE CA Zip Code 91945
Telephone _____

Work Order #

E 10122

Invoice # 199495
Acct. # 073687

MT. HOPE CEMETERY

W.O. # E-10122

NOTE

972.63

San Diego, California MAY 29 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred seventy-two, ⁶³/₁₀₀ DOLLARS with interest from June 29, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME JAMES SIMMONS SIGNATURE James Simmons

ADDRESS 2113 CAMINO DE LAS PALMAS LEMON GROVE, CA. 91945

CALIFORNIA DRIVER LICENSE NUMBER A9386600 SSN # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42290

E 10/22

Date: 5-29, 1992From James Simmons Address: 2115 Camino Delos Pal Herrero, Suite 91945
Three hundred twenty four and no/100ths Dollars (\$ 324.00)
In Part Payment of Horine Fraley interment
 Lot 146 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10/22BALANCE DUE 972.63Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>324.00</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>324.00</u>

ISSUED BY P. Cant

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10122

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Lorine	1B. MIDDLE ---	1C. LAST (FAMILY) Fraleay	2. DATE OF BIRTH MONTH DAY YEAR 8/27/1918	3. DATE OF DEATH MONTH DAY YEAR 5/19/1992	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 James Simmons-Son 2113 Camino De Las Palmas Leann Grove, CA 91945		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 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 5/27/92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 MAY 27 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Ronald L. ...]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. 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"/> 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mc. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 5/27/92

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

of Raymond Jacquett

in a Double Death Crypt Vault, Funeral, date, time Sat, 5/30 1:00 PM

Church, Chapel, Graveside Church - granite - Papdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes O.V.G.

✓ Lot 52 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-8095) ∅

Additional spaces and care fund _____

Opening/Closing & Setup partial payment of 9c made 170.00

Burial Container By Sect. to Cem. of Grave 11. 330.00

Handling Fees 320.00

Flower vases - Marker setting fee Sat. O.T. Charge 580.00

Recording and filing fee 45.00

Sales taxes 25.58

Total Due 1470.58

Paid receipt number 42288 600.00

Balance due 870.58

42305 870.58

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 _____

Oliver Jacquett

Signature 3163 Webster Ave

Address San Diego Calif 92113

State 619 234-9934 Zip Code

Telephone _____

Work Order # **E** 10123

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

PAID
JUN 2 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

MT. HOPE CEMETERY

W.O. # E-10123

NOTE

\$ 870.58 San Diego, California 5-27 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight Hundred Seventy 5/100 DOLLARS with interest from June 30, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME OLIVAN JACQUET SIGNATURE OLIVAN JACQUET

ADDRESS 3163 WEBSTER AVE SAN DIEGO CALIF 92113

CALIFORNIA DRIVER LICENSE NUMBER DD617080 SSN # 463-20-1010

OFFICIAL RECEIPT



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

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

No 42288

E 1023

Date: 5-27, 1992

From: Jean Luter Platon Address: 700 Front St. So. Issaquah, Wash.

Six Hundred Dollars (\$ 600)

In Payment of Interment of Raymond J. Platon

Lot 52 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10123
 BALANCE DUE \$ 470.58

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>170 00</u>
	77181	
Burial Containers	100	<u>330 00</u>
	77182	
Handling Fee	100	<u>100 00</u>
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>600 00</u>

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

ISSUED BY Waits

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42305

Date: 6-2, 1992

From: Deborah Jacquot Address: 3165 Webster St. SD, CA 92103

Eight Hundred Seventy Dollars (\$ 870.00)

In _____ Payment of Interment of Raymond Jacquot

Lot 52 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10123

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	<u>270.00</u>
	77185	
Recording & Misc. Fees	100	<u>625.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>25.58</u>
	78390	
TOTAL PAID	\$	<u>870.58</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10123

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

1A. NAME OF DECEDENT—FIRST (Given) Raymond	1B. MIDDLE Herman	1C. LAST (FAMILY) Jacket	2. DATE OF BIRTH MONTH DAY YEAR 11-24-18	3. DATE OF DEATH MONTH DAY YEAR 5-20-92	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Olivan Jacket - Wife 3163 Webster Ave. San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Robert Williams</i>	8B. DATE SIGNED 5-27-92
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED MAY 28 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW 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		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEM(S)

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

FOR CORONER'S USE ONLY

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA <i>661-Capt Scales</i>	11B. DATE INTERRED 5/30/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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

Date May 28, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN DOE P.A. # 1128469

in a LINER Vault/Liner Funeral, date, time MON. JUNE 1 11:00AM

Church, Chapel, Graveside DELIVERY; HUMPHREY (Jesus) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 33 Grave 2B Row 87 Section 1 Division/Block 10

Grave space & Care Fund 126 10500

Additional spaces and care fund

Opening/Closing & Setup 165 10500

Burial Container 50 3000

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45

Sales taxes

Total Due 376 10500

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

State Zip Code

Telephone

Work Order # E 10124

PY-083 (REV. 8-85)

Invoice # 208648

Acct. # 000952

**Paid
in full
7-14-92**

*Susan
Tomie*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10124

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE —	1C. LAST (FAMILY) DOE 92-0861	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 4-29-92	4. SEX M	
5A. CITY OF DEATH Imperial Beach		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator 5201 Ruffin Road San Diego CA 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 5-28-92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR 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 MAY 29 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	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.

208648 10/16/92 000952
E 10124

COUNTY OF SAN DIEGO
100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

07/14/92 CK 04-068841

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date MAY 29, 1992

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

of Williams, Mark, Jr. P.A. # 1128140

in a Liner Funeral, date, time June 2 Tues 2:00pm

Church, Chapel, Graveside Delivery only; Heckley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no

Lot 76 Grave 3-T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	.....	126.-	100
Additional spaces and care fund	.....	
Opening/Closing & Setup	.....	165.-	100
Burial Container	.....	50.-	100
Handling Fees	.....	
Flower vases - Marker setting fee	.....	
Recording and filing fee	.....	45.-	
Sales taxes	.....	
Total Due	.....	386.-	100

**PAID IN FULL
7-14-92**

Kathryn Howard

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 10125**

Invoice # 208219

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10/25

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

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM	1B. MIDDLE ELMER	1C. LAST (FAMILY) HANK, JR	2. DATE OF BIRTH MONTH, DAY, YEAR MAR 11, 1909	3. DATE OF DEATH MONTH, DAY, YEAR MAY 11, 1992	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 PUBLIC ADMINISTRATOR 5201A HERPIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HEDLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-119		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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, 8B. DATE SIGNED <i>Ed Leach</i> JUN 1, 1992		

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 JUN 1 - 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>
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		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

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 SAN DIEGO COUNTY	11B. DATE BURIED 6-2-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Windy J. Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 76-3T-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

E10125

208219 10/09/92 000952 COUNTY OF SAN DIEGO
100 072
100 072
100 072
67007

07/14/92 CK 04-068841
77181 000072
77182 000072
77183 000072
77184

386.00
165.00
50.00
45.00
126.00

386.00 0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date MAY 29, 1992

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

of PATSY I. SWITZER P.A.F. 1127535

in a LINER Funeral, date, time TUES JUNE 2 12:00 PM

Church, Chapel, Graveside DELIVERY ONLY; CAVE BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 76 Grave 3B Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.- ~~126.-~~

Additional spaces and care fund

Opening/Closing & Setup 165.- ~~165.-~~

Burial Container 50.- ~~50.-~~

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.-

Sales taxes

Total Due 386.- ~~386.-~~

Rebecca Barr

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10126

Invoice # 208218

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10126

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Patsy	1B. MIDDLE Irene	1C. LAST (FAMILY) Switzer	2. DATE OF BIRTH MONTH DAY YEAR 12/17/1949	3. DATE OF DEATH MONTH DAY YEAR 4/28/1992	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 Public Administrator 5201 A Ruffin Road San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit. [Signature]		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18776 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 MAY 29 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
8B. DATE SIGNED 5/28/92					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 MAY 29 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. 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 92120	11B. DATE BURIED 6-2-92	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	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.

E10126

208218 10/09/92 000952

COUNTY OF SAN DIEGO

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

07/14/92 CK 04-068841

386.00
165.00
50.00
45.00
126.00

386.00

0.00
PAID IN FULL

Pre-need trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date May 29, 1992

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

in a T.S. Vault Vault/Urns 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 will be applied and billed to undersigned. War time veteran NO

Lot 4827 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 200.00

Handling Fees _____ 175.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 15.50

Total Due _____ 795.50

Paid receipt number 42292 466.00

Balance due 319.50

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. 42347

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

Signature of recorded holder of deed _____

John Washington
Signature
3210 SOROLA AVE
Address
SAN DIEGO CA 92114
City
(619) 264-1159
Telephone
Zip Code

Work Order # E 10127
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42292

Date: 5-29, 1900

From: JANET BRANTON Address: 5210 S. BROAD AVE S.D. CA 92104

FOUR HUNDRED SIXTY-SIX - 00/100 Dollars (\$ 466.00)

In PAY Payment of PRE-NEED TRUST FOR JOHN WASHINGTON

Lot 4827 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10127

BALANCE DUE 319.50

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1473

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		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>466.00</u>	
	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>466.00</u>	

OFFICIAL RECEIPT



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

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

NO 42328

Date: 6-8- 1992

From: Janet Brighton Address: 5210 Solola Ave, S.D. CA 92114
One hundred fifty and 00/100 Dollars (\$ 150.00)

In part Payment of preneed trust for John Washington

Lot 4827 Grave _____ Row _____ Section 7 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E10127

BALANCE DUE 169.50

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1479

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

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	60033	<u>150</u>	<u>-</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>150</u>	<u>-</u>

OFFICIAL RECEIPT



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

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

No 42347

Date: 6-15, 1992

From: Trust Benefactor Mabel's Address: 5210 Lolita Ave, SD 92114

In One Hundred Sixty Nine Dollars (\$ 169.50)
 Payment of Pre-Need Trust for John Washington

Lot 4827 Grave _____ Row _____ Section _____ Division-Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10127

BALANCE DUE 671

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>169.50</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>169.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 29, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILLIAM CLAWSON JR. Ⓢ

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of dead _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order #

E 10128

FY-093 (REV. 8-88)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date MAY 29, 1992

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

in a LINER Vault/Liner Funeral, date, time WED. JUNE 3 11:00AM

Church, Chapel, Graveside CHAPEL G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 87 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 595.00

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 11.63

Total Due 1296.63

Paid receipt number 42295 324.00

Balance due 972.63

972.63

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 _____

Louise L Smith
Signature
1777 Belden St #113
Address
San Diego CA. 92111
State
619 5601914 Zip Code
Telephone

Work Order # E 10129

NY-093 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42295

E 10129

Date: May 29, 1992

From: Louise Smith Address: 7777 Belden St #13 S.D. CA 92111

Three hundred twenty-four and 00/100 Dollars (\$ 324.00)

In cash Payment of Interment Clearance Fee

Lot 87 Grave 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O.: E-10129

BALANCE DUE 322.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-312 (Rev. 1-91)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com.	77184	
80% Sales of Lots	100	<u>324.00</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	
	76390	
TOTAL PAID	\$	<u>324.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42338

E 10129

Date: 6-11, 19 92

From: Louise Smith Address: 77441 Belden St #113, San Diego, CA 92111

In Payment of 7 Nine Hundred Seventy-Two and 63/100 Dollars (\$ 972.63)

Payment of INTERMENT OF CLARENCE SMITH

Lot 87 Grave 2 Row Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10129

BALANCE DUE _____

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

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY Judit

CREDIT	67007	
20% Sales Care	77184	119 00
80% Sales of Lots	100	152 00
77184		
Opening/Closing	100	350 00
77181		
Burial Containers	100	150 00
77182		
Handling Fee	100	143 00
77185		
Recording & Misc. Fees	100	45 00
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	11 63
76390		
TOTAL PAID	\$	972 63

MT. HOPE CEMETERY

W.O. # E-10129

NOTE

\$ 972.63 San Diego, California May 29 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred seventy-two ⁶³/₁₀₀ DOLLARS with interest from June 29, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME LOUISE SMITH SIGNATURE Louise Smith

ADDRESS 7777 BELDEN ST. #113 San Diego Calif 92111

CALIFORNIA DRIVER LICENSE NUMBER N6528604 SSN # 444-26-8935

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10129

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Clarence	1B. MIDDLE Lee	1C. LAST (FAMILY) Smith	2. DATE OF BIRTH MONTH DAY YEAR 12-23-49	3. DATE OF DEATH MONTH DAY YEAR 5-23-92	4. SEX M
5A. CITY OF DEATH Denver		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Denver		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Louise Smith - Mother 7777 Helden St. #113 San Diego, CA 92111	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Albert Williams</i>	8B. DATE SIGNED 5-26-92
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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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 01 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rouns, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.	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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 6-3-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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

Date

6-1-92

Pre-Need
HOT

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

of Charlie Bolton

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 115 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595.00

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 595.00

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 _____

Charlie Bolton
Signature 3719-45 st
Address Ean Bieg
State _____ Zip Code 92105
Telephone _____

Work Order # **E** 10130

PY-683 (REV. 8-85)

Invoice # _____

Acct. # _____

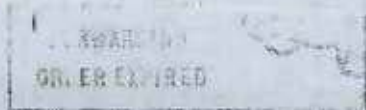


THE CITY OF
SAN DIEGO

3751 Market Street
San Diego, California 92102

OFFICE OF
MT. HOPE
CEMETERY

Charlie Bolton
3719 45th St.
S.D., CA 92105



Printed on recycled paper

E10.130

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Charlie Bolton

Address 3719 45th St. S.D. CA 92105

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 115, Grave 6, Row —, Section 1, Block/Division 12 in Mt. Hope Cemetery, entered into on June 1, 1982, by and between Mt. Hope Cemetery and Charlie Bolton that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michelle L. Clark

NAME Charlie Bolton

ACCT. NO. E-10130



ADDRESS 3719 45th Street, S.D., CA, 92105 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-1- 92	Pre-Need Lot				
	Lot 115; Grave 6; Section 1; Division 12	595.00			595.00

No folder
5-20-98

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Need
NOT*

Date 6-1-92

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

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 will be applied and billed to undersigned. War time veteran _____

Lot 115 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595.00

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 595.00

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 1 hold under deed.

Signature of recorded holder of deed _____

Bolton Charlie
Signature

3719-45 St
Address

San Diego
State

92105
Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 10130

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 1 day of June, 1992, between Charles Patton, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 115, Grave 6, Row —, Section 1, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$595., payable as follows: \$ 0 cash herewith, the receipt of which is hereby acknowledged; \$ 25. on the 10 day of July, 1992; and the balance in installments of \$25. or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ \$25.00
1 @ \$20.00

CHARLIE BOLTON
Name

3719 - 45th St
Address

SAN Diego - CA
92105

PURCHASER

Print Name SAME

Charlie Bolton
Signature

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: _____

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 1, 1992

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

of Lilly M. Simon P.A.# 1128795

in a Liner Funeral, date, time Mon. 6/8 2:00 PM

Church, Chapel, Graveside Delivery; Berge Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 7687 Grave 3T Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126 - ~~125.00~~

Additional spaces and care fund

Opening/Closing & Setup 145 - ~~145.00~~

Burial Container 50 - ~~50.00~~

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45 -

Sales taxes

Total Due 376 - ~~376.00~~

Katherine Howard

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10131

Invoice # 208275

Acct. # 000952

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

№ 42996

Date: 11-13, 1952

From County of SD Address: 5201-A - Rappo Rd. SD

Three Hundred Eighty Six Dollars (\$ 386⁰⁰)

In Payment of Payment of Lily Loan

Lot 26 Grave 3-7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10131

BALANCE DUE ✓

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61) 04-068841

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>126 W</u>
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	<u>165 W</u>
Handling Fee	100	
Recording & Misc. Fees	77182	<u>50 W</u>
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	<u>45 W</u>
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>386 W</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10131

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LILLY	1B. MIDDLE —	1C. LAST (FAMILY) SIMON	2. DATE OF BIRTH MONTH DAY YEAR 6/10/1926	3. DATE OF DEATH MONTH DAY YEAR 5/21/1992	4. SEX F	
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., <small>ENTER STATE</small> San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT San Diego Co. Public Adm. 5201-A Ruffin Rd. San Diego, CA 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY National City, CA 607 National City Blvd.		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 6-1-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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	9E. DATE PERMIT ISSUED JUN 08 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Roman, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> P.O. BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 Market St., San Diego, CA	11B. DATE BURIED 6-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

*Ashes
In Vault*

Date 6-1-92

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

of Andrew F. Stevens

in a Ash Vault Funeral, date, time Thurs, 6/4 2:00pm

Church, Chapel, Graveside Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 405 Grave - Row - Section 3 Division/Block 8

Grave space & Care Fund Pre-Need (1958) 0

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 3.10

Sales taxes 253.10

PAID
JUN 2 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Paid receipt number 42302 253.10

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 record holder of deed _____

Jackson A Stevens
Signature
12970 Hugo St Apt 2
Address
El Cajon CA 92021
State CA Zip Code
Telephone 443 4185

Work Order # **E** 10132

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42302

Date: 6-2, 1993

From: Jackson Stearns Address: 12170 Hwy 2, Sp #428C, 92021

Two Hundred Fifty Three Dollars (\$ 253.¹⁰)

In Payment of Interment of Andrew Stearns

Lot 405 Grave _____ Row _____ Section 3 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-10132

BALANCE DUE ✓

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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

CITY AUDITOR
 JUN 15 1992

110041

ISSUED BY Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		<u>105 10</u>
Opening/Closing	100	
77181		<u>40 10</u>
Burial Containers	100	
77182		<u>60 10</u>
Handling Fee	100	
77185		<u>45 10</u>
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		<u>3 10</u>
Sales Tax	50101	
78390		
TOTAL PAID	\$	<u>253.10</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10132

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Andrew	1B. MIDDLE P.	1C. LAST (FAMILY) Stevens	2. DATE OF BIRTH MONTH DAY YEAR 1-10-88	3. DATE OF DEATH MONTH DAY YEAR 5-08-92	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 Jackson A. Stevens - Brother 12970 Hwy 8 Sp#42 El Cajon, CA 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Hayer Mortuary 2858 Adams Av. San Diego, CA. 92116			7B. CALIF. LICENSE NUMBER—IF APPLICABLE 1424		8A. SIGNATURE OF APPLICANT—Person taking permit, BB. DATE SIGNED 15-36-92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED MAY 26 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Cannon, M.D.	
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			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	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 Mc. Hops Cemetery 3751 Habitat ST. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League	
	CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lenada Crematory 14065 Old Hwy 80 El Cajon, CA.	12B. DATE CREMATED 5/27/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Andrew Stevens	
	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 6/1/92

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

of Kimball Bruce
in a LINER Funeral, date, time, Thurs 6/4 11:00 AM

Church, Chapel, Graveside Church - Graceland Burial Mortuary. (MARTIN)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 135 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 11.63

Total Due 1296.63

Paid receipt number 42300 324.63

10/12/92 Aux Balance due 972.00
INVOICE 109.37
Bal 262.63

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

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

Signature of recorded holder of deed _____

Thomas J. Bruce
Signature 67 1/2 rd Ave

Chula Vista Ca. 91910
State Zip Code

585-8767
Telephone

Work Order # **E** 10133

Invoice # 208209

Acct. # 074950

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E 10133

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 074950

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-13-92

PAID BY (CIRCLE ONE):

CA

CK

NF

PAYMENT REFERENCE NUMBER #69-388420

AMOUNT PAID \$409.37

TREASURER VALUATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Thomas J Bruce

PAYOR NAME State of Calif.

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS Sacramento, CA

Victims of Crime Program
PO Box 3036

REMARKS John Wiley - 11/8/72

CASHIER _____

INV. NO. 208209

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10133

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Kimball	1B. MIDDLE Elliott	1C. LAST (FAMILY) Bruce	2. DATE OF BIRTH MONTH DAY YEAR 4/27/1967	3. DATE OF DEATH MONTH DAY YEAR 5/28/1992	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 Bruce-Wife 4115 Altaçena Avenue Apt. 11 San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Creation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—For embalming permit		8B. DATE SIGNED 6/2/92

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 JUN 2 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	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				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 6-4-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Tolescu</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 135-3-3-12 metal/sealer (liar)	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

W.O. # E-10133

NOTE

\$ 972.00 San Diego, California 6-1 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Seventy-Two (972) ^{N/100} DOLLARS with interest from July 4, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME THOMAS J. BRUCE SIGNATURE Thomas J. Bruce

ADDRESS 67 3rd Ave Chula Vista, Ca 90910

CALIFORNIA DRIVER LICENSE NUMBER A6351522 SSN # 436-74-0539

OFFICIAL RECEIPT



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

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

NO 42300

From Thomas Bruce Address: 47 Hill Ave. Ch. 91910 Date: 6-1, 1992
Three Hundred Twenty Four Dollars (\$ 324.63)
 In _____ Payment of Interest of Thomas Bruce

Lot 135 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10133
 BALANCE DUE 0972⁰⁰

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 Wants

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>324 63</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	9022	
Sales Tax	60101	
TOTAL PAID	\$	<u>324 63</u>

STATE BOARD OF CONTROL

VICTIMS OF CRIME PROGRAM

P.O. BOX 3036

SACRAMENTO, CA 95817-3036



E 10133

October 1, 1992

SPECIAL PROVIDER NOTICE OF NEW LEGISLATIVE PROVISION

Recently enacted legislation (SB 1444 - Presley), which amended Section 13965 of the Government Code, will immediately affect certain payments made to providers for most medical and mental health services by the Victims of Crime (VOC) Program.

This legislation generally provides that payments made by the VOC Program for medical and mental health services, if accepted by a provider, will, in conjunction with any other reimbursements received (such as insurance), constitute payment in full for services rendered. In such cases, the victim cannot be pursued for any excess charges. If the VOC payment is intended to cover only a percentage of the total services rendered, this provision only applies to the percentage reimbursed by the VOC Program.

Questions on this new statute provision may be directed to Mike Dawson, VOC Analyst, at (916) 323-4730.


TED BOUGHTON

Deputy Executive Officer, Victims of Crime Program

E10132

PATIENT ACCOUNT NUMBER:

CLAIMANT NAME: THOMAS J BRUCE SSN: 436 74 0539

THE ENCLOSED CHECK FOR \$ 709.37 IS FOR THE
FOLLOWING SERVICES PROVIDED BY YOU:

FROM DATE	BILLED AMOUNT	VERIFIED AMOUNT	OWED BY CLAIMANT	TOTAL REIMBURSED	PAID BY BOC
06/01/92	1762.63	1500.00	0.00	790.63	709.37 011

01) ALLOW LOSS(ES) AS RECOMMENDED BY STAFF.

*CLAIMS - State of Calif.
Rebecca*

TOTAL PAID ON THIS HEARING FOR THIS CLAIM: 709.37

FOR INQUIRIES PLEASE QUOTE CLAIM NUMBER: 244560

STATE BOARD OF CONTROL

VICTIMS OF CRIME PROGRAM

PO BOX 3036, SACRAMENTO, CA 95812-3036 PHONE: (916) 322-4426

CITY OF SAN DIEGO
 AUDITOR & COMPTROLLER
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE
 PAID INVOICE REPORT BY DEPARTMENT
 AS OF 10/30/92

DATE: 10/30/92
 TIME: 203921
 PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
208209	10/09/92	074950	THOMAS J. BRUCE						10/13/92	CK	#69388420	709.37	972.00	262.63
			100	072			77181	000072				255.43		PARTIAL PAYMENT
			100	072			77182	000072				109.47		
			100	072			77183	000072				32.84		
			100	072			77184	000072				110.47		
			100	072			77185	000072				105.82		
			60101				78390					8.49		
			67007				77184					86.85		

E10133

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-2-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLA FREUTEL 6/

in a Ash Vault Vault/Liner Funeral, date, time MON, '8 11:30 AM
Church, Chapel, Graveside WITNESS ; Lewis Colonial Mortuary.
(DON)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 70 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Need (1974) _____ 0

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 _____ 150.00

Paid receipt number 42303 150.00

Balance due 0

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

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

Signature of recorded holder of deed

Signature Doris M. Johnston

Address 697 W. Fremont

State Fresno CA

Zip Code 93704

Telephone 1-209-439-2287

Work Order # E 10134

PY-003 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42326

Date: 6-8, 1992

From: Doris Martin Address: 1043 Robinson, SE 92403

In One Hundred Fifty Dollars (\$ 150)
 Payment of Treatment of Ella Fratol

Lot 70 Grave 2 Row _____ Section 2 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10134
 BALANCE DUE 0

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lot#	77184	
Opening/	100	<u>105 00</u>
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	<u>45 00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>150 00</u>

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

401

ISSUED BY Jewitt

61913
LEES COLONIAL/BENBOUGH
E10134

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ELLA	1B. MIDDLE P.	1C. LAST (FAMILY) FREUTEL	2. DATE OF BIRTH MONTH DAY YEAR 06-26-1908	3. DATE OF DEATH MONTH DAY YEAR 05-31-1992	4. SEX F
5A. CITY OF DEATH LA JOLLA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DORIS N. JOHNSTON - DAUGHTER 697 W. FREMONT STREET FRESNO, CA 93704	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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 06-02-1992	

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 JUN 3 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	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.				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input 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 ROPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 6-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVENUE SAN DIEGO, CA	12B. DATE CREMATED 6-5-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC *USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-2-92

*only 1 marker
 per grave
 to be added
 to grave of Angela Clawson*

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

of William Clawson, Jr (X)

in a Ash Vault Funeral, date, time Thu, 7:04 AM

Church, Chapel, Graveside Dakan Funeral Chapel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Caldwell, Idaho

Lot 164 Grave Row Section Bk 5 4

Grave space & Care Fund Pre-Deed

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 3.10

Total Due 253.10

paid receipt number 42396 253.10

Balance due 0

*Dale Phillips
 (916) 445-1638-0
 (510) 525-7985-1
 849 The Alameda 94707
 Berkeley 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 _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10135

FY-593 (REV. 8-85)

Invoice # _____

Acct. # _____



504 South Kimball Avenue
P.O. Box 1386
Caldwell, Idaho 83606-1386

E10135

ATTN: Mt. Hope Cemetery

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42396

E10135

From: Dail Phillips Address: 849 La Alameda, Berkeley, Ca 94701
 Date: 6-23, 1992

Two Hundred Fifty Three ^{10/100} Dollars (\$ 253.¹⁰)

In _____ Payment of Interment of William Cleason, Jr.

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10135

BALANCE DUE 0

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

AC-212 (Rev. 1-91)

3513

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		
	77184		
Opening/Closing	100	<u>105</u>	<u>W</u>
	77181		
Burial Containers	100	<u>40</u>	<u>W</u>
	77182		
Handling Fee	100	<u>60</u>	<u>W</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>W</u>
	77183		
Pre-Need Trust	65033		
	9022		
Sales Tax	60101	<u>3</u>	<u>10</u>
	76380		
TOTAL PAID	\$	<u>253</u>	<u>10</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10135

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

1A. NAME OF DECEDENT—FIRST (GIVEN) William	1B. MIDDLE B.	1C. LAST (FAMILY) Clawson, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 06-23-1913	3. DATE OF DEATH MONTH DAY YEAR 05-26-1992	4. SEX M
5A. CITY OF DEATH Homedale		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Idaho	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT Dolan Funeral Home: Funeral Home P.O. Box 1386 Caldwell, ID 83606		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: 1-805 & Imperial Avenue San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shirley [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 7-23-92			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.	THIS PERMIT 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. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O.	9A. AMOUNT OF FEE PAID 7.00 9B. DATE PERMIT ISSUED JUL 23 1992 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Parnas, M.D.</i>
9D. 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"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.



E10135

JAMES R. DAKAN, *President*
BRENDA STORY, *Office Manager*
DOUGLAS K. REINKE, *Director*
DAVID J. SALYER, *Director*
ALAN C. KERRICK, *Associate*

504 South Kimball Avenue P.O. Box 1386 Caldwell, Idaho 83606-1386
208/459-3629

June 2, 1992

Mt. Hope Cemetery
3751 Market St.
San Diego, CA. 92102
619-527-3400

To Whom It May Concern:

The cremains you are in receipt of are those of William B. Clawson Jr.
It is our understanding that the ashes are to be inurned with his parents, who
are buried at your cemetery. We also understand that these cremains are to
be held by you until you receive further instructions from the following;

Dale Phillips - nephew of the deceased
Home - 510-525-7985 / or 714-796-2829
Work - 916-445-1638

Gene Amy - personal representative
Home - 619-562-0548

It would be advisable to contact both parties to acknowledge that you are in
receipt of Mr. Clawson's ashes. Both parties must agree on what is to be done
before you do anything.

If you have any questions regarding these matters please feel free to call,
as we wish to assist in any way we can. Thank you for your careful attention
to this matter.

Respectfully,

Alan C. Kerrick
Funeral Director
Dakan Funeral Chapel



State of Idaho
AUTHORIZATION FOR FINAL DISPOSITION-TRANSIT PERMIT

E-10135

DECEDENT

DECEDENT - NAME FIRST WILLIAM		MIDDLE B.		LAST CLAWSON JR.		SEX MALE	DATE OF DEATH (Month, Day, Year) May 26, 1992
SOCIAL SECURITY NUMBER 552-42-8459		AGE - Last Birthday (Yrs.) 78	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINUTE	DATE OF BIRTH (Month, Day, Year) June 23, 1913		BIRTHPLACE (City and State or Foreign Country) SAN DIEGO CALIFORNIA
WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HOSPITAL PLACE OF DEATH (Check only one) (1) <input type="checkbox"/> Inpatient (2) <input type="checkbox"/> ER/Outpatient (3) <input type="checkbox"/> DOA		OTHER (4) <input checked="" type="checkbox"/> Licensed Nursing Home (5) <input type="checkbox"/> Private Residence		(6) <input type="checkbox"/> Licensed Shelter Home (7) <input type="checkbox"/> Other (Specify)	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) ROE'S COUNTRY MANOR, 108 W. WYHEE				CITY, TOWN OR LOCATION OF DEATH HOMEDALE		COUNTY OF DEATH OWYHEE	

INSTRUCTIONS FOR THREE-PART FORM

24 HOUR REPORT OF DEATH (PINK)

1. In every case a Report of Death must be mailed to (or otherwise filed with) the Local Registrar of the district in which death occurred within 24 hours after taking possession of the body.

AUTHORIZATION FOR FINAL DISPOSITION - TRANSIT PERMIT (YELLOW)

- For all cases except cremation, out-of-state transport or coroner's case, only the mortician's signature is necessary for final disposition.
- If body is to be transported out-of-state, is a coroner's case, or is to be cremated (also see #4), the death certificate and this authorization must be signed by the person responsible for certifying to the cause of death.
- If the body is to be cremated, the coroner must give additional authorization on the Final Disposition Form only.

CERTIFICATE OF DEATH (WHITE)

5. A completed death certificate must be filed with the Local Registrar where death occurred within five (5) days from the date of death.

DISPOSITION

METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FLANIFF CREMATORY	LOCATION - City or Town, State CALDWELL, IDAHO
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	LICENSE NUMBER (of Licensee) M 709	NAME AND ADDRESS OF FACILITY DAKRI F.H., PO BOX 1386, CALDWELL, IDAHO

DEPARTMENT OF HEALTH AND WELFARE REGULATIONS

This form must accompany the body to final disposition, including interment, storage, cremation and transportation.
 To Crematory Manager: Do not cremate the body without the coroner's signature on this form.

CERTIFIER'S AUTHORIZATION FOR DISPOSAL

CERTIFIER (Check only one) <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		
29a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	LICENSE NUMBER M3191	DATE SIGNED (Month, Day, Year) 5-29-92
CORONER'S AUTHORIZATION FOR CREMATION 29b. <i>Alice M Edmiston Deputy Coroner</i>		DATE SIGNED (Month, Day, Year) 5-29-92

MORTICIAN'S RESPONSIBILITY

DISPOSITION
 Burial Cremation Removal (out-of-state transport) Entombment Scientific Use Other

I have obtained the signatures required in Idaho Code 39-268 for Authorization for Final Disposition.

[Signature] Mortician or person acting as mortician (signature) *[Signature]* Person receiving the remains if transferred out-of-state (signature)

HWH-0128 (Rev. 1-89)

*At a minimum, complete items 1; 3; 4b, 9a, b, c, d; 21a, b, 22; and 29a for the 24 Hour Report and Authorization for Final Disposition.

002230

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-2-92

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

of Pauline Clark (X)

in a Ash Vault Vault/Line Funeral, date, time Wed 6/3 1:30 pm

Church, Chapel, Graveside Graveside Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 32 Grave 9 Row _____ Section MAS Division/Block P

Grave space & Care Fund Pre-Need (1911-1944) Ø

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Need (E-10105) Ø

Burial Container Pre-Need (E-10105) Ø

Handling Fees Pre-Need (E-10105) Ø

Flower vases - Marker setting fee _____

Recording and filing fee Pre-Need (E-10105) Ø

Sales taxes Pre-Need (E-10105) Ø

Total Due Ø

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 _____

State _____ Zip Code _____

Telephone _____

Signature of recipient holder of deed

COMPLETED

Work Order # E 10136

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10130

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Pauline	1B. MIDDLE L.	1C. LAST (FAMILY) Clarke	2. DATE OF BIRTH MONTH DAY YEAR 3/28/1911	3. DATE OF DEATH MONTH DAY YEAR 5/28/1992	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 NEXT OF KIN Johna Hendrickson-Daughter 4604 Norma Drive San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Creation & Burial Chapel 5602 El Cajon Blvd., San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7107.6 of the Health and Safety Code, and was authorized by request to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED 5/28/92	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 MAY 29 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald S. Ramos, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Rose Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 6-3-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Johna Inc. 14065 Old Bay 80 El Cajon, CA 92021	12B. DATE CREMATED 5/29/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-2-92

Pre Need Trust for Cremation for Service

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

of Wylma & George Buccola (X)

in a Ash Vaults Vault/Urner Funeral, date, time _____

Church, Chapel, Graveside _____; CONRAD (GARY) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 32 Grave _____ Row _____ Section 100F Division/Block 11

Grave space & Care Fund Pre Need (1943) _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 105.- 210.-

Burial Container 2 @ 40.- 80.-

Handling Fees 2 @ 60.- 120.-

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ 45.- 90.-

Sales taxes 2 @ 3.10 6.20

Total Due 506.20

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

Wylma K Buccola
Signature
2030-cypress av #5
Address
San Diego Ca 92104
State 291-9030 Zip Code
Telephone

Work Order # **E** 10137
PY-563 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42513

Date: 7-10, 1992

From George + Wynna Buccola Address: 2030 Cypress Ave, No 5, San Diego

One Thousand Seven Hundred Dollars (\$ 1700.-)

In Payment of Pre-Need Trust

* Lot 32 Grave _____ Row _____ Section 108F Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. F-10137

BALANCE DUE \$ 256.20

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

800

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	<u>1000</u>
Sales Tax	9022	
TOTAL PAID	60101	<u>1000</u>
	78390	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

№ 42610

Date: 8-11, 1992

From George + Wynne Buehler Address: 2030 Cypress Ave., #15, SD
one hundred Dollars (\$ 100)

In Payment of Pre-Need Trust

Lot 032 Grave 1 Row 1 Section 100F Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10137
 BALANCE DUE _____

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

AC-212 (Rev. 1-81)

815

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		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>100</u>	<u>100</u>
	9022		
Sales Tax	50101		
	78390		
TOTAL PAID	\$	<u>100</u>	<u>100</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E-10137
 No 42857

Date: 10-15, 19 72

From: George Purcia 291-9030 Address: 2030 CYPRESS AVE. APT. 5, S.D. CA 92104

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

in part Payment of Pre-need trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 206.20

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

5

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

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

47063614300

ISSUED BY W.J. Trague

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42892

Date: 10-28- 19 92

From: Wulma & George Buccola Address: 2030 Cypress Ave #15, San Diego, CA 92104
One hundred Six and 1/100 Dollars (\$ 106.00)

In Full Payment of Purneed Trust

Lot 32 Grave _____ Row _____ Section 100F Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 10137

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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

ISSUED BY W.J. Teague

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>100</u>	<u>-</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>106</u>	<u>-</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/3/92

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

in a Linear Vault/Line Funeral, date, time MON, 6/8 11:00AM
 Church, Chapel, Graveside Chapel graveside Ragsdale Mortuary.

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

Lot 165 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	<u>595.-</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>150.-</u>
Handling Fees	<u>145.-</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>11.63</u>
Total Due	<u>1296.63</u>

*Checklist
 Check to
 Burial -
 See Attached
 Info*

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 10138**

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10138

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Beatrix	1B. MIDDLE —	1C. LAST (FAMILY) Parks	2. DATE OF BIRTH 4-23-18 YEAR	3. DATE OF DEATH 5-23-92 YEAR	4. SEX F
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Charles Boozer - Cousin 3156 Franklin Ave. San Diego, CA 92133	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Debbie Williams</i>		8B. DATE SIGNED 5-29-92	

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 JUN 02 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>DEATH OCCURRED IN CALIFORNIA</small> Vital Records, P.O. Box 85222 San Diego, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA	11B. DATE INTERRED 6-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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.

INTEREST BEATRIX PARKS
E101300

Ragdale ~~ILLINOIS~~

BARBARA DAVIS

2555 CAMINO DEL RIO
S.

Ste #201

AD 92105

295-5070

Creston's Chain

PRE NEED
LOT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-3-92

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

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 134 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 1 LOT AT 3 695.00

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 695.00

Paid receipt number 42307 35.00

Balance due 660.00

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 _____

Thelma Montgomery
Signature
#429 Interment AT #2
Address
San Diego Calif. 92102
City
(619) 264-2357
Telephone
Zip Code

Work Order # **E** 10139

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42307

Date: 6-3- 1992

From Thelma Montgomery Address: 4429 Fremont St. # 2, S.D. CA 92102

Thirty-five dollars and 00/100 Dollars (\$ 35.00)

In Part Payment of Credit Lot

Lot 134 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10139

BALANCE DUE 660.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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

ISSUED BY W.J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>35 -</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>35 -</u>

OFFICIAL RECEIPT



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

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

№ 42470

Date 7/6, 19 92

From: TWELMA MONTGOMERY Address: 4429 Fremont St #2 S.D. 92102

TWENTY-EIGHT / 00/100 Dollars (\$ 28.00)

In Part Payment of Pre-need Lot

Lot 134 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10139

BALANCE DUE 632.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

Money Order
109 5806 517

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

ISSUED BY

[Handwritten Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>28.00</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>28.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

№ 42578

Date 9-4, 1990

From Helma Montgomery Address 4429 Durant St, #2, Lx

Twenty-Eight Dollars (\$ 28.-)

In Payment of Pre-Need Lot

Lot 134 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10139

BALANCE DUE \$604.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1091124808

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

ISSUED BY

J. White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>28 w</u>
Opening/ Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	63033	
	9022	
	50101	
	78390	
TOTAL PAID	\$	<u>28 w</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42718

Date: 9-15, 1992

From: Helma Montenegro Address: 4429 PUEBLO ST #2, SD
MOUNTAIN VIEW 710/100

In _____ Payment of Pre Need Lot Dollars (\$ 28.00)

Lot 134 Grave 10 Row _____ Section 7 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10139
 BALANCE DUE \$576.-

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>28.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>28.00</u>

OFFICIAL RECEIPT



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

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

№ 42817

Date: 10 8, 1982

From: Thelma Montgomery Address: 4429 Torreywood Ct #2, S.D. 92102

Twenty eight and 00/100 Dollars (\$ 28.00)

In part Payment of Renewed lot

Lot 134 Grave 10 Row 2 Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. L 12139

BALANCE DUE 548.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY: Wendy To...

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25</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>28</u> -

OFFICIAL RECEIPT



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

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

No 42920

Date: 11-4 1990

From: Helena Montgomery Address: 4429 Fremont St #27 St

Missy Edsley Dollars (\$ 28)

In Payment of Pre-Need Plot

Lot 134 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. F-10135

BALANCE DUE \$520 -

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 1052543910

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>28 w</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>28 w</u>

OFFICIAL RECEIPT



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

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

No 43132

Date: 12/15, 19 92

From: Thelma Montgomery Address: 4429 Fremont St #2 S.D. 92102

Twenty-eight and 00/100 Dollars (\$ 28.00)

In part Payment of Pre-need lot

Lot 134 Grave 10 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E - 10139

BALANCE DUE 492.00

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

AC-212 (Rev. 1-91)

H.O.
388 3028 526

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>28</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>28</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

№ 43260

Date: 1-20, 1993

From: Thelma Montgomery Address: 4427 Fremont St. # 2 S.D.

Twenty-eight⁰⁰/₁₀₀ Dollars (\$ 28.00)

In part Payment of Pre Need Lot

Lot 134 Grave 10 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E 1013 9

BALANCE DUE 464.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

388 3574 306

AC-212 (Rev. 1-81)

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

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care.	77184		
80% Sales of Lots	100		
	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>28</u>	<u>00</u>
	9022		
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
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 43361

Date: 2/11, 1995

From Helma Montgomery Address: 4429 Fremont St #2, L

Quarterly-Excise Dollars (\$ 28.-)

In Payment of Pre-Need Lot

Lot 134 Grave 10 Row 1 Section 2 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10139

BALANCE DUE \$436.-

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	100	<u>28</u>	<u>10</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77193			
Pre-Need Trust	63033		
9022			
Sales Tax	80101		
78390			
TOTAL PAID	\$	<u>28</u>	<u>10</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Credit Lot

R-10139

Thelma Montgomery and Mavis Taylor
5065 Lyon Street
San Diego, Calif. 92102

(134-10-2-12)

Month and Day Due Indicated Below

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

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



\$ 28.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10139

Theima Montgomery

4429 Fremont St., #2

San Diego, Ca. 92102

(134-10-2-12)

Month and Day Due Indicated Below

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

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



\$ 28.00

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-10139**

Thelma Montgomery

4429 Fremont St., #2

San Diego, ca. 92102

(134-10-2-12)

Month and Day Due Indicated Below

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

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



\$ **28.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-10139**

Thelma Montgomery

4429 Fremont St., #2

San Diego, Ca. 92102

(134-10-2-12)

Month and Day Due Indicated Below

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

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

\$ 28.00

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

\$ _____

\$ _____

Amount Received

\$ 28.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-10139**

Theima Montgomery

4429 Fremont St., #2

San Diego, ca. 92102

(134-10-2-12)

Month and Day Due Indicated Below

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

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

\$ 28.00

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

~~17~~

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

134-10-2-12
Theodor Santigony
4429 Fremont St., #2
San Diego, ca. 92102

#6

(134-10-2-12)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR
						10					

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



\$ 28.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pro-Head Lot E-10135

Irving Montgomery

4429 Fremont St., #2
San Diego, Ca. 92162

#7

(134-10-2-12)

Month and Day Due Indicated Below

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

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



\$ 28.00

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-3-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stephen Costa PA #
in a liner Vault/Liner Funeral, date, time Wed, 6/3 2:30 PM
Church, Chapel, Graveside Del. Only Mortuary Monkley Mitchell

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

Lot 87 Grave 3B Row _____ Section 1 Division/Block 12

Grave space & Care Fund	<u>126.-</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>165.-</u>
Burial Container	<u>50.-</u>
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.-</u>
Sales taxes	_____
Total Due	<u>386.-</u>

Paid in Full 7-14-92

Kathleen Howard

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10140

Invoice # 208217

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10140

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ROTHLEN	1B. MIDDLE JAMES	1C. LAST (FAMILY) OODA	2. DATE OF BIRTH MONTH, DAY, YEAR MAR 31, 1905	3. DATE OF DEATH MONTH, DAY, YEAR MAY 28, 1992	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 PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERRILEY MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10329 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
		8B. DATE SIGNED JUN 3, 1992			

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 JUN 3 1992	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 P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. 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 MARGOT STREET, SAN DIEGO, CA	11B. DATE BURIED 6-3-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 10140
208217 10/09/92 000952

COUNTY OF SAN DIEGO
100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

07/14/92 CK 04-068841

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-3-92

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

in a _____ Vault/Line Funeral, date, time Mon 6/8 11:00 AM

Church, Chapel, Graveside Witness Only Halley-Olsen Mortuary Halley-Olsen

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____
To be placed in top of Double Depth Crypt (1988) + Burial

Lot 4 Grave 8 Row _____ Section 17 Division/Block 7

Grave space & Care Fund Pre-Deed _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container E- 7410 (5/88 1st Burial 82) _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 395.00

Paid receipt number 42333 395.00

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # E 10141

PF-593 (REV. 2-85)

Invoice # _____

Acct. # _____

Post-It™ brand fax transmittal memo 7671 # of pages 1

To <u>DIANE</u>	From <u>KATHY</u>
Co. <u>HALLEY-OLSEN FUN. CHAP.</u>	Co. <u>MT HOPE CEMETERY</u>
Dept. _____	Phone # <u>527 3400</u>
Fax # <u>805-723-5587</u>	Fax # <u>(619) 527 3403</u>

*MARY SWEETMAN
286-7307
DAUGHTER: LINDA HARRIS DR. 93536
43001 LEIMONWOOD CA. 94458
LANCASTER, CA. 943-4458*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10141

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

1A. NAME OF DECEDENT—FIRST (GIVEN) SIDNEY	1B. MIDDLE MORRIS	1C. LAST (FAMILY) HARRIS	2. DATE OF BIRTH MONTH, DAY, YEAR 11-11-17	3. DATE OF DEATH MONTH, DAY, YEAR 5-29-92	4. SEX MALE
5A. CITY OF DEATH LANCASTER		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LINDA HOGAN (DAUGHTER) 43001 LEMONWOOD DRIVE LANCASTER, CA 93536		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HALLEY-OLSEN FUNERAL CHAPEL 42802 N. DATE, LANCASTER, CA 93534		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1067	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
8B. DATE SIGNED 6-5-92					

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 JUN 05 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 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 CO. DEPT. OF HEALTH, ROOM 101, 1700 PACIFIC HWY, SAN DIEGO, CA 92101		

HORIZED 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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 6-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE			

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

OFFICIAL RECEIPT



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

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

No 42333

E 10141

Date: 6-9, 1992

From: Waller-Ohser Funeral Home Address: 44802 N. Latta Ave, Lancaster, CA 93534

In Three Hundred Ninety Five Dollars (\$ 395)

In Payment of INTERMENT of Sidney Harris

Lot 4 Grave 8 Row _____ Section 17 Division 7 Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-10141
 BALANCE DUE 0

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>3.50 W</u>
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>4.50 W</u>
Pre-Need Trust	83033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>395.00</u>

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

20119

ISSUED BY J. Wait

PRE-NEED TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-5-92

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

in a T.S. VAULT Vault/Line 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 will be applied and billed to undersigned. War time veteran NO.

Lot 1116 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund PRE-NEED D-7664 Ø

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 200.00

Handling Fees _____ 175.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 15.50

PAID
JUN 05 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due _____ 785.50

Paid receipt number 42323 785.50

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 _____

Delores Rypien
Signature
10140 Strathmore Drive
Address
San Jose, Ca 92071
State Zip Code
418-1556
Telephone

Work Order # **E** 10142

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42323
E 10142

Date: 6-5, 1992

From: DELORES RYDEN Address: 10140 Stretchmore Dr. Santa 92071

SEVEN HUNDRED EIGHTY-FIVE AND 50/100 Dollars (\$ 785.50)

In FULL Payment of PRE-NEED TRUST FOR IVA LOWE

Lot 1116 Grave _____ Row _____ Section 1 Division 8 Block 8

Invoice No. _____

Acct. No. _____

W.O. E-10142

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>785.50</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>785.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

8 chairs

Date 6-5-92

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

of Evans, Katerina (infant - stillborn)

in a _____ Vault/Liner Funeral, date, time Thurs. 6/11 1:00 PM

Church, Chapel, Graveside Graveside; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No. Cashed - H-7
L-2012 W-91

Lot 3139 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	<u>100.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>75.00</u>
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	_____

Total Due 220.00

Paid receipt number 42327 55.00

Balance due 165.00

30 day note

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

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

Signature of recorded holder of deed

x Daphany McNeil
 Signature
 x 3165 Logan Ave #3
 Address
 x San Diego Ca 92113
 State Zip Code
 x 266-8412
 Telephone

Work Order # E 10143

PV-593 (REV. 8-88)

Invoice # 208214
Acct. # 074953

Greenwood

E 10143

Graveside

3015-1-9
Other family members

1:00 pm Thurs 6

Evans, Kattera

infant (stillborn)

Dorothy Coleman

2148-912

3965 Logan Ave #3
SD 57113

MT. HOPE CEMETERY

W.O. # E10143

NOTE

\$ 165.00 San Diego, California 6-11- 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One hundred sixty five and 100/100 DOLLARS with interest from 7-11-92 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME DAPHANY Mcbee SIGNATURE Daphany mcs

ADDRESS 3965 Logan Ave #3 266 8412

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42327
 E10143

Date: 6-8- 1992

From: Daphany Mcbee Address: 3965 Logan Ave #3

Fifty-five and xx/100 Dollars (\$ 55.00)

In part Payment of Katerra Evans Funeral Services

Lot 3139 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E10143

BALANCE DUE 165

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 W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>55 -</u>
Opening/ Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>55 -</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10143

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

1A. NAME OF DECEDENT—FIRST (GIVEN) KATERA		1B. MIDDLE GINA	1C. LAST (FAMILY) EVANS		2. DATE OF BIRTH MONTH DAY YEAR 06-04-1992	3. DATE OF DEATH MONTH DAY YEAR 06-04-1992	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 DOROTHY COLEMAN: GRANDMOTHER 3965 LOGAN AVENUE #3 SAN DIEGO, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY I-805 & IMPERIAL AVE., SAN DIEGO, CA 92112				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		6B. DATE SIGNED 06-10-92
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 2100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Ronald L. Barrow, M.D.]</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)				FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	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 92112	11B. DATE BURIED 6-11-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature: Wendy Jo League]</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

Date 6-8-92

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

in a Liner Funeral, date, time Tue, 6/16 1:00pm

Church, Chapel, Graveside Church - grave - CALIF. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 98 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 11.63

Total Due 1296.63

Paid receipt number 42342 324.00

Balance due 972.63

30 Day Note

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 _____

Maurice Williams Jr.
Signature
3075 "L" STREET
Address
CA 92102
State Zip Code
233-5856
Telephone

Work Order # E 10144

PY-583 (REV. 8-88)

Invoice # 208203

Acct. # 074944

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10144

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Donald	1B. MIDDLE Eugene	1C. LAST (FAMILY) Jordan	2. DATE OF BIRTH MONTH DAY YEAR 1/29/1960	3. DATE OF DEATH MONTH DAY YEAR 6/6/1992	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	E. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Beaside Nash-Mother 3075 L Street San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		8B. DATE SIGNED 6/10/92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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>		

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 JUN 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. 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 ENHAULTMENT <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 92120	11B. DATE BURIED 6-16-92	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.



STATE OF CALIFORNIA

WARRANT NUMBER
60788434

H THE TREASURER OF THE STATE WILL PAY OUT OF THE
IDENTIFICATION NO.

FUND NO. FUND NAME
214 RESTITUTION FUND

90-1342/1211

247791

8700 02 02 94

E10144

DOLLARS CENTS
\$ *****600.00

MOUNT HOPE CEMETERY
CITY OF SAN DIEGO
3751 MARKET ST
SAN DIEGO CA 92102-4527



Gray Davis

GRAY DAVIS
STATE CONTROLLER

⑆12113423⑆ 607884345⑆

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

60788434

PATIENT ACCOUNT NUMBER: 404491399
CLAIMANT NAME: BESSIE B NASH SSN: 437 44 3654

THE ENCLOSED CHECK FOR \$ 600.00 IS FOR THE
FOLLOWING SERVICES PROVIDED BY YOU:

FROM DATE	BILLED AMOUNT	VERIFIED AMOUNT	OWED BY CLAIMANT	TOTAL REIMBURSED	PAID BY BOC
10/09/92	1296.63	1296.63	0.00	324.00	600.00 01)
01) BOARD MAXIMUM FOR FUNERAL/BURIAL IS AVE BEEN REDUCED.				\$3500.	EXPENSES H

AS OF 1-1-94, VICTIMS OF CRIME (VOC) PAYMENTS TO PROVIDERS OF SERVICES MUST BE REPORTED TO IRS. ALL PROVIDERS EXPECTING PAYMENT FROM VOC MUST PROVIDE THEIR TAX ID (SSN/FEIN) BY 11-1-93. FAILURE TO DO SO MAY RESULT IN ADDL. PAYMT DELAYS IN 1994. YOU MAY FAX INFO. TO 916-327-2933 ATTN: SAM.

CHECK WILL BE CREDITED TO OUR ACCOUNTS

SENT CHECK TO:
ATTENDY: Ms PRICE
525 "B" ST, SUITE 1101
92101
CITY TREASURER

TOTAL PAID ON THIS HEARING FOR THIS CLAIM: 600.00

FOR INQUIRIES PLEASE QUOTE CLAIM NUMBER: 247791
STATE BOARD OF CONTROL
VICTIMS OF CRIME PROGRAM
PO BOX 3036, SACRAMENTO, CA 95812-3036 PHONE: (916) 322-4426

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42342

Date: 6-11, 1992

From Maurice Williams Address: 3075 Lst SD 92102

Three hundred twenty four Dollars ^{00/100} Dollars (\$ 324.00)

In Payment of Interment for Donald Jordan

Lot 98 Grave 12 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10144

BALANCE DUE 972.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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

ISSUED BY D. Carter

CREDIT	67007	595	00
20% Sales Care	77184		
80% Sales of Lots	100	<u>324</u>	<u>00</u>
Opening/Closing	77181	350	00
Burial Containers	100	<u>150</u>	<u>00</u>
	77182	463	
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	71	00
	78390		
TOTAL PAID	\$	<u>324</u>	<u>00</u>

MT. HOPE CEMETERY

W.O. # E-10144

NOTE

\$ 972.63 San Diego, California 6-16 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Nine hundred Seventy Two & 3/10 DOLLARS with interest from July 16, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME MAURICE WILLIAMS SIGNATURE Maurice Williams Jr.
ADDRESS 3075 "L" STREET S.D. CA. 92102
CALIFORNIA DRIVER LICENSE NUMBER C3406247 SSN # 554-26-1945

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred George Gibson Jr.

in a T.S. Vahl Vault/Liner Funeral, date, time Wed 6/10 11 AM

Church, Chapel, Graveside Church, Graveside, CA BURIAL Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 164 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 15.50

Total Due 1380.50

Paid receipt number 42329 1380.50

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 _____

Winifred Gibson
Signature
3915 Florence St
Address
San Diego CA 92113
State Zip Code
264 0892 / 264 4698
Telephone

Work Order # **E** 10145

PY-593 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42329

Date: 6-8- 19 92

From Gloria F. Crutcher Address: 4965 Deaton Dr. S.D. 92102

In Full Payment of Interment services for Alfred George Gibson Jr. Dollars (\$) 1380.50

Lot 164 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10145

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184	<u>119</u>	<u>-</u>
80% Sales of Lots	77184	<u>476</u>	<u>-</u>
Opening/Closing	77181	<u>350</u>	<u>-</u>
Burial Containers	77182	<u>200</u>	<u>-</u>
Handling Fee	77185	<u>175</u>	<u>-</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>-</u>
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	<u>15</u>	<u>50</u>
TOTAL PAID		\$ <u>1380</u>	<u>50</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10145

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Alfred	1B. MIDDLE George	1C. LAST (FAMILY) Gibson, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 8/15/1923	3. DATE OF DEATH MONTH DAY YEAR 6/5/1992	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 Winifred Gibson-Daughter 3915 Florence Street San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 6/8/92	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 09 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Donald E. Remmel, M.D., M.D.]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA		9E. 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 <input checked="" type="checkbox"/>	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 6-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature: Wendy J. League]</i>
	CREMATION <input type="checkbox"/>	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Metal, non sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE <input type="checkbox"/>	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT <input type="checkbox"/>	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY <input type="checkbox"/>	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ---	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-9-92

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

of John Anderson

in a T-S Vault Funeral, date, time Wed 6/10 1:30pm

Church, Chapel, Graveside Church + Grave - Calif. Burial Mortuary Side (Mason + Van)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 2369 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 200.00

Handling Fees 175.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 15.50

Total Due 1580.50

Paid receipt number 42523 1580.50

Balance due 0

30 Day Note

Handwritten notes:
Pd. 100 full
12-92

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: [Signature]
Address: 11291 B. 3rd STREET
SAN DIEGO, CA 92113
State: _____ Zip Code: _____
Telephone: (619) 214-4359

Work Order # **E** 10146

PR-583 (REV. 8-86)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10146

NOTE

\$ 1580.⁵⁰ San Diego, California 6-9 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fifteen Hundred Eighty Dollars ⁵⁰ DOLLARS with interest from July 10, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME TIFFANY COLEMAN SIGNATURE [Signature]

ADDRESS 1129 S. 310TH STREET SAN DIEGO CA 92113

CALIFORNIA DRIVER LICENSE NUMBER A4051021 SSN # 752-08-6295

OFFICIAL RECEIPT



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

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

NO 42523

Date: 7-14, 1972

From: Calif. Burial Address: 5602 El Cajon Blvd, SD
Fifteen Hundred Eighty Dollars (\$ 1580.50)
 In Payment of INTERMENT of JHR Anderson

Lot 2369 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10146

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61)

4649

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Carn	77184	159 00
80% Sales of Lots	100	636 00
77184	100	350 00
Opening/Closing	77181	
Burial	100	200 00
Containers	77182	
100	100	175 00
Handling Fee	77185	
Recording & Misc. Fees	100	45 00
77183		
Pro-Need Trust	63033	
9022		
Sales Tax	60101	15 50
78390		
TOTAL PAID	\$	1580 50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10146

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

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE Joseph	1C. LAST (FAMILY) Anderson	2. DATE OF BIRTH MONTH DAY YEAR 9/27/1980	3. DATE OF DEATH MONTH DAY YEAR 6/4/1992	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 Debra Ann Mitchell—Mother 1129 South 36th Street San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357	8A. SIGNATURE OF APPLICANT—Person taking permit. 		8B. DATE SIGNED 6/8/92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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	THIS PERMIT 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 JUN 8 - 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 9	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 type="checkbox"/> 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 Mariet Street San Diego, CA 92120	11B. DATE BURIED 6-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Metcal Sealer / T.S. Vault 2369-10	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.



E10146

FAX COVER SHEET

Class Requested (Priority)
Programmer's Phone No.
DIN No.

Date 9.12.95

Total pages (including cover) 07

M&T Publishing, Inc.
415 State Avenue
San Mateo, CA 94402
Tel: 415-358-4300
Fax: 415-358-4800

Attention: Ms Nancy Jo Tarrant (415) 927-3703

From: TERRANCE GARDNER

Comments: Wanted, Please Call me
IF YOU HAVE ANY QUESTIONS
OR INFORMATION

If you have any difficulty with this transmission, please contact us at 415/358-9500 x 321

May 12, 1993

Ms. Wendy Jo Trague
Manager
Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

Dear Wendy:

As per our conversation this morning, I wish to formally instruct Mount Hope to refuse a marker for John Anderson (lot 2369, block 100) if ordered by anyone other than the deceased's sister, Tiffany Coleman, mother, Debra Mitchell, or grandmother, Thelma Davis.

It has come to my attention that Robert Anderson has ordered a marker from Seaman-Poe Monument Company to be placed at your site this week. This is unauthorized and should be refused if an attempt is made to deliver the marker.

I have contacted Barbara Poe at Seaman-Poe and Robert Anderson is aware of this situation. They both understand that they are unable to place the marker.

Either myself, Tiffany Coleman, or Thelma Davis will be in touch with you soon. We are currently making arrangements for the proper marker to be produced and delivered.

Thank you for your attention to this matter.

Best regards,


Tiffany Coleman


Debra Mitchell

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-9-92

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

in a T.S Vault Funeral, date, time Wed, 6/10 11:00 AM

Church, Chapel, Graveside GRAVESIDE CHURCH; LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 112 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 595.⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 350.-

Burial Container 200.-

Handling Fees 175.-

Flower vases - Marker setting fee

Recording and filing fee 45.-

Sales taxes 15.50

Total Due 1380.50

Paid receipt number 40332 1380.50

Balance due 0

PAID
JUN 09 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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 _____

Mrs Joyce Moore
Signature
3224 University
Address
San Diego 92105
State
5827012 Zip Code
Telephone

Work Order # **E 10147**

PV-680 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42332

E10147

From: Juan Moran Address: 3221 W. Virgo Rd, SA 92105
Milton Shurden Esq 3/10 Dollars (\$ 1380.⁵⁰)
 In Payment of Interment of Helen Fournier

Lot 112 Grave 12 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10147

BALANCE DUE ✓

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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

ISSUED BY Judit

CREDIT	67007		
20% Sales Care	77184	<u>117</u>	<u>W</u>
80% Sales of Lots	100	<u>476</u>	<u>W</u>
77184			
Opening/Closing	100	<u>350</u>	<u>W</u>
77181			
Burial Containers	100	<u>200</u>	<u>W</u>
77182			
Handling Fee	100	<u>175</u>	<u>W</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>W</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	<u>15</u>	<u>50</u>
78390			
TOTAL PAID	\$	<u>1380</u>	<u>50</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E10147

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

1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN	1B. MIDDLE GERVAIS	1C. LAST (FAMILY) FOURACRE	2. DATE OF BIRTH MONTH DAY YEAR 04-20-1910	3. DATE OF DEATH MONTH DAY YEAR 06-08-1992	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT JOYCE MOORE - DAUGHTER 3221 W. VIRGO RD SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 06-10-1992		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS... P.O. BOX 85222 SAN DIEGO, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 6-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>medal sealed</i>	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

Date 6-9-92

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

of BURNICE BUENSIDE
in a Liner Funeral, date, time Thurs 6/11 11:00AM
Church, Chapel, Graveside GRAVESIDE ONLY; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 3394 Grave Row Section Division/Block 10

Grave space & Care Fund Pre-Necd (1972)

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee JUN 09 1992

Recording and filing fee 45.00

Sales taxes 11.63

Total Due 701.63

Paid receipt number 42334 701.63

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

minesla mitchell
Signature 604 So 400th St
Address San Diego Ca 92113
Sign 619-262-5022 Zip Code
Telephone

Work Order # E 10148

PV-593 (REV. 5-85)

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10148

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGIA	1B. MIDDLE BURNICE	1C. LAST (FAMILY) BURNSIDE	2. DATE OF BIRTH MONTH DAY YEAR 11-17-1911	3. DATE OF DEATH MONTH DAY YEAR 06-06-1992	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 DECEASED MIRNOLA MITCHELL - SISTER 604 S. 40TH STREET SAN DIEGO, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480		
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.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 06-08-1992

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 JUN 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	9E. 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	11B. DATE BURIED 6-11-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

4/18/1984

E10148

Nº 11133

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Burnice B. Burnside for the sum of \$ 225.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3394 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-1600

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:

Single 12" X 24" Flush Marker Only

Robert Smith

Cemetery Manager

Marvin B. ...

Property Director

OFFICIAL RECEIPT



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

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

№ 42334

E10148

Date: 6-9, 1992

From: Marelda Mitchell Address: 644 S. 40th St. SD 92113

Seven Hundred One 63/100 Dollars (\$ 701.63)

In Payment of Interment of Bernice Burrows

Lot 3394 Grave --- Row --- Section --- Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F-10148

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

4815

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>350 00</u>
Burial Containers	100	<u>150 00</u>
Handling Fee	77182	<u>145 00</u>
Recording & Misc. Fees	100	<u>45 00</u>
Pre-Need Trust	77183	
Sales Tax	63033	<u>11 63</u>
	9022	
	50101	
	78390	
TOTAL PAID	\$	<u>701 63</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-10-92

(Bottom)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARVIN COTTINGHAM & Roberto McAllister (top) in a Double Crypt Vault/Liner Funeral, date, time Thurs. 6-11 1 P.M. Church, Chapel, Graveside Church, G.S. Kingsdale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 136 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	<u>595.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>330.00</u>
Handling Fees	<u>320.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>20.45</u> <u>90.00</u>
Sales taxes	<u>25.58</u>
Total Due	<u>1710.58</u>
Paid receipt number <u>42831</u>	<u>1710.58</u>
Balance due	<u>0</u>

*BESIDE COTTINGHAM
 262-2958*

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.

Franklin D. McAllister
 Signature of authorized holder of deed
 Rt 1 Box #280
 GATKS, NC 27937
 919 357 2617 ✓
E 10149

[Signature]
 Signature
 X 138 SO ROYAL OAK DR
 Address
 X S. D CA 92114
 State Zip Code
 X KONONI
 Telephone

Invoice # _____
 Acct # _____

Work Order # **E 10149**
 PY-593 (REV. 8-85)

Island
 Roberto - top
 *Marvin - bottom
 McAllister
 Yolanda - 470-6272
 Finance 382-1659
 NINA - No phone
 (Mother) +aulke
 (stop dad)
 ↓ 262-2958

MT. HOPE CEMETERY

W.O. # E10149

NOTE

\$ 1710.58 San Diego, California 6-11- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of seventeen hundred ten and 58/100 DOLLARS with interest from 7-11-92 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME WILLIE J FAULKNER SIGNATURE [Signature]

ADDRESS 138 50 ROYAL OAK DR S.D. CA 92114

CALIFORNIA DRIVER LICENSE NUMBER G0469870 SSN # 415-42-3018

Government Personnel Mutual

Life Insurance Company

E
10149

San Antonio, Texas



GPM will pay *the benefits provided in this policy,*
subject to its terms and conditions.

POLICY NUMBER 309334 **POLICY DATE** APRIL 1, 1983 **RISK CLASS** STANDARD
ON LIFE OF INSURED - ROBERTO MC ALLISTER **AGE** 22 **MALE**
OWNER WILLIE J FAULKNER The **BENEFICIARY** shall be as designated in the application unless changed as provided.

COVERAGE	DESCRIPTION	SUM INSURED	AMOUNT	ANNUAL PREMIUM	BENEFIT TERMINATES
	WHOLE LIFE PLAN		\$5,000	\$77.60	LIFE

INTEREST RATES: POLICY LOAN 7.4% IN ADVANCE, REINSTATEMENT 6%.

PREMIUM SCHEDULE	YEAR	DESCRIPTION	SPECIAL MONTHLY	ANNUAL
	1983	PREMIUM RATES AT ISSUE PAYABLE FOR REMAINDER OF INSURED'S LIFETIME	\$7.05	\$77.60

PREMIUMS PAYABLE AT SPECIAL MONTHLY RATE

NOTICE OF YOUR RIGHT TO EXAMINE POLICY FOR TEN DAYS
 If you are not satisfied with this policy, you may return it within 10 days of its receipt to the Home Office of GPM or to your agent. It will be cancelled from the first and all premiums will be refunded.

The provisions on the following pages are a part of this contract which was signed at San Antonio, Texas, on the Policy Date.
 GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

P.F. Manning
 PRESIDENT

C. Al...
 SECRETARY

EXAM

LIFE POLICY.
 PROCEEDS PAYABLE AT INSURED'S DEATH.
 PREMIUMS PAYABLE DURING INSURED'S LIFETIME.
 AS SHOWN IN PREMIUM SCHEDULE.
 PAYS DIVIDENDS ANNUALLY FROM SECOND YEAR.

201 LIF80

032983

ALL DATES SHOWN REFER TO THE ANNIVERSARY OF THE POLICY DATE IN THE YEAR SHOWN

Anderson-Ragsdale Mortuary

"Third Generation In The Mortuary Profession"

5050 FEDERAL BLVD. SAN DIEGO, CA 92102-2615

PHONE (619) 263-3141 FAX 619/263-1507



E 10149

E10149

June 6, 1992

Funeral statement for Roberto Manuel McAllister, who died on June 4, 1992

STANDARD PROFESSIONAL SERVICES:

Personnel available 24 hours a day, 365 days a year to respond to initial call. Arrangement Conferance, Coordinating services plans involved in the disposition of the deceased, Clerical assistance in the completion of various forms associated with a funeral, \$350.00

Transfer of body to the Mortuary.....	\$ 75.00
Dressing and Casketing of the body.....	\$ 75.00
Securing and Recording of the Death Certificate.....	\$ 85.00
Use of Facilities for viewing and visitation.....	\$ 75.00
Family Limousine (\$85.00 each).....	\$
Use of Hearse for Funeral Services.....	\$ 90.00
Motorcycle Escort (\$75.00 each).....	\$
Flower Car for Flowers (\$65.00 each).....	\$
Register Book.....	\$ 15.00
Acknowledgements Cards (25 cards to box with envelopes \$10.00 each).....	\$
Coordination and directing funeral at Church.....	\$150.00
Disposition Permit from Health Department.....	\$ 7.00

\$922.00

OPTIONAL OR ADDITIONAL SERVICES:

Additional Limousine.....	\$ 85.00
Certified copies of the death certificate (\$8.00 each) .. 6 Copies.....	\$ 48.00
Hair Stylist.....	\$ 75.00
Honorarium to Minister.....	\$ 50.00
Musician	\$ 50.00
Casket Aurora Spartan Bronze Protective Casket.....	\$1395.00
Sales Tax on Casket 7.75% on Casket.....	\$ 108.11
50 Funeral programs with color photo's.....	\$ 95.00
300 Funeral programs with Black and White photo.....	\$ 90.00

Total..... \$2868.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42831

Date: 10-8- 19 92

From: Willie J. Faulkner Address: 138 So Royal Oak Dr., S.D. CA 92114

Seventeen hundred ten and 58/100 Dollars (\$ 1710.58)

In Four Payment of Interment Services For Marvin Cottingham and Roberto McAllister

Lot 136 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10149

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 7006006132

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

ISSUED BY Monty J. Trague

CREDIT	67007		
20% Sales Care	77184	<u>119</u>	<u>-</u>
80% Sales of Lots	77184	<u>176</u>	<u>-</u>
Opening/Closing	77181	<u>350</u>	<u>-</u>
Burial Containers	77182	<u>320</u>	<u>-</u>
Handling Fee	77185	<u>320</u>	<u>-</u>
Recording & Misc. Fees	77183	<u>90</u>	<u>-</u>
Pre-Need Trust	53033		
	9022		
Sales Tax	60101	<u>25</u>	<u>58</u>
	75380		
TOTAL PAID	\$	<u>1710</u>	<u>58</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10149

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Harvin	1B. MIDDLE Earl	1C. LAST (FAMILY) Cottingham	2. DATE OF BIRTH MONTH, DAY, YEAR 4-29-63	3. DATE OF DEATH MONTH, DAY, YEAR 6-5-92	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Bessie Cottingham - Mother 5635 Dream St. San Diego, CA 92114	
7A. NAMED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Bessie Williams</i>	8B. DATE SIGNED 6-8-92
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 09 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; 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. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3851 Market St. 136-11-1-12 San Diego, CA	11B. DATE INTERRED 6/11/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Lined over casket - 4 double depth casket plates made to order	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Casket	13B. DATE RECEIVED	13C. SIGNATURE OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10149

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Roberto	1B. MIDDLE Manuel	1C. LAST (FAMILY) McAllister	2. DATE OF BIRTH MONTH DAY YEAR 9-14-63	3. DATE OF DEATH MONTH DAY YEAR 6-4-92	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Yolanda Gonzales - Fiancee 4546 Morwood St. #6 San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Debbie Wilbur</i>		8B. DATE SIGNED 6-9-92	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUN 09 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mc. Hape Cemetery; 3751 Market St. San Diego, CA 136-11-1-12	11B. DATE INTERRED 6/11/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A T.S. Vaulet	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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

Date 6-10-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Travis A. LaShawn Tyson

in a _____ Vault/Urner Funeral, date, time Fri 6/12 1:00 PM

Church, Chapel, Graveside Graveside; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran CASTER - 11-9
PET DARRILL - L-22 W-11

Lot 2794 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	<u>100.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>75.00</u>
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	_____

Total Due 220.00

Paid receipt number 612336 100.00

Balance due 120.00

30 day note

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

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

Signature of recorded holder of deed

Marrisa Tyson
Signature
3458 Marlowe #4
Address
San Diego Ca 92116
State Zip Code
(619) 284-2169
Telephone

Work Order # **E** 10150

PF-593 (REV. 8-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42336
 E10150

Date: 6-10, 1992

From: NORMIS TRUEN Address: 3458 MONROE AVE, #4, SD 92116
One Hundred 700/100 Dollars (\$ 100.-)

In Payment of INTERMENT of TRAISSA TRUEN

Lot 2794 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____
 Acct. No. _____
 W.O. E-10150
 BALANCE DUE \$100.-

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>W</u>
80% Sales of Lots	100	<u>80</u>	<u>W</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>100</u>	<u>W</u>

OFFICIAL RECEIPT



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

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

No 42492
E10150

Date: 7-8, 1993

From: Mary Lynn Address: 3458 Monroe Ave #4 92116

One Hundred Twenty Dollars (\$ 120)

In Payment of Interment of Thelma Lynn

Lot 2494 Grave - Row - Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-10/20

BALANCE DUE 0

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>75 00</u>
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	<u>45 00</u>
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>120 00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

694

ISSUED BY J. White

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10150

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Traissa	1B. MIDDLE LaShawn	1C. LAST (FAMILY) Tryon	2. DATE OF BIRTH MONTH, DAY, YEAR 4-7-92	3. DATE OF DEATH MONTH, DAY, YEAR 6-8-92	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Melissa Bowlen - Mother 5329 Meade Ave. San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Debbie Williams</i>		8B. DATE SIGNED 6-11-92	

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 JUN 12 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 6/12/92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Leeger</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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

W.O. # 42336 ^{E-10150}

NOTE

\$ 120.00 San Diego, California 6-10 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of ONE hundred & twenty DOLLARS with interest from 7-12-92 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME MARRIS TRXON SIGNATURE MARRIS TRXON
ADDRESS 3458 MONROE AVE #4 San Diego Ca, 92116
CALIFORNIA DRIVER LICENSE NUMBER 1D074625 SSN # 459-72-4959

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-10-92

PA# 1129244
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Stensle CC# 192-1144

in a liner Vault/Liner Funeral, date, time Wed 6/15

Church, Chapel, Graveside Del. Only ; Claremont Mortuary. (Dorothy)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 93 Grave 3B Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.-
Additional spaces and care fund _____
Opening/Closing & Setup 16.50.-
Burial Container 30.-
Handling Fees _____
Flower vases - Marker setting fee _____
Recording and filing fee 45.-
Sales taxes _____
Total Due 386.-

**Paid in Full
7-14-92**

Kathryn Howard

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 _____
State _____ Zip Code _____
Telephone _____

Work Order # **E** 10151

Invoice # 208235
Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10151

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGE	1B. MIDDLE ---	1C. LAST (FAMILY) STENGLE	2. DATE OF BIRTH MONTH, DAY, YEAR 02-27-1944	3. DATE OF DEATH MONTH, DAY, YEAR FOUND 06-03-1992	4. SEX M	
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 KATHERINE HOWARD, DEPUTY P.A. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVENUE SAN DIEGO, CA 92117		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1126	8A. SIGNATURE OF APPLICANT—Permit taking permit <i>[Signature]</i>			8B. DATE SIGNED 6-11-92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 11 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>
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		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.				

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, 3850 MARKET STREET SAN DIEGO, CA 92102 93-3B-1-12	11B. DATE BURIED 6/15/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

208235 10/09/92 000952 COUNTY OF SAN DIEGO
100 072
100 072
100 072
67007

Eloisi

77181 000072
77182 000072
77183 000072
77184

07/14/92 CK 04-068841

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-10-92

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

of Bobby E. Boyd, Jr

in a _____ Vault/Liner _____ Funeral, date, time Jun 9/12 1:00pm

Church, Chapel, Graveside Church + grave - Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no Casket - H-10th
L-27th W-12th

Lot 2904 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100

Additional spaces and care fund

Opening/Closing & Setup 45

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45

Sales taxes

Total Due 220.00
Paid receipt number 42341 60.00
Balance due 160.00

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 _____

(Sherry) L. Lackey
Signature
27778 Home Ave #520
Address
CA 92105
State Zip Code
619 (2141-8441)
Telephone

Work Order # E 10152

PY-593 (REV. 8-85)

Invoice # 208216
Acct. # 074952

MT. HOPE CEMETERY

W.O. # E 10152

NOTE

\$ 160.- San Diego, California 6-11 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One Hundred Sixty no DOLLARS with interest from July 12, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME Bobby E Boyd SIGNATURE Bobby E Boyd
ADDRESS 4770 Home Ave # 320 San Diego, CA 92115
CALIFORNIA DRIVER LICENSE NUMBER 552-08-3164 SSN #

OFFICIAL RECEIPT



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

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

No 42341

From: Harry Lachy Address: 4770 Lane Ave, #329, San Diego 92105
 Date: 6-11, 1992
Sixty- Dollars (\$ 60.-)
 In Payment of Interest of Harry Lachy

Lot 2904 Grave _____ Row _____ Section 1 Division 7 Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-10152
 BALANCE DUE \$160.-

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>60 W</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>60 W</u>

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

ISSUED BY [Signature]

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10152

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Bobby	1B. MIDDLE Eugene	1C. LAST (FAMILY) Boyd, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 4/13/1992	3. DATE OF DEATH MONTH DAY YEAR 6/8/1992	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 Sherry Mackay-Mother 4770 Home Avenue #320 San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Please take permit <i>[Signature]</i>		8B. DATE SIGNED 6/10/92
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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED 6/12/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ---	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-10-92

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

of ROSE MUNOZ

in a TS Vault Funeral, date, time 6/15 MON, 10:30 AM

Church, Chapel, Graveside Graveside GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No OPEN Imp St GATE

Lot 1300 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need _____ 0

Additional spaces and care fund _____ _____

Opening/Closing & Setup Pre-Need (E-8715) _____ 2

Burial Container 11 11 _____ 0

Handling Fees 11 4 _____ 2

Flower vases - Marker setting fee _____ _____

Recording and filing fee 11 4 _____ 0

Sales taxes 4 4 _____ 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 _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 10153

PF-593 (REV. 8-85)

Funds Transferred

COMPLETED

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10153

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Rose	1B. MIDDLE D.	1C. LAST (FAMILY) Munoz	2. DATE OF BIRTH MONTH DAY YEAR 06-24-1893	3. DATE OF DEATH MONTH DAY YEAR 06-09-1992	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 Arsenio Munoz: Son 4503 Manilla Way San Diego, CA 92117	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: 1-805 & Imperial Avenue San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon Bentley</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 6-12-92		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Cannon, M.D.</i>

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUN 12 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Cannon, M.D.</i>
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		
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 Street San Diego, CA 1300-38	11B. DATE BURIED 6/15/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>Dental-Nox Sealer</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-11-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Keith D. BLAKE *man 6/15 3:30 pm*

in a Ash Vault Funeral, date, time FRIDAY ASAP

Church, Chapel, Graveside GRAVESIDE CA BURIAL Mortuary (VAN)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 111 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund prepaid E3816 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 3.10

Sales taxes _____ 3.10

Total Due _____ 253.10

Paid receipt number 42337 253.10

Balance due 0

PAID
JUN 11 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

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

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

Signature of record holder of deed

X Curtis B Blake
Signature 7614 BLACK OAK RD
Address SAN DIEGO CA. 92114
State 2629502 Zip Code
Telephone

Work Order # E 10154
PT-593 (REV. 8-89)

Invoice # _____
Acct. # _____

6-12
Per Dept / Ca. Burial

Ashes not ready today.
Burial to be done on Monday.
Kipe to notify family today.

Marsha / Debbie
Blake
266-2738

if a problem with a Friday burial call one of them.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

№ 42337

E 10154

Date: 6-11- 1992

From: Curtis B. Blake Address: 7614 Black Oak Rd., S.D. CA 92114

Two hundred fifty-three and 10/100 Dollars (\$ 253.10)

In Full Payment of Inurnment of Keith D. BLAKE

Lot 111 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10154

BALANCE DUE D

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		
	77184		
Opening/Closing	100	105	-
	77181		
Burial Containers	100	40	-
	77182		
Handling Fee	100	60	-
	77185		
Recording & Misc. Fees	100	45	-
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	3	10
	78390		
TOTAL PAID	\$	253	10

ISSUED BY W. J. Teague

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10154

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Keith	1B. MIDDLE Dwayne	1C. LAST (FAMILY) Blake	2. DATE OF BIRTH MONTH DAY YEAR 6/30/1957	3. DATE OF DEATH MONTH DAY YEAR 6/7/1992	4. SEX M
5A. CITY OF DEATH Los Angeles		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Virginia Ford-Slater 4330 Kansas Street Apt. 7 San Diego, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit 		8B. DATE SIGNED 6/11/92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 JUN 11 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> Los Angeles County 313 N. Figueroa St. Los Angeles, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> San Diego County P.O. Box 85222 San Diego, CA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mc. Hope Cemetery 3751 Market Street San Diego, CA 92120	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lorosa Inc. 14065 Old Hwy 80 El Cajon, CA 92021	12B. DATE CREMATED 6/15/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

6-12-92

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

of Betty Mitchell PA#1129198

in a _____ Funeral, date, time Mon, 6/15

Church, Chapel, Graveside Del. Only Merkley Mitchel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No Casket - H-10"

W-12" L-18"

Lot 112 Grave 3 Row _____ Section 100F District/Block 43

Grave space & Care Fund 90

Additional spaces and care fund

Opening/Closing & Setup 45

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45

Sales taxes

Total Due 210

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 _____

State _____ Zip Code _____

Telephone _____

Invoice # 208641

Acct. # 000952

Work Order # E 10155



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10155

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

1A. NAME OF DECEDENT—FIRST (GIVEN) BETTY	1B. MIDDLE AMELIA	1C. LAST (FAMILY) MITCHELL	2. DATE OF BIRTH MONTH, DAY, YEAR MAY 30, 1992	3. DATE OF DEATH MONTH, DAY, YEAR MAY 30, 1992	4. SEX FEMALE
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 WAGNER-MITCHELL, MOTHER 2302 SIXTH AVENUE SAN DIEGO, CA 92101		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERCEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-119		8. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED JUN 12, 1992		

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 JUN 12 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	10. 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 DEATH—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ST HOPE CEMETERY, 3751 MARQUET STREET, SAN DIEGO, CA 112-3-100F-BU43	11B. DATE BURIED 6/15/92	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.

208641 10/16/92 000952

COUNTY OF SAN DIEGO

100 072
100 072
67007

77181
77183
77184

000072
000072

07/14/92 CK 04-068841

210.00
75.00
45.00
90.00

210.00

PAID IN FULL 0.00

E 10155

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Disinterment

Date 6-12-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julio C Lopez AKA John Doe 91-1658

in a _____ Vault/Liner _____ Funeral, date, time Thurs. 6/18

Church, Chapel, Graveside Disinter; Guadalupe Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 49 Grave 3B Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
JUN 11 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

SEE W/O # 10061

Total Due 800.00

Paid receipt number 42343 800.00

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10156 ✓

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

NO 42343

Date: 6-12, 1992

From: Guadalupe Chapel Address: 201 Imperial Ave, #9202

Eight Hundred Dollars (\$ 700)

In Payment of Disinterment of Julio C. Lopez AKA John Doe,
C# 91-1658

Lot 49 Grave 3A Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 6-10/56

BALANCE DUE 6

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1195

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

014205

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	60101	
	78390	
		<u>800 W</u>
		<u>800 W</u>

CITY AUDITOR
 JUN 18 1992

E10156

WED 14:53 MOUNT HOPE CEMETERY TEL NO:

#114 P01

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY • 1751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department 264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

6/10/92
MONTH / YEAR

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

Julio Cesar Lopez (John Doe 91-1638)

from Lot 49 Grave 3B Section 1 Row — Block — Division 12
and to reinter 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.

Christina M. Lopez MOTHER

Calle Trinidad Lopez #550
PONIENTE, LOS MOCHESES, SAN PEDRO DE
ATACAMA

Signature

Relation to deceased

Address

I hereby authorize the above disinterment:

Christina M. Lopez
(Lot owner must sign if not legal custodian)

6/10/92
Date

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10156

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JULIO	1B. MIDDLE CESAR	1C. LAST (FAMILY) LOPEZ-RIVERA	2. DATE OF BIRTH MONTH, DAY, YEAR 9-8-67	3. DATE OF DEATH MONTH, DAY, YEAR 8-13-91	4. SEX M
5A. PLACE 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 PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SD, CA, 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE, SAN DIEGO, CA, 92102		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Joe Chavez</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 6/17/92			

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 JUN 17 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SD, CA, 92186-5222		9E. 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 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 checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC, 14065 OLDE HWY 80 EL CAJON, CA, 92021	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED RESIDENCE, CALLE TRINIDAD LOPEZ #550 LOS MOCHIS, MEXICO.	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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.

E10156



THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department 264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

JUNE 6, 1992
MONTH YEAR

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

JULIO CESAR LOPEZ (JOHN DOE 91-1658)

from Lot 49 Grave 3B Section 1 Row -- Block -- Division 12
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.

Alicia Rivera Otero MOTHER CALLE TRINIDAD LOPEZ #550
Signature Relation to deceased Address
PONIENTE, LOS MOCHIS, SINALOA, MEXICO

I hereby authorize the above disinterment:

Alicia Rivera Otero 6/24/92
(Lot owner must sign if not legal custodian) Date

E 10156

DISINTERMENT, REMOVAL AND REINTERMENT RECORD

AKA John Doe

Name of Decedent Julio C. Lopez P.A.# 1127632

Date of Original Interment 5-5-92

Location of Original Interment 49-3B-1-12

Date of Disinterment, Removal and Reinterment 6-18-92

Hour of Disinterment, Removal and Reinterment 1:00 P.M.

Reinterment MEXICO AFTER CREMATION

Funeral Director Present, If Any Jose Chavez

Location Where Reinterment Made MEXICO

Description, Make and Type of Casket CARDBOARD BOX

Remarks Body not embalmed. Mortuary wrapped in 2 body bags and a disaster bag. SISTER WATCHED DISINTERMENT FROM OUTSIDE OF FENCE.

The undersigned certify to the above, also that they viewed the above-mentioned disinterment, removal and reinterment, and that said disinterment, removal and reinterment was properly made.

Signatures of Relatives Present: X Rafael Lopez Rosa Isela Lopez Rivera (Sister)

Signatures of All Employees Present: Jose Chavez Danyla Alvarez Daniel Gaiter Robert J. Jones Wendy To Heague John White Sean Craig Ulysses D. Ruyter II

Refer to Work Order No. E10156

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-15-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Lutz (X)

in a Ash Vault Funeral, date, time Wed, 6/24 3:00pm
Vault/Line
 Church, Chapel, Graveside Graveside Family & Sons Mortuary.
ASHES

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

✓ Lot 1009 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund Pic. Need (1963) _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 3.10

Total Due 253.10

Paid receipt number 42420 353.10

Balance due 0

PAID
 JUN 24 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

*Robert Lutz
 (206) 944-1527
 VANCOUVER*

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 _____

R. E. Lutz
 Signature
116104 NE 22 ND ST.
 Address
VANCOUVER WA 98084
 State Zip Code
(206) 944-1527
 Telephone

Work Order # **E** 10157
 PY-593 (REV. 8-88)

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT



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

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

No 42420

Date: 6-24-92 1992

From: R. E. Lutz Address: 905 SE 136th Ave No. B-9 Vancouver WA

In Two hundred fifty-three and 10/100 Dollars (\$ 253.10)

In Full Payment of Edward Lutz Interment Services

Lot 1009 Grave _____ Row 2 Section 1 Division 8 Block 8

Invoice No. _____
 Acct. No. _____
 W.O. E 10157
 BALANCE DUE 0

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

AC-212 (Rev. 1-91)

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

ISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	<u>105</u> -
Closing	77181	
Burial	100	<u>40</u> -
Containers	77182	
	100	<u>60</u> -
Handling Fee	77185	
Recording &	100	<u>45</u> -
Misc. Fees	77183	
Pre-Need	90033	
Trust	9022	
Sales Tax	80101	<u>3 10</u>
	78390	
TOTAL PAID	\$	<u>253 10</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10157

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Edward	1B. MIDDLE Walter	1C. LAST (FAMILY) Lutz	2. DATE OF BIRTH MONTH, DAY, YEAR 2/5/18	3. DATE OF DEATH MONTH, DAY, YEAR 6/13/92	4. SEX M
5A. CITY OF DEATH Vancouver		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Clark WA		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert Lutz (son) 16104 NE 22nd St. Vancouver, WA 98684	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Robert E. Lutz 16104 NE 22nd St. Vancouver WA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE NONE		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed 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—Funeral Director or Person Acting as Such <i>R. E. Lutz</i>	8B. DATE SIGNED 6-23-92
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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.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUN 23 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Powell M.D.</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			
	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 Rosecrans Street San Diego CA 92110			

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetary San Diego	11B. DATE INTERRED 6-24-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Trague</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-15-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Wolfenbarger PA# 1129546 in a Line Funeral, date, time Wed, 6/17 11:00 AM Church, Chapel, Graveside Del Rey Mortuary. Thompson All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 100 Grave 3T Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.-
Additional spaces and care fund	
Opening/Closing & Setup	165.-
Burial Container	50.-
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.-
Sales taxes	
Total Due	386.-

Paid in Full 7-14-92

PA Kathleen Howard

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 _____
State _____ Zip Code _____
Telephone _____

Work Order # **E 10158**

Invoice # 208233
Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10158

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPH	1B. MIDDLE E.	1C. LAST (FAMILY) WOLFENBARGER	2. DATE OF BIRTH MONTH DAY YEAR 05-10-1917	3. DATE OF DEATH MONTH DAY YEAR 06-07-1992	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 Public Administrator 5201-A Ruffin Road San Diego CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-964	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 17 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 6-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

208233 10/09/92 000952 COUNTY OF SAN DIEGO
E10158 100 072
100 072
100 072
67007

07/14/92 CK 04-068841

77181 000072
77182 000072
77183 000072
77184

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-15-92

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

of Edgar Carmen

in a T.S. Vault Funeral, date, time Tues 6/16 1:00pm

Church, Chapel, Graveside Graveside; Paris-Fred Mortuary.

(Pursell)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

✓ Lot 1289 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need (1975) _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 200.00

Handling Fees _____ 175.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 15.50

Total Due 785.50

Paid receipt number 42344 785.50

42346 Balance due 0

PAID
JUN 15 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed _____

Henrietta A. Carmen
Signature
599 Tanager Way
Address
El Cajon, Ca, 92020
State _____ Zip Code
444-9593
Telephone

Work Order # **E** 10159

PY-583 (REV. 8-85)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



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

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

No 42344
 E10159

Date: 6-15, 1992

From: Helen A. Carner Address: 597 Jamaril Way, E.C. 92102

Three Hundred Ninety Five Dollars (\$ 395.)

In Payment of Interment of Edgar Carner

Lot 1289 Grave Row Section 3 Division 8 Block 8

Invoice No.

Acct. No.

W.O. E-10159

BALANCE DUE A

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	
60% Sales of Lots	100	
Opening/Closing	77184	<u>350 W</u>
Burial Containers	100	
Handing Fee	77185	
Recording & Misc. Fees	100	<u>45 W</u>
Pre-Need Trust	77183	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>395 W</u>

OFFICIAL RECEIPT



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

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

No 42346

E10159

Date: 6-15, 1990

From Kelly Carr Address: 577 Jamarisk Way #C 92022

Three Hundred Ninety Dollars (\$ 390.⁰⁰)

In Payment of Tribute of Edgar Carr

Lot 1285 Grave - Row - Section J Division Block E

Invoice No. _____

Acct. No. _____

W.O. F-10159

BALANCE DUE 0

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

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100	<u>200</u>	<u>0</u>
	77182	<u>175</u>	<u>0</u>
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022	<u>15</u>	<u>00</u>
	60101		
	78390		
TOTAL PAID	\$	<u>390</u>	<u>50</u>

ISSUED BY Jeb3

62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10159

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EDGAR	1B. MIDDLE PAUL	1C. LAST (FAMILY) CARMAN	2. DATE OF BIRTH MONTH DAY YEAR 9-16-16	3. DATE OF DEATH MONTH DAY YEAR 6-13-92	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE SEE INFORMATION Henrietta Carman - Wife 597 Tamarisk Way El Cajon, CA 92020	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Paris Frederick Mortuary, 574 N. Magnolia Ave. El Cajon, CA 92020			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 795		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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—Funeral Director or Person Acting as Such <i>Paris Frederick</i>	8B. DATE SIGNED 6-15-92
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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.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 15 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rimmel, M.D.</i>
8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 3851 Rosecrans St. San Diego, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE INTERRED 6-16-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Fortkay</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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

*D.I.P.
1971*

Date 6-15-92

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

of John Washington

in a T.S. Vault Funeral, date, time Fri, 6/19 1:00pm

Church, Chapel, Graveside Graveside Only Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran D.I.P. 1971

Lot 4827 Grave Row Section Division/Block 10

Grave space & Care Fund Prc. Need (D-924)

Additional spaces and care fund

Opening/Closing & Setup Prc. Need (E-10/27)

Burial Container

Handling Fees 4 4

Flower vases - Marker setting fee

Recording and filing fee 4 4

Sales taxes 4 4

Total Due

Paid receipt number

Balance due

I hereby certify I am the Janet Brighton (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

Janet Brighton
 Signature
5210 SOLOLA AV
 Address
SAN DIEGO 92114
 State Zip Code
264-1159
 Telephone

COMPLETED

Work Order # **E 10160**

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10/60

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

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE —	1C. LAST (FAMILY) Washington	2. DATE OF BIRTH MONTH DAY YEAR 5/10/1910	3. DATE OF DEATH MONTH DAY YEAR 6/13/1992	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 Janet Brighton-Daughter 5210 Solola Avenue San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 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 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 6/15/92			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 16 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — 4527-10 metal Scalen	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-15-92

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

of Glenn Christiance

in a Vault Funeral, date, time Fri, 6/19 1:00pm

Church, Chapel, Graveside Del. Hillcrest; Turner + Stevens Mortuary.
(Jeff)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 1550 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
 JUN 19 1992
 MT. HOPE CEME
 CITY OF SAN DIEGO

350.00

200.00

175.00

45.00

15.50

Total Due 785.50

Paid receipt number 785.50

Balance due 0

Fax # (818) 458-8369

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 State _____ Zip Code _____
X Telephone _____

Work Order # **E 10161**
 PY-683 (REV. 8-86)

Invoice # _____
 Acct. # _____

E 101601

WEEDS CO. (LIMITED)
TRANSISTOR

JUN-15-32 MON 12:11

TEST IN PT HOPE COUNTRY
TEL. 1016

2-226

NO.	DATE	EST.	FINE	TOTAL	ESTIMATED	ISSUED	LD	DEPT CODE	WGS
115	06-15	12x13		27.01/23			216 450 5003		0-216-8

OFFICIAL RECEIPT



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

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

NO 42363

Date: June 19, 1992

From: Turner/Stevens Mortuary Address: 590 E. Main St; Alhambra CA 91801

Seven hundred eighty-five / 50/100 Dollars (\$ 785.50)

In Full Payment of Service for Glenn Christiance

Lot 1550 Grave _____ Row _____ Section 3 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-10161

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>350</u>	<u>00</u>
Burial Containers	100	<u>200</u>	<u>00</u>
	77182		
Handling Fee	100	<u>175</u>	<u>00</u>
Recording & Misc. Fees	77183		
	100	<u>45</u>	<u>00</u>
Pre-Need Trust	60333		
	9022		
Sales Tax	60101	<u>5</u>	<u>50</u>
	78390		
TOTAL PAID	\$	<u>785</u>	<u>50</u>

17451 ISSUED BY [Signature]

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10161

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Glenn	1B. MIDDLE Smith	1C. LAST (FAMILY) Christiance	2. DATE OF BIRTH MONTH DAY YEAR Apr. 18, 1898	3. DATE OF DEATH MONTH DAY YEAR June 11, 1992	4. SEX Male
5A. CITY OF DEATH Alhambra		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Fasone - Executor 10765 Succamer Bay Penn Valley, CA 95946		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Turner & Stevens, Alhambra		7B. CALIF. LICENSE NUMBER—IF APPLICABLE # 17	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 6/16/92		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103761 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 JUN 16 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 313 N. Figueroa, Los Angeles, Ca. 90012		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 1700 Pacific Hwy, San Diego, CA. 92101		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> 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
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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.	11B. DATE BURIED 6-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-15-92

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

in a Vault Funeral, 2000, time

Church, Chapel, Graveside Tuesday - 10:00 AM Mortuary

All Funeral services must arrive before 2:00 p.m. of regular work day or extra charge will be applied and billed to undersigned. War time increase

Lot 550 Grave 3 Division 8

- Grave space & Care Fund
- Additional services & care fund
- Opening/Closing & Prep 350.00
- Burial Container 390.50
- Handling Fees
- Flower vases - Marker setting fee
- Recording and filing fee 45.00
- State tax

Total Due

Balance Due 785.50

I, the undersigned, X Executive of the above named decedent and their family authorize to make disposition of remains as above and accept liability and represent that I have the right to make this authorization and agree to hold the Hope Cemetery harmless from any liability on account of said authorization and interment.

Interment authorized for interment at Mt Hope Cemetery
Signature: Glenn Christiance
Address: 10710 Buena Vista Way
Paco Valley, CA 92124
760-482-1315

E 10161

Work Order # _____ Date # _____

FAX COVER SHEET

E-10161

TO: Jo Ann

COMPANY: M.H. Hope Cemetery

FAX #: 618-~~827~~ 527-3403

DATE: 6/15/92

FROM: Jeff

TURNER & STEVENS, ALHAMBRA
550 EAST MAIN STREET, AT ALMANSOR
ALHAMBRA, CALIFORNIA 91801

(818) 282-4131 (213) 283-2212

FAX # (818) 458-8369

NO. OF PAGES (INCLUDING THIS COVER): 2

E1D161

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-15-92

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

in a VAULT Vault/Line Funeral, date, time _____

Church, Chapel, Graveside _____ TURNER + STEVEN'S Mortuary

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

Lot 1550 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund

Additional space and care fund

Opening/Closing & Setup 350.00

Burial Container 390.50

Handling Fees

Flower vase - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due

Paid receipt number

Balance due 785.50

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

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

Signature of recipient holder of deed _____

Jimmy Ferson
10765 Buccaneer Way
Perris Valley, CA 95946
 916-432-1317

E 10161

Work Order # _____
FD-503 (REV. 8-80)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-15-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Stotts PH # 1129139

in a Linear Vault/Linear Funeral, date, time Tue, 6/16 1:30pm

Church, Chapel, Graveside Del. Only Mayer Mortuary. (Jim)

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

Lot 93 Grave 37 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	.....	<u>126</u>
Additional spaces and care fund	.....
Opening/Closing & Setup	.....	<u>65</u>
Burial Container	.....	<u>50</u>
Handling Fees	.....
Flower vases - Marker setting fee	.....
Recording and filing fee	.....	<u>45</u>
Sales taxes	.....
Total Due	.....	<u>386</u>

Paid in Full 6-14-92

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10162

Invoice # 208221

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10162

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Gloria		1B. MIDDLE M.	1C. LAST (FAMILY) Stotts	2. DATE OF BIRTH MONTH DAY YEAR 05/15/1945	3. DATE OF DEATH MONTH DAY YEAR 06/12/1992	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 Public Administrator 5301-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Ave. San Diego, CA				7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		8A. SIGNATURE OF APPLICANT— <i>John 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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 06/15/92		

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 JUN 15 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Herold E. ...</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.	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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 6-16-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy ...</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E10162

208221 10/09/92 000952 COUNTY OF SAN DIEGO
100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

07/14/92 CK 04-068841

386.00
165.00
50.00
45.00
126.00

386.00

PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-15-92

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

of Lois Morgan PA 1129422

in a Linen Funeral, date, time Tues, 6/16 2:00pm

Church, Chapel, Graveside Del Oro Mortuary Mayek

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

Lot 100 Grave 3B Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.-

Additional spaces and care fund _____

Opening/Closing & Setup 165.-

Burial Container 30.-

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.-

Sales taxes _____

Total Due 396.-

Paid receipt number _____

Balance due _____

**Paid in Full
7-14-92**

PA Katherine Howard

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

State Zip Code

Telephone

Work Order # **E 10163**

Invoice # 108227

Acct. # 1200952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10163

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Lois	1B. MIDDLE -	1C. LAST (FAMILY) Morgan	2. DATE OF BIRTH MONTH DAY YEAR 5-7-31	3. DATE OF DEATH MONTH DAY YEAR 6-6-92	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 Public Administrator 5201-A Ruffin Rd. San Diego, CA. 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA. 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1424	8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Morgan</i>		8B. DATE SIGNED 6-16-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7180 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUN 16 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA. 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market ST. San Diego, CA.	11B. DATE BURIED 6-16-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To League</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E10163

208227 10/09/92 000952 COUNTY OF SAN DIEGO
100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

07/14/92 CK 04-068841

386.00
165.00
50.00
45.00
126.00

386.00

PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-17-92

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

of George Fleming (X) 11:00pm
in a Ash Vault Vault/Case Funeral, date, time Sat, 8/15/92
Church, Chapel, Graveside Graveside Family Will Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran being Ashes
16 CHAIRS Needed

✓ Lot 6 Grave _____ Row _____ Section 100F Division/Block E

Grave space & Care Fund Pre-Need (190k) _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ overtime fee # 210.00 210.00

Recording and filing fee sh 9100k _____ 45.00

Sales taxes CA 9593 _____ 3.10

Total Due _____ 463.10

Paid receipt number 42418 _____ 463.10

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 of account of said authorization and interment.

PAID
I hereby authorize the interment in lot
hold under deed.
JUN 24 1992
Signature of recorded holder of deed
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

X Signature Jean F. Hall
X Address 1210 Short St.
X State/City Arcadia CA 91006 Zip Code
X Telephone (818) 358-8593

Work Order # **E 10164**

PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42418

Date: 6-24, 19 92

From: Jean Hall Address: 1210 SWIFT ST, ANACAPTA CA 91006
FOUR HUNDRED SIXTY-THREE AND 10/100 Dollars (\$ 463.10)

In Full Payment of GEORGE FLEMING INTERMENT

Lot 6 Grave _____ Row _____ Section 100F Division E Block E

Invoice No. _____

Acct. No. _____

W.O. E-10164

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>105</u>	<u>00</u>
Closing	77181		
Burial	100	<u>40</u>	<u>00</u>
Containers	77182		
	100	<u>60</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>255</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>3</u>	<u>10</u>
	78390		
TOTAL PAID	\$	<u>463</u>	<u>10</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E70164

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

1A. NAME OF DECEDENT—FIRST (GIVEN) George	1B. MIDDLE Adair	1C. LAST (FAMILY) Fleming	2. DATE OF BIRTH MONTH DAY YEAR 08/22/93	3. DATE OF DEATH MONTH DAY YEAR 06/06/92	4. SEX M
5A. CITY OF DEATH Sierrá Madre		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Los Angeles	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jean F. Hall -Dau. 1210 Short St. Arcadia - CA 91006		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Dougláss & Zook Mortuary, Inc. 600 E. Foothill Blvd. - Monrovia, CA 91016			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 221		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.</small>			8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED Elvie M. Zook 06/09/92		

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 JUN 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Robert C. Mates
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 Box 85222 San Diego, CA 92138-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery -3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-15-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy To League
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Live Oak Crematory 200 E. Duarte Rd. - Monrovia, CA	12B. DATE CREMATED 6-10-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Harold Snyder
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-17-92

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

of Gladys AVANT
in a T.S. Vault Funeral, date, time Fri, 6/19 2:00pm
Church, Chapel, Graveside Graveside Only, Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

1 Lot 91 Grave 10 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	595.00
Additional spaces and care fund	
Opening/Closing & Setup	3.50.00
Burial Container	200.00
Handling Fees	175.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.50
	138.50
Paid receipt number <u>42360</u>	345.00

PAID
JUN 26 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

30 Day Note

Balance due 42439 1035.50

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

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

Signature of recorded holder of deed _____

William M Perry
Signature
10764 Wadwell Circle
Address
CA
State
92124
Zip Code
495-0246
Telephone

Work Order # **E** 10165
PY 593 (REV. 8-90)

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10165

NOTE

\$ 1035.50 San Diego, California 6-18 1972

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand thirty-five and 50/100 DOLLARS with interest from July 13, 1972 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME WILLIAM M PERRY SIGNATURE William M Perry

ADDRESS 10264 WADDELL CIRCLE SD CA 92124

MD
CALIFORNIA DRIVER LICENSE NUMBER P-600-887-603-320 SSN # 578 96 7995

OFFICIAL RECEIPT



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

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

№ 42360

Date: 6-18, 1992

From: Christina Perry Address: 10264 W. Winkler Cir. #1092124

10264 Winkler Cir. #1092124 Dollars (\$ 345.-)

In _____ Payment of INTEREST of CLERGY Account

Lot 91 Grave 10 Row _____ Section 3 Division Block 13

Invoice No. _____

Acct. No. _____

W.O. E-10165

BALANCE DUE 8/10 35.50

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

AC-212 (Rev. 1-91)

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

CITY AUDITOR

JUN 29 1992

014204

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>345 W</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>345 W</u>

104

OFFICIAL RECEIPT



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

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

No 42434

From: M.K. Brown (Percy, William Jr.) Date: 6-26- 1992
Address: 10264 Wardell Circle, S.D. 92124

In Full Payment of Lot and services for Gladys Award Dollars (\$ 1035.50)

Lot 91 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E10165
BALANCE DUE 0

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

ISSUED BY Wendy Iniguez

CREDIT	67007	119	-
20% Sales Care	77184		
80% Sales of Lots	100	131	-
77184			
Opening/Closing	100	350	-
77181			
Burial Containers	100	200	-
77182			
Handling Fee	100	175	-
77185			
Recording & Misc. Fees	100	45	-
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	15	50
78390			
TOTAL PAID		\$	1035 50

042508

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10165

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Gladys	1B. MIDDLE Louise	1C. LAST (FAMILY) Avant	2. DATE OF BIRTH MONTH, DAY, YEAR 2-8-34	3. DATE OF DEATH MONTH, DAY, YEAR 6-16-92	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William Perry - Son-in-Law 10264 Waddell Circle San Diego, CA 92124	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10374 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

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 JUN 18 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A 91-10-3-12 in Vel Segler	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

Date 6-17-92

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

of Amelia VALDEZ

in a Linex Vault Linex Funeral, date, time 7:00 PM

Church, Chapel, Graveside Chapel + grave - Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

1 Lot 124 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 595.40

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 11.63

Total Due 1296.63

Paid receipt number 42352 324.00

Balance due 972.63

30 Day Note

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 _____

Maria C. Zuber
Signature
2070 JULIAN AVE
Address
SAN DIEGO CA. 92113
City
(619) 231-8703
Telephone
Zip Code

Work Order # E 10166

PF 593 (REV. 8-86)

Invoice # 208204

Acct. # 074945

MT. HOPE CEMETERY

W.O. # E-10166

NOTE

\$ 972.⁶³ San Diego, California 6-17 1991

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Seventy Two ⁶³/₁₀₀ DOLLARS with interest from July 22, 1993 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME MARIA FLORES SIGNATURE Maria C. Flores

ADDRESS 2070 JULIAN AVE. SAN DIEGO CA 92113

CALIFORNIA DRIVER LICENSE NUMBER N5032382 SSN # 548-96-8248

OFFICIAL RECEIPT



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

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

NO 42352

ETD106

Date: 6-17 1993

From: Maria Flores Address: 222 Julian Ave, San Diego 92113

Three Hundred Twenty-four and no/100 Dollars (\$ 324.00)

In Payment of: Interment of Amelia Valdez

Lot 124 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10166

BALANCE DUE 4942.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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>324 W</u>
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>324 W</u>

OFFICIAL RECEIPT



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

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

NO 42520

000567 E 10166

Date: 7-14 1992

From Maria Flores Address 2070 Julian Ave. St
Nine Hundred Seventy-Two 63/100 Dollars (\$ 972.63)
 In _____ Payment of Interment of Amelita Valdez

Lot 124 Grave 3 Row _____ Section 3 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. F-10166
 BALANCE DUE 0

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

AC-212 (Rev. 1-91)

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

CITY AUDITOR
JUL 20 1992

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	119.00
80% Sales of Lots	77184	153.00
Opening/Closing	100	350.00
Burial Containers	100	150.00
Handling Fee	77185	145.00
Recording & Misc. Fees	77183	45.00
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	11.63
	78390	
TOTAL PAID	\$	972.63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10166

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

1A. NAME OF DECEDENT—FIRST (GIVEN) AHELIA	1B. MIDDLE SANTOYO	1C. LAST (FAMILY) VALDEZ	2. DATE OF BIRTH MONTH DAY YEAR JAN 5 1909	3. DATE OF DEATH MONTH DAY YEAR June 16, 1992	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA FLORES - DAUGHTER 2070 JULIAN AVE. SAN DIEGO, CA. 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY, SAN DIEGO, CA. 5322 EL CAJON BLVD.			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE 1083		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed 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—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 6-18-92
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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.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 19 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS 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
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TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA.	11B. DATE INTERRED 6-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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 Lot
& Trust for:*

Date 6-17-92

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

of Tuyen Thi Duong

in a Ciner Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 4478 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund 795.-

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 11.63

Total Due 1496.63

*Refund
Requested
4-5-95*

Paid receipt number 42357 300 W

Balance due 1196.63

I hereby certify I am the Niece-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 _____

Martha The T. Pham
Signature
2873 Rhoades Rd
Address
San Diego CA 92131
Zip Code
619-470-3553
Telephone

Work Order # **E** 10167

PV-585 (REV. 8-86)

Invoice # _____

Acct. # _____

NAME Tuyen Thi Duong

ACCT. NO. E-10167



ADDRESS 2873 Rhoades Road, S.D., CA 92139 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-17-92	Pre-Need Lot & Trust Opened:				
	Lot 4478; Division 10	795.00			
	Trust:				
	O/C; <i>LINEAR</i> Handling fee; Recording				
	Fee; tax on <i>linear</i>	701.63			1496.63
6-17-92	Receipt # 42357 ✓			300.00	1196.63
<i>10-9-92</i>	<i>Rec # 42837 (2 payments; only 1 Coupon) ✓</i>			<i>100.00</i>	<i>1096.63</i>
<i>10-26-92</i>	<i>rec. # 42885 coupon 2 ✓</i>			<i>50.00</i>	<i>1046.63</i>
<i>11-16-92</i>	<i>rec. # 43000 Coupon 3 ✓</i>			<i>50.00</i>	<i>996.63</i>
<i>12-14-92</i>	<i>Rec. 43124 Coupon 4 ✓</i>			<i>50.00</i>	<i>946.63</i>
<i>2-1-93</i>	<i>Rec 7 43300 ✓</i>			<i>50.00</i>	<i>896.63</i>
<i>2-23-93</i>	<i>coupon 8 rec 43384 ✓</i>			<i>50.00</i>	<i>846.63</i>
<i>3-1-93</i>	<i>coupon 9 rec 43504 ✓</i>			<i>50.00</i>	<i>796.63</i>
<i>4-23-93</i>	<i>coupon 10 rec 43616 ✓</i>			<i>50.00</i>	<i>746.63</i>
<i>6-2-93</i>	<i>Coupon 11, rec # 43745 ✓</i>			<i>50.00</i>	<i>696.63</i>
<i>7-6-93</i>	<i>Coupt # 12, rec # 43871 ✓</i>			<i>50.00</i>	<i>646.63</i>

NAME

ACCT. NO.



ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8-12-93	Coupon 13, receipt # 44004 ✓			50.00	646.63
9-15-93	Coupon 14, Rec # 44146 ✓			50.00	596.63
10/24 93	Coupons 15/16 Rec. 44248 ✓			100.00	496.63
1/5 94	Coupons 17/18 Rec 44514 ✓			100.00	396.63

€ 10167

300.00 +
100.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
50.00 +
100.00 +
100.00 +
100.00 +
100.00 -

TOTAL PAID

1,150.00 *

795.00 -

-795.00 *

0.00

0.00 *

TOTAL-LOT 1,150.00 +
795.00 -
355.00 *

0.00

795.00 +

795.00 x

795.00 *

~~795.00 x~~

~~0.80 =~~

~~505,620.00 *~~

0.00

0.00

E 10167

795.00 +

795.00 x

0.80 =

636.00 *

80% of
Let

~~636.00 +~~

~~355.00 =~~

~~282.225.00 *~~

0. C

636.00 +

636.00 *

TRUST

636.00 +

355.00 +

TOTAL

991.00 *

REFUND

0. C

0. C

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

REQUEST FOR DIRECT PAYMENT

E 10/16/97
 THE CITY OF SAN DIEGO

DP / 3741082

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of purchase of Pre-Need Lot and Trust for Tuyen Thi Duong

4478-10

E-10167

ENCUMBRANCE DOCUMENT NUMBER

COMPLETE

RESPONSIBLE 072

DEPT. NO.

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

Refund

PAYMENT DATE FUND OVERRIDE

04 / 04 / 95

COMMENTS and/or SPECIAL INSTRUCTIONS:

P R O C E D U R E	S E C T O R	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY - STATE - ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAY- MENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A			Refund		4		\$991.00		
	B	Martha H. N. Phan, Granddaughter								
	C	2873 Rhodes Rd.								
	D	San Diego CA 92139								

TOTAL AMOUNT \$ 991.00

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100	072		77184	80				636.00
		100	072		9022	trust				355.00
		63033								

AUTHORITY FOR PAYMENT

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

JoAnn Melts
 JoAnn Melts

DEPT. HEAD OR DESIGNEE
 PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Jane Rauch	PHONE 527-3400	DATE 3-24-95	DEPT./ DIV. NAME R.E.A.D/ Mt. Hope Center	M.S. 72	DP 3741082
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OFFICIAL RECEIPT



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

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

NO 42357

From: Martha Ann Address: 2873 Road Rd, # 52139
Tree House 701/2
 Dollars (\$ 300)
 In Payment of Pre-Need Lot - Trust for
Tuyen Hu Duong

Lot 4478 Grave - Row - Section - Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10167
 BALANCE DUE 6/11/96 63

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

AC-212 (Rev. 1-91)

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>300 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>300 W</u>
	9022	
	60101	
	78390	

OFFICIAL RECEIPT



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

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

No 42837

Date: 10-9 1992

From: Myon Dung Address: 2873 Phoenicia St, SA
one hundred 70/100 Dollars (\$ 100.-)

In Payment of Pre-Need Lot + Trust

Lot 4478 Grave --- Row --- Section --- Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10167
 BALANCE DUE 8,1096.63

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>100</u>	<u>W</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>100</u>	<u>W</u>

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

AC-212 (Rev. 1-91)

1031 +
1032

ISSUED BY J. [Signature]

OFFICIAL RECEIPT



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

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

No 42885

42885 Date: 10-26- 1992

From: Tuyen Thi Duong Address: 2873 Phoades Rd

Fifty dollars and 00/100 Dollars (\$ 50.00)

In part Payment of pre-need trust coupon 2

Lot 4478 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10167

BALANCE DUE 1046.63

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

AC-212 (Rev. 1-91)

1033

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

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>50</u>	<u>-</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 43000

Date: 11-16- 19 92

From: Tuyen Thi Duong Address: 2873 Phoades Rd, S.D.

Fifty and 00/100 Dollars (\$ 50.-)

In pd Payment of Pre-need lot

Lot 4478 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10167

BALANCE DUE 996.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1034

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

ISSUED BY W.J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50 -</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78990	
TOTAL PAID	\$	<u>50 -</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 43124

Date: 12-14, 19 92

From: TUYEN TAI DUONG Address: 2873 RHODES RD SD CA 92139

FIFTY AND 00/100 Dollars (\$ 50.00)

In PART Payment of PRE-NEED LOT/TRUST

Lot 4478 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10167
 BALANCE DUE \$946.63

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

1035 ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78990	
TOTAL PAID	\$	<u>50.00</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
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43300

Date: 2-1, 1993

From Tuan Quang Pham Address: 7550 Bannister Lane S.D. CA 92126

In put Payment of Tuition \$100 Dollars (\$ 50.00)

Payment of Pre-Need Lot & Trust

Lot 4478 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10167

BALANCE DUE \$ 896.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1036

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>50</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

NO 43384

Date: 2-23, 1993

From: Loan & Pham Address: 2550 Bonminster Ln S.D. Ca 92126

Fifty⁰⁰/₁₀₀ Dollars (\$ 50.00)

In part Payment of Pre Need Lot Trust Duong

Lot 4478 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-10167

BALANCE DUE \$846.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1037

AC-212 (Rev. 1-91)

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Com	77184	<u>14</u>	
80% Sales of Lots	100	<u>36</u>	<u>00</u>
77184			
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

43504

OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400
Date: 3-22, 1973From: Loan Quarry Pham Address: 7550 Bannockton Ln S.D. 92126
 In part Payment of Twenty Five Dollars (\$ 50.00)
Pre Need Lot Trust

 Lot 4478 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10167BALANCE DUE \$ 796.63Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1038

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

ISSUED BY

M. Longue

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>50</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

43616

OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400
Date: 4-23, 19 93
 From: Loan Payment Address: 7590 Bannister Ln S.D. 92126
Fifty Dollars (\$ 50.00)

 In part Payment of Pre Need Lot + Trust

 Lot 4478 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E40167BALANCE DUE 746.63Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1039NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY [Signature]

CREDIT	67007		
20% Sales Carn	77184	<u>50</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	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT

43749



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

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

Date: 6-2, 1993

From: Martha Aram Address: 2773 Rhoads Rd, San Diego, CA

In Payment of Photo-Trust Fund Dollars (\$ 50⁰⁰)

Lot 4475 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-10167
BALANCE DUE _____

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
62% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	83033	<u>50</u>	<u>W</u>
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>W</u>

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

1040

OFFICIAL RECEIPT

43871



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

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

Date: 7-6, 1973

From: Walter Adams Address: 2813 Grand St. N

In Payment of The Walter Adams Trust Dollars (\$ 50)

Lot 4478 Grave - Row - Section - Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. F-10167
 BALANCE DUE _____

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		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>50</u>	<u>w</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>w</u>

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

1041

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44004

Date: 8-12-93, 19__

From: Tommy Quing Loan U TO Address: 7550 Bonaster Lane San Diego CA 92126
5.14 00/100 Dollars (\$ 50.00)

In _____ Payment of pre-need lot & trust

Lot 4478 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10167

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1012

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

ISSUED BY V Balobsky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77195		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	53033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT

44146



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Date: 9-15, 1993

From: Super Dungs Address: 2875 Kheala Rd Sh

Trust Dollars (\$) 50.00

In Payment of Pre-Need Lot - Trust

Lot 4478 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10167

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1043

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>50.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44248 ✓

Date: 10/26, 1993

From: Tuyen Thi Dang Address: 2173 Rhodes Rd SD. CA 92135

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

In Part Payment of Pre-need lots/trust

Lot 4473 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10167

BALANCE DUE A 96.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>100.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

1044
1045

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44514

Date: 1/4 19 01

From: Tuyen Th Duong Address: 2873 Roades S.D. 9239

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

In Part Payment of Pre-need 10+ trust

Lot 4478 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10167
 BALANCE DUE 296.63

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	
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>100.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

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

1046
1048

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
E-10167

Tuyen Thi Duong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above.



\$ 50.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

E-10167 ~~XXXXXX~~

Tuyen Thi Duong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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

\$ 50.00

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

\$ _____

\$ _____

Amount Received

\$ 50.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring ~~the~~ coupon with each remittance

COUPON

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**

E-10167

8
5

Tuyen Thi Duong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

Amount due when paid on, or before
due date above



50.00

\$

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



\$

50.-

Amount Received

\$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**

E-10167 KXIBKX

Handwritten initials/signature

Tuyen Thi Duong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**
E-10167



Tuyen Thi Duong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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



50.00

\$ _____

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

88

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

E-10167

KXINEX

Tuyen Thi Doong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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



\$ 50.00

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**
E-10167

Tuyen Thi Duong
2873 Rhodes Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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

▶ \$ **50.00**

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

▶ \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust** 10
B-10167 KXREKX

Tuyen Thi Doong
2873 Khoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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



\$ 50.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send ~~one~~ coupon with each remittance **COUPON**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**
E-10167

Tuyen Thi Duong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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



50.00

\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**

12

E-10167 KHINSHI

**Tuyen Thi Duong
2873 Rhodes Road
San Diego, CA 92139**

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

~~11~~

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Seed Lot & Trust**

E-10167

13

Tuyen Thi Duong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above



50.00

\$

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



\$

\$

Amount Received

\$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14 12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Head Lot & Trust

E-10167

KIMBERLY

Tuyen Thi Duong

2873 Rhoaden Road

San Diego, CA 92139

Month and Day Due Indicated Below

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

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



\$ 50.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Read Lot & Trust**

E-10167

Tuyen Thi Duong
2873 Rhoades Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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

50.00

\$ _____

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pro-Seed Lot & Trust**

E-10167

EXHIBIT

Tuyen Thi Dang

2873 Rhoaden Road

San Diego, CA 92139

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Free-Head Lot & Trust**
E-10167

Tuyen Thi Duong
2873 Rhodes Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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



30.00

\$ _____

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Cat & Trust**
E-10167 KCMHMX

Tuyen Thi Duong
2873 Khesden Road
San Diego, CA 92139

Month and Day Due Indicated Below

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

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



\$ **50.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address



THE CITY OF

SAN DIEGO

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

Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.

Monday through Friday • Gates open daily

E 10167

March 16, 1995

Martha & Paul Pham
2873 Rhoades Rd.
San Diego, CA 92139

Dear Martha:

Per our conversation on 3-15-95, I have updated your account to give you a remaining balance of \$334.00. As agreed during that conversation, your payments will be \$25.00 a month. If you still have your coupon book, please begin payments with coupon 19. Please put a line through the amount of \$56.00 already printed on the coupon and print below it the amount you are enclosing.

I have enclosed the refund form which you requested for the account of Tuyen Thi Duong. The amount you will be receiving for a refund will be \$991.00. After you return the completed form to us it will take ten weeks to process the refund.

If you have any questions, please call us at 527-3400.

Sincerely,

Michele L. Clark

Michele L. Clark
Clerical Asst. II

enclosure



DIVERSITY
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre Needs Lot

Date 6-18-92

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

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 49 Grave 9 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup **PAID**

Burial Container

Handling Fees **DEC. 6.00**

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

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

Total Due 695.00

Paid receipt number 42359 174.00

Balance due 521.00

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 _____

Rachel McGill
Signature
4933
Address
San Diego CA. 92102
City
619-262-2902
Telephone
Zip Code

Work Order # **E** 10168

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42359

Date: 6-18, 1992

From: Rachel McNeil Address: 4933 Napier St, # 9202

One Hundred Seventy-four Dollars (\$ 174)

In Payment of Pre-Need Lot

Lot 79 Grave 9 Row _____ Section _____ Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10168

BALANCE DUE \$ 521

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-213 (Rev. 1-91)

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

014320

ISSUED BY [Signature]

CITY AUDITOR

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>174</u>
Opening/ Closing	77184	
Burial Containers	100	
Handing Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>174</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY

527 3400

No 42706

Date: 9-9, 1992

From: Rachel McGill Address: 4933 Naperville Dr

In Master- Two Payment of Pre-Need Lot Dollars (\$ 22)

Lot 49 Grave 19 Row _____ Section 1 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. F-10166
 BALANCE DUE 44591-

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>22 w</u>
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>22 w</u>

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

4901

OFFICIAL RECEIPT



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

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

No 42812

Date: 10-6, 19 92

From: Rachel McGill Address: 4933 Daffodil Dr S.D. CA 92102

Twenty Two

Dollars (\$ 22.00)

In Payment of Pre-Need Lot

Lot 79 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10168

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

4918

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

ISSUED BY V. Balaban

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>22</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	53033		
	9022		
Sales Tax	80101		
	78990		
TOTAL PAID	\$	<u>22</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

№ 43084

Date: 12-7 1992

From: Kuechel Mc Gill Address: 4933 Dayton Dr, La

Porter Four Dollars (\$ 44.00)

In Payment of Pre-Need Lot

Lot 79 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10168
\$433.00
 BALANCE DUE _____

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

005923

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>44 10</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	69033 9022	
Sales Tax	60101 78390	
TOTAL PAID	\$	<u>44 10</u>

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

43428

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400
Date: 3-4, 19 72From: Rachel M. Miller Address: 4933 Laver Ln, # 92102
Sixty- Dollars (\$ 60.-)
In _____ Payment of Pre-Need Lot
 Lot 79 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10108BALANCE DUE 373.-Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY J. Miller

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>60</u>	<u>0</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101		
76390			
TOTAL PAID	\$	<u>60</u>	<u>0</u>

OFFICIAL RECEIPT

43779



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

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

Date: 6-7, 1993

From: Kipal McGill Address: 4933 Maple Dr. San Diego

In Twenty Two Dollars (\$ 22)
Payment of Pre-need Trust

Lot 49 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O.F. 10167

BALANCE DUE 5951

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	100	<u>22</u>
Opening/Closing	77184	
Burial Containers	100	
Handing Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	63035	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>22</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

44070

Date: Sept 7, 1993

From: Rebecca McNeil Address: 48133 Dayton Dr. S.
San Diego, CA 92115

In _____ Payment of Pre-Need Lot Dollars (\$ 66.00)

Lot 79 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10168
 BALANCE DUE 5285.00

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

ISSUED BY JL [Signature]

CREDIT	76007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>66.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID:	\$	<u>66.00</u>

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

259

OFFICIAL RECEIPT

44500



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

Date: 1-5, 19 94

From: Rachel McCall Address: 4933 N. Alhambra, IL

Dorsey - Bond Dollars (\$ 44.00)

In _____ Payment of Pre-Need Lot

Lot 79 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10168

BALANCE DUE 241.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

317

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>44.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>44.00</u>

OFFICIAL RECEIPT



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

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

44910

Date: 5-4, 1994

From: RACHEL MCGILL Address: 4933 DATTER DR. S.D. CA 92102

Forty-four and 00/100 Dollars (\$ 44.00)

In PART Payment of PRENEED LOT

Lot 79 Grave 9 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10168

BALANCE DUE 197.00

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

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

ISSUED BY WJ. Teague

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>44</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>44</u> -

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

45523

Date: OCT 4, 19 94

From: RACHEL MCGILL Address: 4933 DAFTER DR, SD 92102
FORTY-FOUR & 00/100 Dollars (\$ 44.00)

In _____ Payment of PRE-NEED LOT

Lot 79 Grave 9 Row _____ Section 1 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10168

BALANCE DUE 4153.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY J. Rank

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>44</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390		
TOTAL PAID	\$	<u>44</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45874

Date: 02/01, 19 95

From: Rachel McMill Address: 4933 Dayton Dr. SD 92102

Only four \$100 Dollars (\$ 44.00)

In partial Payment of Pre-need Plot

Lot 79 Grave 9 Row Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-101168

BALANCE DUE \$109.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY M. Clark

CREDIT	87007	<u>30.00</u>
20% Sales Care	77184	
80% Sales of Lots	100	<u>14.00</u>
	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>44.00</u>

561

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46712



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

MOUNT HOPE CEMETERY
527-3400

From: Rachel McCall Address: 4933 Duffer Ave. San Diego 92116 Date: 10/18, 1995

Dollars (\$ 44.00)

In part Payment of Pre Need Lot

Lot 79 Grave 9 Row _____ Section 1 Division 11
Block _____

Invoice No. _____

Acct. No. _____

W.O. E 10/68

BALANCE DUE \$65.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>44 00</u>
Opening/Closing	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>44 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47263

Date: 4/5 1974

From: Rachel McEill Address: 4933 DORSET DR. SAN DIEGO CA 92108

SIXTY FIVE and NO CENTS Dollars (\$ 65.00)

In full Payment of pre need 124

Lot 79 Grave 19 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10108

BALANCE DUE ✓

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

Catrina M Durjon

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>45</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>65</u>	<u>00</u>

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

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10168

Rachel McGill

4933 Dafter Drive

San Diego, CA 92102

Month and Day Due Indicated Below

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

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



\$ 22.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

E-10168

Rachel McGill

4933 Dafter Drive

San Diego, CA 92102

Month and Day Due Indicated Below

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

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



\$ 22.00

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



\$ _____

\$ _____

Amount Received

\$ 22.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Need Lot
for:*

Date 6-18-92

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

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 3880 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund 495.00

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 495.00

Paid receipt number 42362 200.00

Balance due 595.-
42660 595.-

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

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

Signature of recorded holder of deed

Lou Ann Baudrand
Signature
4595 Chateau Dr
Address
San Diego, Ca 92117
State Zip Code
292-7890
Telephone
W-279-9690

Work Order # **E** 10169

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

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

No 42362

E 10169

Date: 6-18 19 92

From Pauline Bandman Address: 4595 Cherokee Ln, # 92117
Two Hundred 70/w Dollars (\$ 200.)

In _____ Payment of Pre-Need Fee

Lot _____ Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10169

BALANCE DUE 5595.

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	100	<u>200</u>
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>200</u> <u>00</u>

OFFICIAL RECEIPT



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

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

E10169
No 42660

Date: 8/21, 1992

From: LOU ANN BAUDRAND Address: 4595 CHATEAU DR
SAN DIEGO CA 92117 Dollars (\$ 595.⁰⁰)

In Full Payment of five hundred ninety five Dollars %
Lou Ann Baudrand

Lot 3878 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10/69

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

869

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

Paid
8-21-92
Plarte

ISSUED BY _____

CREDIT	67007	
20% Sales Com	77184	<u>159 00</u>
80% Sales of Lots	100	<u>436 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>595 00</u>



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E10169
No 11848

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Lou Ann Baudrand for the sum of \$ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3880; Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10169

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

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

Regulation Marker Size is Flat Marker Only, 12" X 24"

Wendy Jo League
Cemetery Manager

Dea Sullivan
Property Director

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 19, 1992

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

in a _____ Vault/liner Funeral, date, time 8-4-92 AM

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 204 Grave _____ Row _____ Section 5 Division/Block 9

PAID
JUL 9 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Grave space & Care Fund	.....	_____
Additional spaces and care fund	.....	_____
Opening/Closing & Setup	.....	_____
Burial Container	.....	<u>330.00</u>
Handling Fees	.....	<u>320.00</u>
Flower vases - Marker setting fee	<u>Disinterment fee</u>	<u>800.00</u>
Recording and filing fee	.....	<u>45.00</u>
Sales taxes	.....	<u>85.58</u>

Total Due 1520.58

Paid receipt number 42365 800.00

Balance due 720.58
720.58

Due in 30 days
** Opens/Classes to be paid at later dates*

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

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

Thomas A. Kane
Signature
P.O. Box 104
Address
SALINA BEACH, CA. 92025
State
619/931-6733
Telephone Zip Code

Signature of recorded holder of dead _____

Work Order # **E 10170**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

No 42365

E 10170

Date: 6/19, 19 92

From: Johanna Rene Address: P.O. Box 104 Sobro Beach CA 92088

Eight hundred and 00/100 Dollars (\$ 800.00)

In Part Payment of Disinterment for Julia Guddig

Lot 804 Grave _____ Row _____ Section 5 Division 8 Block 8

Invoice No. _____

Acct. No. _____

W.O. E-10170

BALANCE DUE 720.58

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

AC-212 (Rev 1-91)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Comm	77184	
80% Sales of Lots	100	
77184		
Opening/ Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	<u>800.00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>800.00</u>

1505

OFFICIAL RECEIPT



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

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

NO 42503

From: Phanna Kaine Address: PO Box 104 Marina Beach 92075
Seven Hundred Twenty 58/100 Dollars (\$ 720.50)
 In Payment of Final Death Cr.

Lot 804 Grave _____ Row _____ Section 5 Division 8

Invoice No. _____
 Acct. No. _____
 W.O. E-10170
 BALANCE DUE \$350

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	<u>330 00</u>
	77182	
Handling Fee	100	<u>320 00</u>
	77185	
Recording & Misc. Fees	100	<u>45 00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>25 50</u>
	78390	
TOTAL PAID	\$	<u>720 50</u>

15/6

E10170



THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department 264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

June 1992
MONTH YEAR

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

Julio Guardia

from Lot 804 Grave _____ Section 5 Row _____ Block _____ Division 8
and to remove the same to and reinter said remains in Lot 804 Grave _____
Section 5 Row _____ Block _____ Division 8 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.

Virginia Jimenez Wife 6040 32nd St. S.D. CA 92102

Signature Relation to deceased Address

I hereby authorize the above disinterment:

Virginia Jimenez
(Lot owner must sign if not legal custodian)

July 9, 1992
Date

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 19, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Obie Gates, Jr.

in a Lines Funeral, date, time Mon 6/22 2:00 PM

Church, Chapel, Graveside Church/G.S ; Requiem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No at. - C.G.

Lot 98 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 595.00
Additional spaces and care fund _____
Opening/Closing & Setup 350.00
Burial Container 150.00
Handling Fees 145.00
Flower vases - Marker setting fee _____
Recording and filing fee 45.00
Sales taxes 11.63

Total Due 1296.63

Paid receipt number 42366 324.00

Balance due 972.63

30 day
note

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 _____

William Gates
Signature
4270 LOGAN AVE.
Address
SAN DIEGO, CA. 92113
City
(619) 262-1079 Zip Code
Telephone

Work Order # E 10171 ✓

Invoice # 208211

Acct. # 074956

MT. HOPE CEMETERY

W.O.# E-10171

NOTE

\$ 972.63 San Diego, California June 19 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of nine^{hundred} seventy-two and 63/100 DOLLARS with interest from July 22, 1997 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME CAROLYN GATES SIGNATURE Carolyn Gates

ADDRESS 4270 LOGAN AVE. SAN DIEGO, CA. 92113

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 450-40-0803 CG
554-06-3304

Wm. Gates

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42366

E10171

Date: June 19, 1992

From: Carolyn Gates Address: 4270 Logan

Three hundred twenty-four and 00/100 Dollars (\$ 324.00)

In part Payment of Service for Ohio Gates

Lot 98 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10171

BALANCE DUE 972.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

money order

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care.	77184	324.00
80% Sales of Lots	100	<u>324.00</u>
Opening/Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 324.00

8300 - T-0625/1022

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10171

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Obie	1B. MIDDLE Lee	1C. LAST (FAMILY) Gates, Jr.	2. DATE OF BIRTH MONTH, DAY, YEAR 3-15-59	3. DATE OF DEATH MONTH, DAY, YEAR 6-11-92	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Carolyn Gates - Mother 4270 Logan Ave. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mott.; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Heber Williams</i>	8B. DATE SIGNED 6-15-92
--	---	-----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUN 18 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i>
<small>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.</small> 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; 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. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA	11B. DATE INTERRED 6-22-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal w/ sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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

Date June 19, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sharric Sharelle Brown

in a Liner # OX Funeral, date, time Tues 6/25 11:00 AM

Church, Chapel, Graveside Church/G.S.; Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 1055 Grave _____ Row _____ Section 2 Division/Block 9

Grave space & Care Fund 195.00

Additional spaces and care fund

Opening/Closing & Setup 195.00

Burial Container 75.00

Handling Fees 50.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 5.81

Sales taxes 5.81

Total Due 565.81

Paid receipt number 42408 50.00

Balance due 515.81

515.81

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.

Constance Brown

Signature of recorded holder of deed

Constance Brown

Signature 12249 Birch St Tr

Address Spring Valley CA 91977

Phone 619-267-2548

Telephone

Work Order # **E 10172**

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

30 DAY NOTE

CASHAT COPY of SAN DIEGO, CALIF
 W21 X 245 X 164

LINER OX

8/3/92

PAID
 AUG 3 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

MT. HOPE CEMETERY

W.O. # E-10172

NOTE

\$ 515.81 San Diego, California 6/23 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Five hundred fifteen and 8/100 DOLLARS with interest from July 27, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Eva Brown SIGNATURE Eva Brown

ADDRESS 6883 Potomac #113, San Diego, CA 92139

CALIFORNIA DRIVER LICENSE NUMBER N8879478 SSN # 295-52-6131

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42408

E 10172

Date: 6-23, 19 92

From: Evo Brown Address: 6883 Potomac #113 S.D. 92139

Fifty and 00/100 Dollars (\$ 50.00)

In Part Payment of Interment of Sherrice Brown

Lot 1055 Grave _____ Row _____ Section 2 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-10172

BALANCE DUE 515.81

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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>50.00</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>1</u>	<u>50.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 42573

E10172

Date: 8-3, 1992

From: Eva Brown Address: 6883 Palomar St #113

Five Hundred Fifty Dollars (\$ 515.00)

In Payment of INTERMENT by Marie Brown

Lot 1055 Grave _____ Row _____ Section 2 Division Block 9

Invoice No. _____
 Acct. No. _____
 W.O. E-10172
 BALANCE DUE ✓

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	57007		
20% Sales Care	77184	39	00
80% Sales of Lots	100	106	00
Opening/Closing	100	195	00
Burial Containers	100	75	00
	77182	50	00
Handling Fee	100		
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	63033		
	9022		
Sales Tax	50101	5	87
	78390		
TOTAL PAID	\$	515	87

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY [Signature]

8/137

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10172

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Sharrie	1B. MIDDLE Sharelle	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH DAY YEAR 5/28/1988	3. DATE OF DEATH MONTH DAY YEAR 6/19/1992	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Constance Brown-Mother 9249 Birch Street #18 Spring Valley, CA 91977		
7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		8A. SIGNATURE OF APPLICANT— <i>Permitting permit</i> <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT <small>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.</small>				8B. DATE SIGNED 6/22/92	

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 JUN 23 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	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 Street San Diego, CA 92102	11B. DATE BURIED 6-25-92	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 JUNE 22, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANGEL ALDAMA

in a LINER Vault/Liner Funeral, date, time WED 6/24 10:30AM.

Church, Chapel, Graveside CHAPEL/G.S.; NAPTUNE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 63 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	PAID	<u>595.00</u>
Additional spaces and care fund	JUN 22 1992	_____
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>350.00</u>
Burial Container	CITY OF SAN DIEGO, CALIF	<u>150.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		<u>45.00</u>
Recording and filing fee		<u>11.63</u>
Sales taxes		<u>1296.63</u>
	Total Due	<u>1896.63</u>
	Paid receipt number <u>42368</u>	<u>1896.63</u>
	Balance due	<u>0</u>

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.

Signatures of recorded holder of deed

Gabriel P Aldama
Signature
4890 NAPLES ST
Address
SAN DIEGO CA 92110
City State Zip Code
2752463
Telephone

Work Order # **E** 10173
PT-583 (REV. 9-88)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42368

E10173

Date June 22, 1992

From Gabriel Aldama Address: 4899 Maple St. S.D. CA 92110

Twelve hundred ninety-six and 63/100 Dollars (\$ 1296.63)

In Full Payment of Service for Ange' Aldama

Lot 63 Grave 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10173

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>119.00</u>
80% Sales of Lots	77184	<u>476.00</u>
Opening/ Closing	77181	<u>350.00</u>
Burial Containers	77182	<u>150.00</u>
Handling Fee	77185	<u>145.00</u>
Recording & Misc. Fees	77183	<u>45.00</u>
Pre-Need Trust	60033 9022	
Sales Tax	60101 76390	<u>11.63</u>
TOTAL PAID	\$	<u>1296.63</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10173

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ANGEL	1B. MIDDLE PEREZ	1C. LAST (FAMILY) ALDAMA	2. DATE OF BIRTH MONTH, DAY, YEAR 3-4-26	3. DATE OF DEATH MONTH, DAY, YEAR 6-20-92	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 INCEMENT GABRIEL P ALDAMA-BROTHER 4890 NAPLES ST SAN DIEGO, CA 92110		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH REPTUNE SOCIETY 14065 HMY 8 BUS EL CAJON, CA 92021			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1352		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Janet Aldama</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 6-23-92		

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 JUN 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rannal M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA. PO BOX 85222 San Diego, Ca 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY NT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA	11B. DATE BURIED 6-24-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Taylor</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a cloth	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

Date June 22, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Beverly Orabelle

in a Ash Vault Vault/Liner Funeral, date, time AYD Tues 6/30 1pm

Church, Chapel, Graveside Witness Only NO SERVICES; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 199 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-need E-7171 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 3.10

Total Due _____ 253.10

Paid receipt number 42369 253.10

Balance due 0

PAID
JUN 22 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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 _____

Louane Kay
Signature
422 So. 4th St
Address
S.D.
State
619 264-7615
Telephone
92113
Zip Code

Work Order # E 10174

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42369

Date: 6-22- 19 92

From: Lorraine Key Address: 422 S. 4th St.

Two hundred fifty-three and 10/100 Dollars (\$ 253.10)

In full Payment of Interment services for

Lot 199 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10174

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1758

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	
77184		
Opening/Closing	100	<u>105 00</u>
77181		
Burial Containers	100	<u>40 00</u>
77182		
Handling Fee	100	<u>60 00</u>
77185		
Recording & Misc. Fees	100	<u>45 00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	80101	<u>3 10</u>
78390		
TOTAL PAID	\$	<u>253 10</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E10174

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ORA	1B. MIDDLE BELLE	1C. LAST (FAMILY) BUFY	2. DATE OF BIRTH MONTH, DAY, YEAR JAN. 13, 1993	3. DATE OF DEATH MONTH, DAY, YEAR MAY 28, 1992	4. SEX F
5A. CITY OF DEATH DAYTONA BEACH		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE FLORIDA		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LORRAINE KEY 422 SO. 48TH ST SAN DIEGO, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LORRAINE KEY 422 SO. 48TH ST SAN DIEGO, CA 92113			7B. CALIF. LICENSE NUMBER —IF APPLICABLE ---		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Lorraine Key</i>		
			8B. DATE SIGNED 06-25-92		

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 JUN 25 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramirez M.D.</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS 3851 ROSECRANS STR SAN DIEGO CA 92185			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENHVAULTMENT <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	<input checked="" type="checkbox"/> BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 6-30-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Teague</i>
	<input type="checkbox"/> CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	<input type="checkbox"/> SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	<input type="checkbox"/> TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	<input type="checkbox"/> SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-22-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAYMOND PEPPERS

in a LINER Vault/Liner Funeral, date, time WED 6/24 11:00 AM

Church, Chapel, Graveside CHURCH/G.S. ; RIGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 559 Grave _____ Row _____ Section _____ Division/Block 0

Grave space & Care Fund D-6084 PRE-NEED _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 150.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

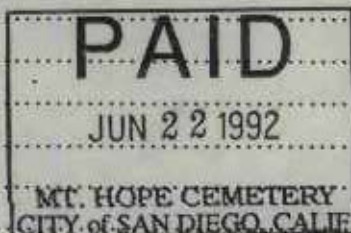
Recording and filing fee _____ 11.63

Sales taxes _____ 701.63

Total Due _____ 701.63

Paid receipt number 42370 701.63

Balance due 0



I hereby certify I am the Wife Bernice Peppers of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Bernice Peppers

Address 532 San 35th St

City San Diego Ca 92113

Telephone 619 234-5361 Zip Code

Work Order # **E** 10175

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

 No 42370
 E10175
Date: 6-22, 19 92From: ROYMOND PAPPERS Address: 532 S. 35th ST. S.D. CA 92113
SEVEN HUNDRED-ONE ; 63/100 Dollars (\$ 701.63)
In FULL Payment of SERVICES FOR RAYMOND BUTLER
 Lot 559 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10175BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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	<u>350 00</u>
Handling Fee	77182	<u>150 00</u>
Recording & Misc. Fees	100	<u>145 00</u>
Pre-Need Trust	77183	<u>45 00</u>
Sales Tax	63033	
	9022	
	60101	<u>11 63</u>
	78390	
TOTAL PAID	\$	<u>701 63</u>

ISSUED BY

4215

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 101 75

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Raymond	1B. MIDDLE ---	1C. LAST (FAMILY) Peppers	2. DATE OF BIRTH MONTH, DAY, YEAR 6-17-04	3. DATE OF DEATH MONTH, DAY, YEAR 6-21-92	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 Bernice L. Peppers - Wife 532 S. 35th 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			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>[Signature]</i> 6-22-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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	THIS PERMIT 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 JUN 22 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; 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 ITEM(S)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6-24-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>metal sealed</i>	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

Date JUNE 22, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANDREA CHARDAK ALLEN

in a _____ Vault/Liner _____ Funeral, date, time THURS. 6/25 2:00 PM
Church, Chapel, Graveside GRAVESIDE ONLY; CALIF BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 2796 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 75.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 220.00

Paid receipt number 42427 220.00

Balance due 0

CALIF. BURIAL WILL BRING CHECK

CASKET SIZE 28 x 13 x 9 1/4

Called by Mortuary

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 _____

State _____ Zip Code _____

Telephone _____

Work Order # E 10176

PY-593 (REV 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42427

Date: 6-25- 1992

From: CA Cremation & Burial Chapel Address: 5602 El Cajon Blvd

Dollars (\$ 220.00)

In Full Payment of Plot and Interment services for
Baby Allen

Lot 2796 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____
 Acct. No. _____
 W.O. E10176
 BALANCE DUE 5

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY W. J. League

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>-</u>
80% Sales of Lots	77184	<u>80</u>	<u>-</u>
Opening/Closing	100	<u>75</u>	<u>-</u>
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>-</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>220</u>	<u>-</u>

4603

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10176

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. FIRST NAME OF DECEDENT—FIRST (GIVEN) Charles	1B. MIDDLE Charles	1C. LAST (FAMILY) Allen	2. DATE OF BIRTH MONTH DAY YEAR 6/17/1992	3. DATE OF DEATH MONTH DAY YEAR 6/17/1992	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 Angela Allen-Mother 3546 Highland Ave. #4 San Diego, CA 92105			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 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 6/25/92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 JUN 25 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
--	--

FOR CORONER'S USE ONLY
 I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 6-25-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ----	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ----	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ----	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

*Open Impersonal
 State*

Date 6-23-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Woods

in a Liner Vault/Liner Funeral, date, time Thurs 6/25 10:00 AM.

Church, Chapel, Graveside Chapel/G.S. ; Corrod Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 4407 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container <u>Liner</u>	<u>150.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	<u>23.78</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>11.63</u>

*Paid in full
 11-06-92*

Total Due 1520.39

Paid receipt number 42419 374.00

Balance due 1146.39

*30 day
 note*

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

 Signature of recorded holder of deed

Bonnie Anderson
 Signature
2463 Beach DR
 Address
Spring Valley
 State 660-8299 Zip Code
 Telephone

Work Order # E 10177 ✓
 PV-633 (REV. 5-86)

Invoice # 208205
 Acct. # 074946

E10177
No 42419

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-24, 1992

From: Alice Walton - Spain Address: 9122 Ardmoreville Pike Parcel 11 37849

THREE THOUSAND SEVENTY-FOUR and 00/100 Dollars (\$ 374.00)

In Part Payment of Fred Wood's Interment

Lot 45107 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10177

BALANCE DUE 1146.39

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	77164	
80% Sales of Lots	100	<u>374.00</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	
	75390	
TOTAL PAID	\$	<u>374.00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10177

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) FREDA	1B. MIDDLE ANNE MARIE	1C. LAST (FAMILY) WOODS	2. DATE OF BIRTH MONTH DAY YEAR 3-14-1971	3. DATE OF DEATH MONTH DAY YEAR 6-20-1992	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 ALICE K. SPAHN - MOTHER 9122 ANDERSONVILLE PIKE POWELL, TN 37849	
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 FD-941		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Karen Warrant</i>		8B. DATE SIGNED 6-23-92	

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 JUN 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rivas, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92138-5222	9E. 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 6-25-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>cloth</i>	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

W.O. # E10177

NOTE

\$ 1146.39 San Diego, California 6-25 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eleven hundred forty-six and $\frac{39}{100}$ DOLLARS with interest from 7-25-92 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Alice Spahn SIGNATURE Alice K. Walton Spahn
ADDRESS 9122 Andersonville Pike Apt 2 Powell Tr.
CALIFORNIA DRIVER LICENSE NUMBER 755 33529 SSN # 567-84-831

E10177

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/12/92

DATE: 11/12/92
TIME: 210251
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
208205	10/09/92	074946	ALICE SPAHN				11/06/92	CK	0274	1,146.39	1,146.39	0.00
			100	072	77181	000072				350.00		
			100	072	77182	000072				160.00		
			100	072	77183	000072				45.00		
			100	072	77184	000072				262.00		
			100	072	77185	000072				158.00		
			60101		78390					12.39		
			67007		77184					159.00		

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-23-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANGELA D. SMITH-HUNTER

in a VAULT Funeral, date, time SAT. 6-27 11:00 A.M.
Vault/Liner
 Church, Chapel, Graveside CHAPEL/G.S.; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 211 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>695.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>200.00</u>
Handling Fees	<u>175.00</u>
Flower vases - Marker setting fee <u>SAT. JUN 24 1992</u>	<u>480.00</u>
Recording and filing fee	<u>49.00</u>
Sales taxes	<u>15.50</u>

PAID
 JUN 24 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due

Paid receipt number 42428 1967.50

Balance due 0

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated, I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Luely Luke
 Signature
114 CHURCH HILL PARK
 Address
LOUISVILLE, KENT 40220
 State Zip Code
(502) 454-4321
 Telephone

Work Order # E 10178[✓]

FY-553 (REV. 8-85)

Invoice # _____

Acct. # _____

E10178

CITY OF SAN DIEGO, CALIFORNIA
MEMORANDUM

0-503 (Rev. 11-86)

1. FROM (Name and Dept.)

Kathy Wigdahl

2. DATE

6-27-92

3. TO (in order indicated below, for purpose checked at right):

	ACTION	PREPARE REPLY	INFORMATION	INQUIRE & REPORT	WRITTEN COMMENT	SIGNATURE NEEDED	RETURN TO ME	COPY FOR YOU	FILE
1. Wendy Teague			X						
2. Joann White	X	X							
3.									
4.									
5.									

4. SUBJECT

OVERTIME CHARGE

5. COMMENTS

THE FOLLOWING PERSONNEL WITNESSED THE RIGSDALE SERVICE FOR ANGELA SMITH-HUNTER ENTERED (LAST CAR IN PROCESSION) THE CEMETERY GROUNDS AT 12:10 PM JUNE 27, 1992

KATHY WIGDAHL
 ROBERT JONES
 HARRY DAVIS

* THE SECURITY GUARD ALSO NOTED AT 12:02 PM THAT THE SERVICE HAD NOT YET ARRIVED

K.L. WIGDAHL - STANDBY

E 10178
No 42428

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-25, 1992

From: LINDSEY SMITH Address: 114 CHURCHILL PK. LOUISVILLE, KENT 40220

Nineteen hundred sixty-four and 50/100 Dollars (\$ 1964.50)

In FULL Payment of ANGELA D SMITH - HUNTS INTERMENT

Lot 211 Grave 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10178

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	<u>139.00</u>
80% Sales of Lots	100	<u>536.00</u>
77184		
Opening/ Closing	100	<u>350.00</u>
77181		
Burial Containers	100	<u>203.00</u>
77182		
100		<u>175.00</u>
Handling Fee	77185	
Recording & Misc. Fees	100	<u>529.00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>15.50</u>
75390		
TOTAL PAID	\$	<u>1064.50</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10178

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Angela	1B. MIDDLE Denise	1C. LAST (FAMILY) SMITH-HUNTER	2. DATE OF BIRTH MONTH, DAY, YEAR 09-13-69	3. DATE OF DEATH MONTH, DAY, YEAR 06-19-92	4. SEX F
5A. CITY OF DEATH Rancho Cordova		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Sacramento	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Lindsey Smith, III - father 3091 Breckenridge Lane # 114 Louisville, KY 40220		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Thompson Funeral Home, Inc., 3601 - 5th Avenue, Sacramento CA 95817		7B. CALIF. LICENSE NUMBER—IF APPLICABLE 860	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Beverly Brown</i> 6/23/92		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7200 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 B. Brown 06-23-92	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX AUTH # 9798
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Sacramento Co Health Dept., 3701 Branch Center Rd., Sacto CA 95827	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County Health Dept., Dept of Health, 3851 Rosecrans Street, San Diego 92138-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, CA	11B. DATE BURIED 6/29/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal-sealer 211-2-2-12 Bl court	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Anderson-Ragsdale Mortuary, 5050 Federal Blvd., San Diego CA 92102	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-23-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Fred H. Krenning

in a None Vault/Line Funeral, date, time AYD Wed 7-1

Church, Chapel, Graveside No ; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WWI

Lot 70 Grave 37 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
JUN 30 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

45.00

Total Due 45.00

Paid receipt number 42451 45.00

Balance due 0

I hereby certify I am the DAUGHTER (ONLY CHILD) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Dorothy J. Shumway
Signature
4455 Point Loma Ave
Address
SAN DIEGO CA 92107
City Zip Code
619-223-8625
Telephone

Work Order # E 10179 ✓

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10179

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) FREDERICK	1B. MIDDLE HENRY	1C. LAST (FAMILY) KRENNING	2. DATE OF BIRTH MONTH DAY YEAR 10-10-1899	3. DATE OF DEATH MONTH DAY YEAR 03-13-1990	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 DOROTHY F SHUMWAY 4455 POINT LOMA AVENUE SAN DIEGO, CA 92107		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH DOROTHY F. SHUMWAY, DAUGHTER 4455 POINT LOMA AVE, SAN DIEGO, CA 92107			7B. CALIF. LICENSE NUMBER —IF APPLICABLE ---		8. DATE SIGNED 6-30-92
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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 JUN 30 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Kinnick, M.D.</i>
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.				

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 CEMETARY 3751 MARKET ST SAN DIEGO, CA	11B. DATE BURIED 7-1-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 10179

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Frederick		1B. MIDDLE Henry		1C. LAST (FAMILY) Krenning		2. DATE OF BIRTH MONTH DAY YEAR 10/10/1899		3. DATE OF DEATH MONTH DAY YEAR 3/13/90		4. SEX M	
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego			6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Pre-Need Donor Forms					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lola J. Hernandez, UCSD School of Medicine						7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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—Funeral Director or Person Acting as Such <i>[Signature]</i>				8B. DATE SIGNED 6/20/92			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID		9B. DATE PERMIT ISSUED		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT	
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 3851 Rosecrans St. San Diego, CA 92186				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA					

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL 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

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetary, 3751 Market Street, San Diego, CA	11B. DATE INTERRED 7-1-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i> 5-22-99
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY UCSD School of Medicine La Jolla, CA 92093	12B. DATE CREMATED 8/23/91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION, THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Paid
Not*

Date 4/19/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sung-Nine + Choi-Lin LEE

in a _____ Vault/Liner _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 2468 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 795.⁰⁰

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 795.⁰⁰

Paid receipt number 42411 199.⁰⁰

Balance due 596.⁰⁰

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 _____

Sung-Nine LEE
Signature
 5050 Cole St.
Address
 SAN DIEGO CA 92117
City/STATE Zip Code
 619 483-1838
Telephone

Work Order # **E 10180**

PR-593 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42411

From: Sung Jen Lee Address: 5050 Cole St. # 72117 Date: 6-89, 1992
Mr. Dunder 7 2117-72117 Dollars (\$ 199)
 In _____ Payment of Pre Need Lot

Lot 2468 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F-10180

BALANCE DUE \$ 596.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

985

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY

[Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>199 W</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>199 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 42617

Date: 8-12, 1993

From: Sung-jin LEE Address: 5050 Cole St. LA

Twenty five Dollars (\$ 25.)
 in Payment of Pre-Need Lot

Lot 2468 Grave --- Row --- Section --- Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10180
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 1-91)

1107

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 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	9022	\$ <u>25 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 42737

Date: 9-16, 1992

From: Surgeon General Address: 5050 Cole St. #12

In Trust for Payment of Pre-Need Fee Dollars (\$ 25.00)

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10180
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 1113

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
90% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANAL CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42820

Date: 11-5- 1992

From: Ng-Nan Lee Address: 5050 Calk St. S.D. CA 92117

Twenty five and xx/100 Dollars (\$ 25.00)

In note Payment of Credit lot

Lot 2468 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. L 10180

BALANCE DUE 521.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1119

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT	67007	
20% Sales/Car	77184	
80% Sales of Lots	100	<u>25 -</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>25 -</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43002

Date: 11-17, 1992

From: Sung-Din Lee Address: 5050 Cole St. SD

Twenty-five Dollars (\$ 25.00)

In Payment of Pre-Need Pot

Lot 2468 Grave - Row - Section - Division 10
 Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10180

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1124

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY JL [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/ Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
TOTAL PAID	63033	\$ <u>25.00</u>
	9022	
	60101	
	78390	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43101

Date: 12-8- 19 92

From: Burgin Jell Address: 5050 Cole St. N.E. CH 92117

Twenty five and 00/100 Dollars (\$ 25.00)

In full Payment of Credit Lot - Coupon #15

Lot 2468 Grave: _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10180

BALANCE DUE 471.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1129

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43196

Date: 1-5, 19 75

From: Sung J Lee Address: 5050 Cole St, SD

Twenty-five Dollars (\$ 25.⁰⁰)

In Payment of Pre-Need Lot

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10180
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Comm	77184	
80% Sales of Lots	100	<u>25 W</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	60101	\$ <u>25 W</u>
	78390	

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

1134

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43418

Date: 3-3, 1993

From: Jung-Nin Lee Address: 5050 Cole St. S.D. Ca 92117

Twenty-five Dollars (\$ 25.00)

In part Payment of Pre Need Lot

Lot 468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10180

BALANCE DUE \$ 421.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1145

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE

ISSUED BY

M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>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</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43470

Date: 3-70, 19 93

From: Young-Winn (Mrs) Tucker Address: 5034 Cole St St

Twenty five 7/11/93 Dollars (\$ 25-)

In Payment of Pre-Need Fee

Lot 2468 Grave - Row - Section - Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10170
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25 W</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	

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 1140

ISSUED BY [Signature]

TOTAL PAID \$ 25 W

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43558

Date: 4-6, 1993

From: Sung-Nan Lee Address: 5050 Cole St S.D. Ca. 92117

In part Payment of Twenty-five Dollars (\$ 25.00)

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10180

BALANCE DUE 371

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

150

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>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43694

Date: 5-12- 1993

From: SUNG-NI, LEE Address: 5050 Cole St, S.D. 92117

Twenty-five and xx/100 Dollars (\$ 25.00)

In part Payment of pre-need lot

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10180

BALANCE DUE 346.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25 -</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	83033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>25 -</u>

1156

OFFICIAL RECEIPT

43793



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

Date: 6-7, 1973

From: James W. Lee Address: 5050 Cole St. S.D.

In Twenty five Dollars (\$ 25.00)

Payment of Plot Fee

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10120

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1161

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY White

CREDIT	67007	
20% Sales Com	77184	
60% 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

43897



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-9, 1993

From: Sung-Han Lee Address: 3050 Cote St. #2

Twenty-five Dollars (\$ 25.-)
In Payment of Pre-Need Fee

Lot 246E Grave - Row - Section - Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-1010
BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>35 W</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25 W</u>

1165

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43972

Date: 8-3, 1993

From: Augusto Lee Address: 5050 Cole St. #11

In Twenty five Dollars (\$ 25.00)
 Payment of Pre-Need Fee

Lot 2468 Grave - Row - Section - Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10100
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT

44141



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

Date: July 21, 1993

From: Angela Lee Address: 5050 Co St, LA

Twenty-five Dollars (\$ 25)

In Payment of Pre-Need Trust

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F 10/10

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1176

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</u>
	77184	<u>00</u>
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</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44267

Date: 10-27, 1993

From: Juny Bin Lee Address: 5050 Cole St, H

Quarterly fee 71110 Dollars (\$ 25.00)
 In Payment of Pre-Need Trust

Lot 246E Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-1010
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	60101	
	9022	
TOTAL PAID	60101	\$ <u>25.00</u>
	78390	

1182

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 522-3400 ~

44317

Date: 11-5, 19 93

From: George & Nell Lee Address: 5050 Cole St. 18

Mount Hope Dollars (\$ 25.00)

In Pre-Need Fee Payment of Pre-Need Fee

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-1010

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE

ISSUED BY J. D. [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
	77185	
Pre-Need Trust	83033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	5	<u>25.00</u>

118

OFFICIAL RECEIPT

44430



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

Date: Dec 9, 19 93

From: Sing-Nip Lee Address: 5050 Cole Street S.D. 92117

Twenty-Five and 00/100 Dollars (\$ 25.00)

In Part Payment of Pre-need lot

Lot 2468 Grave _____ Row _____ Section _____ Division Block 0

Invoice No. _____

Acct. No. _____

W.O. E-10180

BALANCE DUE 871.00

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	77007	
20% Sales Com	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	83033	
	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
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44545

Date: 1-12, 19 94

From: Sung-ann Lee Address: 5050 Cole St SD 92117
Trust for son add 00/00 Dollars (\$ 25.00)

In Part Payment of Pre-need lot

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10/80
 BALANCE DUE 146.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>13.00</u>
80% Sales of Lots	100	<u>12.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
100		
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
8022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

1201

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44574

Date: 2/2/94, 19 94

From: JUNG-NIM LEE Address: 5050 CULE ST SD 92117

TWENTY-FIVE AND 00/100

Dollars (\$ 25.00)

In PRE Payment of PRE-NEED LOT

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10180

BALANCE DUE 121.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	57007		
20% Sales Com	77184	<u>25</u>	<u>00</u>
50% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

ISSUED BY [Signature]

1206

OFFICIAL RECEIPT

44693



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

From: Sam, Min Lee Address: 5050 Cole St Apt 92111 Date: 3-4, 1994
Twenty-five Dollars (\$ 25)
 In Payment of Plc Fee For

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10180

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>25.00</u>
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77195	
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
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44820

Date: 4-6, 1994

From: SUNG-NIN LEE Address: 5050 COLE ST S.D. 92117

TWENTY-FIVE Dollars (\$ 25)

In PART Payment of PRE-NEED LOT FOR SUNG-NIN LEE

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10180

BALANCE DUE 71.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1216

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY A. Longman

CREDIT	67007		
20% Sales Care	77184	<u>25</u>	<u>00</u>
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	60033		
	9022		
Sales Tax	60101		
	78090		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44918

Date: May 5, 1994

From: Junger-Dan Lee Address: 5050 Cole St. # 92117

Trusty - from dad Dollars (\$ 25.00)

*In Payment of Pre Need Lot

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10180

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1223

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Wait

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>

45078

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-3, 1994

From: SUNG-MIN LEE Address: 5050 COLE ST. S.D. 72117

Twenty-Five Dollars (\$ 25.00)

In Part Payment of PRE-PAID Lot

Lot 2468 Grave 1 Row _____ Section _____ Division 10 Block 10

Invoice No. _____

Acct. No. _____

W.O. E10180

BALANCE DUE 21.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1228

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

M. Leguan

CREDIT	67007		
20% Sales Care	77184	<u>25</u>	<u>00</u>
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT

45208



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-2400

From: Sung-Din Lee Address: 5050 Cole St, St 92117
Misty - Mrs. Angel 7th Fl Dollars (\$ 21⁰⁰)
In Payment of Pre-Need Trust

Lot 2468 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10170

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>21</u>	<u>00</u>
80% Sales of Lots	100		
	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>21</u>	<u>00</u>

1235

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-10180

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on or before
due date above.



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-NIN LEE

ADDRESS 5050 COLE ST.

CITY SAN DIEGO STATE CA. ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-10180

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div 10

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							10				

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME SUNG-NIN LEE

ADDRESS 5050 COLE ST.

CITY SAN DIEGO STATE CA ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Log E-10180

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$

25.-

NAME SUNG-NIN LEE

ADDRESS 5050 COLE ST.

CITY SAN DIEGO STATE CA ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance: **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Credit Lot** **E-10180**

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div 10

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR
							10				

Amount due when paid on, or before,
due date above.



\$ **25.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME **SUNG-NIN LEE**

ADDRESS **5050 COLE ST.**

CITY **SAN DIEGO** STATE **CA.** ZIP **92117**

check if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **GERALD HOG 87-10100**

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before,
due date above.



\$ **25.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ **25 -**

NAME **SUNG-NIN LEE**

ADDRESS **5050 COLE ST.**

CITY **SAN DIEGO** STATE **CA.** ZIP **92117**

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Credit Lot** **B-10180**

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div 10

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before,
due date above.



\$ **25.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME **SUNG-NIN LEE**

ADDRESS **5050 COLE ST.**

CITY **SAN DIEGO** STATE **CA** ZIP **92117**

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~XXXXXXXXXX~~

Sung-Hin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							10				

Amount due when paid on, or before
due date above.



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-HIN LEE

ADDRESS 5050 COLE ST.

CITY S. D.

STATE CA

ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **WIGGILL 1001 8740100**

Sung-Nin Lee
5050 Cole Street
San Diego, Ca. 92117

Lot 2468, Div 10

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-NIN LEE

ADDRESS 5050 COLE ST.

CITY SAN DIEGO STATE CA ZIP 92117

check (TV) if this is new address

Send or bring one coupon with each remittance **COUPON**

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Credit Lot - E-10180**

Sung-Hin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before
due date above



\$ **25.00**

Amount due if paid more than _____ days
after due date above



\$ _____

\$ _____

Amount Received \$ _____

NAME **SUNG-HIN LEE**

ADDRESS **5050 COLE ST.**

CITY **SAN DIEGO** STATE **CA.** ZIP **92117**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE-BOOK

ACCOUNT No. **Credit Lot** **E-10180**

Sung-Win Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div 10

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before,
due date above.



\$ **25.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **25.00**

NAME **SUNG-WIN LEE**

ADDRESS **5050 COLE ST.**

CITY **SAN DIEGO** STATE **CA** ZIP **92117**

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							10				

Amount due when paid on, or before,
due date above

\$ 25.00

Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-NIN LEE

ADDRESS 5050 COLE ST

CITY SAN DIEGO STATE CA ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

WORLD BOOK

MEMPHIS

Sung-Nin Lee

3050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div 10

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

SUNG-NIN LEE

ADDRESS

3050 COLE ST.

CITY

SAN DIEGO

STATE

CA

ZIP

92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. -----

Sung-Hin Lee

5850 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				

Amount due when paid on or before,
due date above



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME Sung-Hin Lee

ADDRESS 5850 Cole St

CITY San Diego STATE CA ZIP 92117

check () if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Sung-Hin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div 10

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN
							10				

Amount due when paid on, or before,
due date above.

\$ 25.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-HIN LEE

ADDRESS 5050 COLE ST.

CITY SAN DIEGO STATE CA ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

LENDLE 100 B-10100

Sung-Win Lee

3650 Cole Street

San Diego, Ca. 92117

Lot 2458, Div. 10

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-WIN LEE

ADDRESS 3650 COLE ST.

CITY SAN DIEGO STATE CA. ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Credit Lot~~ **E-10180**

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2488, Div 10

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before,
due date above



\$ **25.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME Sung-Nin Lee

ADDRESS 5050 Cole St.

CITY SAN DIEGO STATE CA ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Sung-Hin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR
							10				

Amount due when paid on, or before,
due date above.



25.00

\$

Amount due if paid more than _____ days
after due date above.



\$

\$

Amount Received \$

NAME

SUNG-HIN LEE

ADDRESS

5050 COLE ST.

CITY

SAN DIEGO STATE CA

ZIP

92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 246A, Div 10

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10				

Amount due when paid on, or before,
due date above



\$ 25.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-NIN LEE

ADDRESS 5050 Cole St.

CITY SAN DIEGO STATE CA ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 1468, Div. 10

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							10				

Amount due when paid on, or before,
due date above.



\$ 15.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME SUNGIN LEE

ADDRESS 5050 COLE ST

CITY SAN DIEGO STATE CA. ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. _____

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Ext 2468, Div 10

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10				

Amount due when paid on, or before,
due date above.



\$ 15.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-NIN LEE

ADDRESS 5050 COLE ST.

CITY S.D. STATE CA ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Sung-min Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div. 10

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				

Amount due when paid on, or before
due date above



\$

25.00

Amount due if paid more than _____ days
after due date above



\$

\$

Amount Received \$

NAME

Sung-min Lee

ADDRESS

5050 Cole St.

CITY

San Diego

STATE

CA.

ZIP

92117

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

438312 402 E-10180

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Lot 2468, Div 10

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							70				

Amount due when paid on, or before, due date above.



\$ 25.00

Amount due if paid more than _____ days after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME SUNG-NIN LEE

ADDRESS 5050 COLE ST.

CITY SAN DIEGO STATE CA. ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Sung-Nin Lee

3050 Cole Street

San Diego, Ca. 92117

Lot 2400, Div. 10

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		3-15					10		8-15		

Amount due when paid on, or before,
due date above.



25.00

\$

Amount due if paid more than _____ days
after due date above.



\$

\$

Amount Received \$

NAME SUNG-NIN LEE

ADDRESS 3050 Cole St.

CITY SAN DIEGO STATE CA ZIP 92117

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Sung-Nin Lee

5050 Cole Street

San Diego, Ca. 92117

Bot 2468, Div 10

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10				

Amount due when paid on, or before
due date above.



\$

~~3.00~~ 21.02

Amount due if paid more than _____ days
after due date above



\$

\$

Amount Received \$

NAME SUNG-NIN LEE

ADDRESS 5050 COLE ST.

CITY SAN DIEGO STATE CA. ZIP 92117

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles Kramer P.A. # 1125499 CC# 92-523

in a liner Vault/Liner Funeral, date, time Fri 6/26 10:00 AM

Church, Chapel, Graveside Direct Burial Palma Cremation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran ?

Lot 49 Grave 3T Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.-

Additional spaces and care fund

Opening/Closing & Setup 165.-

Burial Container 50.-

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.-

Sales taxes

Total Due 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 10181

PV-593 (REV. 8-85)

Invoice # 208645

Acct. # 000952

*Paid in Full
7-14-92*

*Kim White
Will Need
Pallbearers
Person Weighs
236 lbs.*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10181

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Charles	1B. MIDDLE William	1C. LAST (FAMILY) Kramer	2. DATE OF BIRTH MONTH DAY YEAR 10-1-38	3. DATE OF DEATH MONTH DAY YEAR 3-10-92	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 Public Administrator of San Diego County 5201-A Ruffin Road San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Balboa Cremation Services 4658 30th St. San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FBI370	8A. SIGNATURE OF APPLICANT—Person taking permit Kathleen Kenner		

8B. DATE SIGNED
6-25-92

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 7103 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 JUN 25 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Kenner, M.D.
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 3-26-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Jo League
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 49-3T-1-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

208645 10/16/92 000952 COUNTY OF SAN DIEGO
E 10181
100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

07/14/92 CK 04-068841

386.00
165.00
50.00
45.00
126.00

386.00

PAID IN FULL

Open Imperial Gate

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-25-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Faye Ponder

in a Liner Funeral, date, time Mon 6/29 11AM *with arrival 11:45*

Church, Chapel, Graveside Chapel, G.S.; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 56 Grave 2 Row _____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund preneed C4162 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 150.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 11.63

Total Due _____ 701.63

Paid receipt number 42424 701.63

Balance due 0

PAID
JUN 24 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Robert Musteraad
504 949-6236

I hereby certify I am the granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Billie F. Ralph
Address 5820 Duluth ave
San Diego, Calif 92114
State _____ Zip Code _____
(619) 262-2710
Telephone _____

Work Order # E 10182

NY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 42424

E10182

Date: 6-25, 1992

From: Billie Ralph Address: 820 Duluth Ave S.D. CA 92114

Seven hundred and one & 63/100 Dollars (\$ 701.63)

In Full Payment of Interment of Fay Ponder

Lot 36 Grave 2 Row _____ Section 4 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-10182

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>350.00</u>
77181		
Burial Containers	100	<u>150.00</u>
77182		
100		<u>145.00</u>
77185		
Handling Fee	100	<u>75.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
9022		
Sales Tax	60101	<u>11.63</u>
78390		
TOTAL PAID	\$	<u>701.63</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10182

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Faye	1B. MIDDLE O.	1C. LAST (FAMILY) Ponder	2. DATE OF BIRTH MONTH, DAY, YEAR 11-29-1902	3. DATE OF DEATH MONTH, DAY, YEAR 06-23-1992	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 Billie Ralph: Granddaughter 5820 Duluth Avenue 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			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-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, 8B. DATE SIGNED <i>Sharon Howles</i> 6-24-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUN 26 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ponder, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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	11B. DATE BURIED 6-29-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/25/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alvina Austin

in a T-5 Vault Funeral, date, time Mon 6/29 2:00 PM

Church, Chapel, Graveside GRAVESIDE; Berge Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 108 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Spec. Deed (1994) _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 200.-

Handling Fees _____ 175.-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.-

Sales taxes _____ 15.50

PAID
 JUN 26 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Paid receipt number 42429 785.50

Balance due 0

*Daughter Austin 3462 (706) 654-2747
 Granddaughter Diana Austin 274-9224*

I hereby certify I am the Granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Alvina L. Aust
 Signature
5164 Dubois Dr.
 Address
San Diego, CA 92117
 State
(619) 274-9224 Zip Code
 Telephone

Work Order # **E** 10183

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42429

E10183

Date: 6-26- 1992

From: Gene J. Austin Address: Rt 2 Box 2274 Whites Bottom Rd Pictouga GA

Seven hundred eighty-five and 5/100 Dollars (\$ 785.50)

In Full Payment of services for Gene Austin

Lot 108 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E10183
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

161

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>350</u>	<u>-</u>
Burial Containers	100	<u>200</u>	<u>-</u>
	77182	<u>175</u>	<u>-</u>
Handling Fee	77185	<u>45</u>	<u>-</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022	<u>15</u>	<u>50</u>
	80101		
	78380		
TOTAL PAID	\$	<u>785</u>	<u>50</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10183

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ALIENE	1B. MIDDLE F.	1C. LAST (FAMILY) AUSTIN	2. DATE OF BIRTH MONTH DAY YEAR 2/8/1920	3. DATE OF DEATH MONTH DAY YEAR 6/24/1992	4. SEX F	
5A. CITY OF DEATH Gainesville		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Hall, GA	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mr. Gene J. Austin-Son Rt. #2, Box 2274 Pendergrass, GA			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 607 National City, Blvd. BERGE-ROBERTS MORTUARY National City, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Gene J. Austin</i>			8B. DATE SIGNED 6-26-92

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 JUN 26 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> Georgia Dept. of Human Resources Vital Records Services	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> P.O. BOX 85222 SAN DIEGO, CA 92186-522		

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 MOUNT HOPE CEMETERY 3751 Market St., San Diego, CA	11B. DATE BURIED 6-29-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 10183

payment for Aline M. Austin
open + closing, 350.
Recording fee 45.
vault 390.50
\$ 785.50

Lot # 108 grave 6 Section 1 - Div. 11
grave 5 (Melvin Jesse Austin)

Family will call at time of need

Gene or Sybil Austin
Rt 2 Box 2274
Pendergrass, Ga 30567
706-654-2947

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-25-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BERTRAM BROWN

in a DBL CRYST Vault/Case Funeral, date, time SAT 6/27 10:00AM

Church, Chapel, Graveside CHAPEL/G.S.; GOODBODY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran YES WWII

Lot 88 Grave 4 Row _____ Section 3 Division 12 Block _____

Grave space & Care Fund	<u>595.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>330.00</u>
Handling Fees	<u>320.00</u>
Flower vases - Marker setting fee	<u>SAT. OVERTIME FEE 450.00</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>25.58</u>
Total Due	<u>2115.58</u>

Paid receipt number 42425 500.00

Balance due 1615.58

1615.58

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 _____

Farlane Brown
Signature 1912-39th St.
Address California 92105
State 264-7213 Zip Code
Telephone

Work Order # E 10184

PY-683 (REV. 8-86)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10184

NOTE

\$ 1615.58 San Diego, California June 25 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Sixteen hundred-fifteen ⁵⁸/₁₀₀ DOLLARS with interest from July 27, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME DARLENE BROWN SIGNATURE Darlene Brown

ADDRESS 1912-39th St. S.D. 92105

CALIFORNIA DRIVER LICENSE NUMBER 50514253 SSN # 447-28-0626

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10184

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BERTRAM	1B. MIDDLE H.	1C. LAST (FAMILY) BROWN	2. DATE OF BIRTH MONTH DAY YEAR 1-00-1922	3. DATE OF DEATH MONTH DAY YEAR 6-24-1992	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 Darlene Brown wife 1912 39th Street San Diego, CA 92105			
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	6A. SIGNATURE OF APPLICANT—Person taking permit <i>Peggy L. Jones</i>			6B. DATE SIGNED 6/26/92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED JUN 26 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A 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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 6/27/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 88-4-3-12	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42425

E 10184

Date: 6-25, 1992

From: Dorlene Brown Address: 1912-39th St 50 CA 92105

Five hundred and 00/100 Dollars (\$ 500.00)

In Part Payment of BARTHEM BROWN SERVICE

Lot 88 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10184

BALANCE DUE 1615.58

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>24.00</u>
60% Sales of Lots	77184	<u>476.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handing Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	60003	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>500.00</u>

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42589

E10184

Date: 8-4, 1992

From Barbara Brown Address: 912 39th St
San Diego 58110

Twelve Hundred Fifty Dollars (\$ 1615.58)

In Payment of Interment of Barbara Brown

Lot 88 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10184

BALANCE DUE 8

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 289

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J. Wait

CREDIT	67007		
20% Sales Care	77184	<u>95</u>	<u>00</u>
60% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>350</u>	<u>00</u>
	77181		
Burial Containers	100	<u>330</u>	<u>00</u>
	77182		
Handling Fee	100	<u>330</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>495</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>25</u>	<u>58</u>
	78390		
TOTAL PAID	\$	<u>1615</u>	<u>58</u>

Pre-need
Lot 1 Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-25-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of TONY LEE & TRESSA LEE

in a 2 VAULTS Funeral, date, time _____
Vault/Line

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 4713 / 4714 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund 2 e \$795.00 1590.00

Additional spaces and care fund _____

Opening/Closing & Setup 2 e \$350.00 700.00

Burial Container 2 e \$200.00 400.00

Handling Fees 2 e \$175.00 350.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 e \$45.00 90.00

Sales taxes 2 e \$15.50 31.00

Total Due 3161.00

Paid receipt number 42426 790.00

Balance due 2371.00

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed. _____

Imogene Lee
Signature
6362 Therk st
Address
San Diego, CA 92115
State Zip Code
(#) 619-287-7245
Telephone

Work Order # **E** 10185

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12009

E-10185

M H C

OWNERSHIP AND INTERMENT PRIVILEGES

TO Tressa & Tony Lee for the sum of \$ 1590.00 (DOLLARS)

LEGAL DESCRIPTION Lots 4713 & 4714, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10185

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:

Monuments in this area should be the same style as monuments in the area.

This is an upright monument area only.

Julian Waits
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 42426

Date: 6-25, 19 92

From: TONY LEE Address: 6362 THORN ST S.D. CA 92115

SEVEN HUNDRED-NINETY / 00/100 Dollars (\$ 790.00)

In PART Payment of PRE-NEED LOT & TRUST

Lot 4723/4724 Grave _____ Row _____ Section _____ Division Block 0

Invoice No. _____

Acct. No. _____

W.O. E 12185

BALANCE DUE 2371.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

700

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>790.00</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>790.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42739

Date: 9-16, 1952

From: Wing Lee Address: 6362 Hill

One Hundred Twenty-Eight Dollars (\$ 128.00)

In Payment of Pre-Need Lot + Trust

Lot 4713 + 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AD-212 (Rev. 1-91)

10/3
10/4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J. White

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>198.00</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>198.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42840

Date: 10-9, 1993

From: Jong Lee Address: 6362 Park St, SD

W. Kelly - Home Dollars (\$ 99.-)

In Payment of Pre-Need Lot + Trust

Lot 4713+4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev 1-81)

1017

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY J. J. [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>99</u>	<u>00</u>
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>99</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42989

Date: 11-13 1992

From: May Lee Address: 6362 Kern St. L.S.

7 Senate Drive 70140 Dollars (\$ 99.00)

In Payment of Pre Need for a Trust

Lot 4713, 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1018

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>99.00</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>99.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 43110

Date: 12-9, 1973

From: My Lee Address: 6362 Juv. St. Sh

Dorothy Rose Dollars (\$ 99.00)

In Payment of Pre-Need Trust + Trust

Lot 4713 14714 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 1-91)

1019

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Watts

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>99 W</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>99 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 43237

Date: 1-13, 1973

From: Don Lee Address: 6367 - Kern Street, W

7 Trinity - Wm 710/100 Dollars (\$ 99.00)

In Payment of Pre-Need Fee & Trust

Lot 4713 + 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61)

1000

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	
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63003	<u>99 W</u>
	8022	
Sales Tax	50101	
	78390	
TOTAL PAID	\$	<u>99 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43353

Date: 2-10, 1993

From: Long Lee Address: 4342 Rhoads St. S.D. 92115

Ninety-nine Dollars (\$ 99.00)

In part Payment of Pre Need Lot + Trust

Lot 4713 + 4714 Grave _____ Row _____ Section _____ Division 10
 Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE \$ 1678.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 1021

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY M. Lopez

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>99</u>	<u>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	50101		
	78390		
TOTAL PAID	\$	<u>99</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43471

Date: 3-10, 19 93

From Ang Lee Address: 6363 Moor St, SA

2 Distant Home Dollars (\$ 99.00)

In Payment of Pre Need Lot - Trust

Lot 4713, 4714 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10785

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>99</u>	<u>W</u>
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101		
76390			
TOTAL PAID	\$	<u>99</u>	<u>W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43588
 E10085

Date: 4-13, 1973

From: Tony Lee Address: 6362 Thorne St. S.D. 92115

Ninety-nine Dollars (\$ 99.00)

In part Payment of Pre Need Lot + Trust

Lot 4713 + 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10185
 BALANCE DUE 1480.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1023

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE

ISSUED BY N. Ferguson

CREDIT	67007		
20% Sales Care	77184	<u>8</u>	<u>00</u>
80% Sales of Lots	77184		
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>91</u>	<u>00</u>
Sales Tax	60101		
	78390		
TOTAL PAID		\$ <u>99</u>	<u>00</u>

43698

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400
Date: 5-12, 1993From: Michael Lee Address: 6362 Thorn St 92115
~~Mindy - mine and \$11.00~~ Dollars (\$ 99-)
In part Payment of preneed lot & Trust
 Lot 4713 & 4714 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E10195BALANCE DUE 1381Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

W.J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>99 -</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>99 -</u>

43819

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

Date: 6-15, 19 93

From: My Lee Address: 6363 Shore St. N

7 Kingsley - 7 June Dollars (\$ 99.00)

In Payment of Pre-Need Fee + Trust

Lot 4713 + 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10145

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE

ISSUED BY J. B. [Signature]

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	
	63033	<u>99.00</u>
	9022	
	60101	
	78390	
TOTAL PAID	5	<u>99.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43912

Date: 7-12, 1993

From: Tom Lee Address: 6363 Thon St. # 9215

Wendy Lee Dollars (\$ 99⁰⁰)

In Payment of Pre-Need Lot & Trust

Lot 4713 + 4714 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1026

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. J. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
	77183		
Pre-Need Trust	63033	<u>99</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>99</u>	<u>00</u>

OFFICIAL RECEIPT

44025



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 8-18, 1993

From: Tony Lee Address: 2362 Horn St. Sd

White-Tone Dollars (\$ 99)

In Payment of Pre-Need Trust

Lot 4713-4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10115

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE

ISSUED BY White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>99</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>99</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT-HOPE CEMETERY
 527-3400

44119

Date: Sept 17, 1993

From: Way Lee Address: 1342 West St St

2000.00 Dollars (\$ 99 -)

In Payment of Ph. - Head Rest - Trust

Lot 4713, 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1029

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		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>99</u>	<u>W</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>99</u>	<u>W</u>

OFFICIAL RECEIPT

44222



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

Date: 10-13, 1993

From: Jerry Lee Address: 6300 Hill St.

10/1/93 Dollars (\$ 99.00)

In Payment of Pre-Need Trust + Trust

Lot 4713 + 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	<u>69.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>99.00</u>

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44352

Date: Nov 15, 1993

From: TONY'S MICHAEL LEE Address: 6362 THORN ST SAN DIEGO 92115

THIRTY-NINE AND 00/100 Dollars (\$ 99.00)

In PAR Payment of PRE-NEED LOT/TRUST

Lot 4713/4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE \$ 787.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

1031

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	<u>99 00</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>99 00</u>

44452

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400
Date: 12-17, 19 93From: TONY LEE Address: 6362 Targa St. S.D. 92115
North side of Targa St Dollars (\$) 99.00
In 2001 Payment of Pre-need lot - trust
 Lot 4713-4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185BALANCE DUE \$ 688.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY John Hedell

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>99.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>99.00</u>

#1033

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3480

44557

Date: 1-19, 19 94

From: TOMMY LEE Address: 6362 THURSDAY ST. S.D. CA 92115

NINETY-NINE AND 00/100 Dollars (\$ 99.00)

In Pre Payment of Pre-need Lot & Trust

Lot 4713-4714 Grave _____ Row _____ Section _____ Division Block 0

Invoice No. _____

Acct. No. _____

W.O. E-10-85

BALANCE DUE 6589.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
60% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		99 00
Sales Tax	60101		
	78390		
TOTAL PAID	\$		99 00

1034

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44627

Date: 2/14, 19 92

From: Michael Lee Address: 6362 Tross St. S.D. CA 92115

Twenty-nine and 00/100 Dollars (\$ 99.00)

In Part Payment of Pre-need lots on trust

Lot 4713/14 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10135

BALANCE DUE 490.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

E1035

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
90% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>99 00</u>
Sales Tax	9022	
TOTAL PAID	60101	<u>99 00</u>
	78390	

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44740

Date: 3-18, 1974

From: TONY LEE Address: 6362 THORN ST. S.D. 72115

NINETY-NINE ⁰⁰/₁₀₀ Dollars (\$ 99.00)

In PART Payment of PRE NEED + TRUST

Lot 4713 & 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 1036

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR

MAR 23 1974

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	<u>77</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	83033		
Trust	8022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>99</u>	<u>00</u>

44937

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

Date: 5-12, 1994

From: Joseph Lee Address: 6365 Kono St, SA 92115In: One Hundred Twenty Eight Dollars (\$ 198) Payment of: Pre Need TrustLot 4713 + 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE _____

Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-312 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY J. W. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	198.00
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	198.00

1037 11039

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

46080

MOUNT HOPE CEMETERY

527-3400

Date: April 3, 19 95

From: Trusa & Sons, Inc Address: 6343 Thorn St. S.D. CA 92115

Trinity Home & Co Dollars (\$ 99.00)

In _____ Payment of Pre-Need Lot & Trust

Lot 4713 + 4714 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE \$ 94.00

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	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>99.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>99.00</u>

ISSUED BY M Clark

1550

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46234

Date: May 17, 19 95

From: Wanda & Jerry Lee Address: 10362 Norm St. S.D. CA 92115

In Twenty four & 00/100 Dollars (\$ 94 00)

Payment of Pre-Need Lot & Trust (2)

Lot 47134 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10185

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94) \$1576

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J.P. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>94</u>	<u>00</u>
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>94</u>	<u>00</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lots & Trust
E-10185

Tony & Tressa Lee
6362 thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before,
due date above



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lots & Trust**
E-10185

Tony & Tressa Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								X			

Amount due when paid on, or before,
due date above.



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lots & Trust

E-10185

Tony & Tressa Lee

6362 thorn Street

San Diego, CA 92115

Month and Day Due indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before,
due date above.



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lots & Trust**
E-10185

Tony & Tressa Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								X			

Amount due when paid on, or before,
due date above.



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Pre-Need Lots & Trust
E-10185**

**Tony & Tressa Lee
6362 thorn Street
San Diego, CA 92115**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before,
due date above



\$ **99.00**

Amount due if paid more than _____ days
after due date above



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lots & Trust**
E-10185

Tony & Tressa Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								X			

Amount due when paid on, or before,
due date above.



99.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lots & Trust
E-10185

Tony & Trenga Lee
6362 thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before,
due date above.



\$ **99.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lots & Trust**
E-10185

Tony & Tressa Lee,
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								X			

Amount due when paid on, or before,
due date above.



\$ **99.00** _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Pre-Need Lots & Trust
E-10185**

**Tony & Tressa Lee
6362 thorn Street
San Diego, CA 92115**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,
due date above.



\$ **99.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **99.-**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lots & Trust**
E-10185

Tony & Tréssa Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								X			

Amount due when paid on, or before,
due date above.



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

**Pre-Need Lots & Trust
8-10185**

**Tony & Trasse Lee
6362 thorn Street
San Diego, CA 92115**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before,
due date above



\$ **99.00**

Amount due if paid more than _____ days
after due date above



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Paid Lots & Trust**
E-10185

Tony & Tressa Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								X			

Amount due when paid on, or before
due date above



99.00

\$ _____

Amount due if paid more than _____ days
after due date above



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Naed Lots & Trust
E-10185

Tony & Tressa Lee

6362 thorn Street

San Diego, CA 92115

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before,
due date above.



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Head Lots & Trust**
E-10185

Tony & Tressa Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								X			

Amount due when paid on, or before,
due date above.



\$ **99.00** _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Wood Lots & Trust
E-10185

Tony & Tressa Lee
6362 Chora Street
San Diego, CA 92115

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before, due date above.



\$ 99.00

Amount due if paid more than _____ days after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pro-Rend Lots & Trust**
E-10185

Tony & Treasa Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								X			

Amount due when paid on, or before,
due date above.



99.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Loan & Trust
8-10185

Tony & Tracie Lee
6362 thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before,
due date above.



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lots & Trust**
E-10185

Tony & Treasa Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								X			

Amount due when paid on, or before,
due date above.



99.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Ward Lots & Trust
B-10163

Tony & Truena Lee

6362 Thorn Street

San Diego, CA 92115

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before,
due date above



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Seed Lots & Trust**
E-10185

Tony & Treva Lee
6362 Thorn Street
San Diego, CA 92115

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								X			

Amount due when paid on, or before,
due date above.



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Wood Lots & Tract**
8-19185

Tony & Tranga Lee
6362 thorn Street
San Diego, CA 92115

Month and Day Due indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,
due date above.



\$ 99.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address



NAME LEE, Tressa & Tony

287-7245

ACCT. NO.

ADDRESS 6362 Thorn Street, S.D. 92115

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
5-92	Pre Need Lot & Trust Opened				
	Lots 4713 and 4714, Division 10				
	2 @ \$795.00	1590.00			
	Trust opened for Two (2) O/C; Two (2) T. S. Vaults;				
	Two (2) handling fees; Two (2) Recording fees;				
	Two (2) sales tax	1571.00			3161.00
6-25-92	Receipt #42426 (down payment)			790.00	2371.00
9-16-92	Coupon #1, rec # 42739			197.00	2173.00
10-9-92	Coupon #2, rec # 42840			99.00	2074.00
11-13-92	Coupon #3, rec # 42989			99.00	1975.00
12-9-92	Coupon #4, rec # 4310			99.00	1876.00
1-9-93	Coupon #5, rec # 43237			99.00	1777.00
2-10-93	Coupon #6, rec # 43353			99.00	1678.00
3-10-93	Coupon #7, rec # 43471			99.00	1579.00
4-13-93	Coupon #8, rec # 43588			99.00	1480.00
5-12-93	Coupon #9, rec # 43698			99.00	1381.00



NAME

ACCT. NO.



ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					130.00
6-15-93	Coupon #10, rec # 43819			99.00	128.00
7-12-93	Coupon #11, rec # 43912			99.00	118.00
8-18-93	Coupon #12, rec # 44025			99.00	108.00
9-17-93	Coupon #13, rec # 44119			99.00	98.00
10-13-93	Coupon #14, rec # 44222			99.00	88.00
11-15-93	Coupon 15, rec # 44352			99.00	78.00
12-17-93	Coupon 16, rec # 44450			99.00	68.00
1-19-94	Coupon 17, rec # 44557			99.00	58.00
2-14-94	Coupon 18, rec # 44627			99.00	49.00
3-12-94	Coupon 19, rec # 44740			99.00	39.00
5-12-94	Coupon 20 + 21, rec # 44937			198.00	19.00
4-4-95	Rec # 44080			99.00	94.00
5-17-95	Rec # 44234			94.00	0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-25-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Austin

in a _____ Vault/Line Funeral, date, time MON 6/29

Church, Chapel, Graveside _____; BERGE-ROBERTS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 108 Grave 6 Row _____ Section 1 Division Block 11

Grave space & Care Fund PRE-DEED E-4096 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____

*Diana Austin
Granddaughter*

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10186

PV-593 (REV. 8-85)

Invoice # _____

Acct. # _____

MT-HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-26-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sakeena Zofir Walker

in a _____ Vault/Liner _____ Funeral, date, time Tues. 6/29th 2:00 P.M.

Church, Chapel, Graveside CHAPEL/G.S. ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO Casket Size: L-35"
W-15 1/2" H-12"

Lot 3781 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 75.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 220.00

Paid receipt number 43114 220.00

Balance due 0

30 DAY NOTE

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Jana Wilson

Address 4091 Texas St. #5

City San Diego, CA 92104

State _____

Telephone 692-0182

Zip Code _____

Work Order # E 10187

PR 593 (REV. 8-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10187

NOTE

\$ 220.00 San Diego, California June 26 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Two hundred-twenty and 00/100 DOLLARS with interest from July 29, 1998 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME LENA Wilson SIGNATURE Lena Wilson
ADDRESS 0091 Texas St. #5 San Diego, Ca. 92104
CALIFORNIA DRIVER LICENSE NUMBER CD 50325355 SSN # 570-84-5896

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E 10187
No 43114

Date: 12-10, 1990
From: Lena Wilson Address: 1728 31st St LA 92102
Two Hundred Twenty Dollars (\$ 220.00)
In _____ Payment of Sakana Walker Interment

Lot 3781 Grave _____ Row _____ Section 1 Division 9 Block 9

Invoice No. _____
Acct. No. _____
W.O. E-10187
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Com	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	100	<u>10</u>	<u>00</u>
77164		<u>45</u>	<u>00</u>
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185		<u>45</u>	<u>00</u>
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>220</u>	<u>00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY J. Carb

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10187

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Sakeena	1B. MIDDLE Zafir	1C. LAST (FAMILY) Walker	2. DATE OF BIRTH MONTH, DAY, YEAR 2-26-92	3. DATE OF DEATH MONTH, DAY, YEAR 6-22-92	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 Lena Walker Anderson— Mother 4091 Texas St. Apt. 5 San Diego, CA 92104			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			6B. DATE SIGNED 6-26-92

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed 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 JUN 29 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6-30-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Kathy M. Pineda
to them 6/26/92

Kathy M. Pineda
Dir to family 6/26/92
No paperwork ever
to use

Pinned
Trust

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 6-26-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louis C. Jones in a Liner Vault/Liner Funeral, date, time _____ Church, Chapel, Graveside _____ Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 127 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pinned E7291 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 11.63

2 @ \$30.00
1 @ \$11.63

Total Due 701.63

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X _____
Signature
X _____
Address
X _____
State _____ Zip Code _____
X _____
Telephone

Work Order # **E 10188**
PY-683 (REV. 8-80)

Invoice # _____

Acct. # _____

88101-2

E10188

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 26th day of June, 1992, between Louis C. Jones, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 127, Grave 2, Row , Section 2, Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$701.63, payable as follows: \$ 0 cash herewith, the receipt of which is hereby acknowledged; \$30.00 on the 10th day of July, 1992; and the balance in installments of \$ 30.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This Agreement described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

E10188

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS
ESTABLISHED FOR:

2 @ \$30.00
1 @ \$11.63

Louis C. Jones
Name

3158 Valle Ave
Address

San Diego, CA 92113

PURCHASER

Louis C. Jones
Print Name

X [Redacted Signature]
Signature

3158 Valle Ave
Street Address (Mail)

San Diego, CA 92113
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Wendy Jo League

SLW:st(62-1)
1-23-90

*Preneed Job
and Trust
Deed mailed*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-26-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John C. Rinehart / Eunice F. Rinehart

in a Double Crypt Vault/Line Funeral, date, time _____

Church, Chapel, Graveside Lorenza Van Neys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes WWII

Lot 1739 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund		_____
Opening/Closing & Setup	<u>2 @ 350.00</u>	<u>700.00</u>
Burial Containers		<u>330.00</u>
Handling Fees		<u>320.00</u>
Flower vases - Marker setting fee		_____
Recording and filing fee	<u>2 @ 45.00</u>	<u>90.00</u>
Sales taxes		<u>25.58</u>

PAID
JUN 26 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 2260.58

Paid receipt number 42435 2260.58

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

Eunice F. Rinehart
Signature
13707 Hart, No 12
Address
Van Neys, CA 91405
City
818 781-7537
Telephone

Work Order # **E** 10189
PV-583 (REV. 5-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E 10189
No 42435

Date: 6-26, 1992

From: John C/Conice F. Reinhart Address: 13707 Hart No. 12 Van Nuys, CA 91405

Two thousand two hundred sixty five Dollars (\$ 2260.58)

In Full Payment of Purchased lot + trust

Lot 1739 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10189

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>139</u>
80% Sales of Lots	100	<u>636</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>1465</u>
9022		<u>58</u>
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>2260 58</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

182

ISSUED BY W.J. League



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E10189
No 11842

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO John C. and Eunice F. Rinehart for the sum of \$ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1739, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10189

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24". Flat Marker Only

Wendy Jo League
Cemetery Manager

Paul Sullivan
Property Director

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-26-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Price

in a T.S. Vault Funeral, date, time Tues 6/30 11 AM
Church, Chapel, Graveside Direct Burial / 10¹⁰ Mortuary Greenwood ARRIVE 10:30

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

✓ Lot _____ Grave 39 Row 6 Section 6 Division/Block 7

Grave space & Care Fund Pre-need #9153 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 200.00

Handling Fees _____ 175.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 15.50

Total Due 785.50

Paid receipt number 42438 785.50

Balance due _____

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature J. Lynn Burgess

Address 9452 MEDINA DR.

State STATE OF CA.

Telephone 562-0970

Zip Code 92071

Work Order # E 10190

PI-593 (REV. 8-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E 10190
 No 42438

From Alan Burgess Address: 9452 Medina Dr, San Diego 92171
Allen Funeral Exp. Five 50/100 Dollars (\$ 785.50)
 In _____ Payment of Grave Price Interment

Lot — Grave 39 Row 6 Section 6 Division 7
 Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-10190
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

3280

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/ Closing	77184	<u>350</u>	<u>00</u>
Burial Containers	100	<u>200</u>	<u>00</u>
Handing Fee	77185	<u>175</u>	<u>00</u>
Recording & Misc Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
Sales Tax	60101	<u>15</u>	<u>00</u>
	78380		
TOTAL PAID	\$	<u>785</u>	<u>50</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10190

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Annie	1B. MIDDLE Sopie	1C. LAST (FAMILY) Price	2. DATE OF BIRTH MONTH DAY YEAR 04-06-1917	3. DATE OF DEATH MONTH DAY YEAR 06-24-1992	4. SEX F
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jo Ann Burgess: Daughter 9452 Endina Drive Santee, CA 92071	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: 1-805 & Imperial Avenue San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-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 <i>[Signature]</i>	
				8B. DATE SIGNED 6-30-92	

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 JUN 30 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED 6-30-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E10190

Mt. Hope Cemetery
The City of San Diego, California

Nº 5087

DEED

For and In Consideration of the sum of Twenty-five and no/100 Dollars, receipt whereof is hereby acknowledged, the City of San Diego, through its City Manager, hereby grants to

Annie S. Dayee
P. O. Box 916
Encanto, Calif.

the following described property situate and being in Mt. Hope Cemetery in the City of San Diego, in the County of San Diego, State of California, more particularly described as follows: Lot thirty-nine (39)

Row six (6) Section six (6) Division seven (7)

according to a map of said cemetery surveyed under the supervision of the City Engineer, San Diego, California

filed in the office of the County Recorder of San Diego County, on the _____ day of _____ 19____, and recorded in Book _____ of Maps, Page _____; to be held for cemetery purposes, subject to the rules and regulations of the Cemetery Division of the Park Department now in force or hereafter to be adopted by said Cemetery Division or by the City Manager of the City of San Diego.

Said lot or parcel of land hereinabove described is granted with the express right in the grantee to perpetual care thereof by and at the expense of the Cemetery Division of the City of San Diego. It is expressly understood, however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, headstone, pavement, vault or any improvement of a like nature that is already, or may hereafter be erected or placed on said lot or plat or parcel of land, but that the said Annie S. Dayee and his representatives, executors, administrators, heirs and assigns shall at their own expense cause all such repairs to be made when needed and when requested to do so by the Park Director or the City Manager, as the case may be.

If no interment has been made in said lot or parcel of land then the grantee may resell the same subject to the rules and regulations of the Cemetery Division heretofore adopted and now in force, or subject to such rules and regulations which may hereafter be adopted by said Cemetery Division or the City Manager of The City of San Diego; such sales, however, shall be made only with the written consent of the City Manager or the Director of Parks, and upon a re-sale contrary to the provisions of this deed, or the rules and regulations hereinabove mentioned, said lot or parcel of land shall revert to the Cemetery Division of the Park Department of The City of San Diego.

If no interment has been made in said lot or parcel of land, then the same may be disposed of only pursuant to the provisions of the laws of the State of California, and the rules and regulations of the Cemetery Division of the Park Department of The City of San Diego.

In Witness Whereof, The City Manager of The City of San Diego has caused this deed to be executed by the Director of Parks of the said City, this 5th day of May 1947

THE CITY OF SAN DIEGO
W. Allen Perry
Park Director

STATE OF CALIFORNIA, } ss.
CITY OF SAN DIEGO, }

On this 5th day of May 1947 before me Patrick J. Duffy

a Notary Public in and for said County, personally appeared W. Allen Perry known to me to be the Park Director of The City of San Diego, who acknowledged to me that he executed the same. WITNESS my hand and official seal the day and year in this acknowledgment first above written.

FORM 374

My Commission Expires July 5, 1949

Patrick J. Duffy
Notary Public in and for the County of San Diego, State of California.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre Need Lots
~~to [unclear]~~

Date 6-28-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARBARA HORNER + CHARLES HORNER

in a Double Depth Crypts Vault/Urns 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 will be applied and billed to undersigned. War time veteran _____

Lot 144 Grave 1+2 Row _____ Section 51 Division/~~Block~~ 11

Grave space & Care Fund 2 @ \$695.- 1390.00

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 1390.00

Paid receipt number 42595 348.00

Balance due 1042.00

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 _____

Barbara Horner
Signature
460 Inkopah st
Address
Chula Vista 91911
State Zip Code
4821306
Telephone

Work Order # **E 10191**

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____



E 10191
No 42595

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 8-6, 1992

From: Charles L. Horne Address: 4400 Maple St, CV 91711

Three Hundred Forty Eight Dollars (\$ 348.⁰⁰)

In Payment of Pre Need Trust

Lot 144 Grave 1 + 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10191

BALANCE DUE \$1042.⁰⁰

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>348.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	60101	\$ <u>348.00</u>
	78390	

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42869

Date: 10-20- 19 92

From: Barbara & Charles Hanner Address: 460 N. HOPE DR, Chula Vista, 91911

Eighty six and 00/100 Dollars (\$ 86.00)

In part Payment of pre-need lots - Coupon 142

Lot 144 Grave 142 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 10191

BALANCE DUE 956.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY N. J. Teague

CREDIT	67007		
20% Sales Com	77184		
20% Sales of Lots	100	<u>86</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	60033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>86</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 42914

Date: 11-3- 19 92

From: Barbara Horner Address: 3427 Winnetka Drive

Nine hundred fifty-six and xx/100 Dollars (\$ 956.-)

In Full Payment of PRENEED TRUSTS

Lot 144 Grave 142 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 10/91

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1554

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184	<u>278</u>	<u>-</u>
80% Sales of Lots	100	<u>678</u>	<u>-</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>956</u>	<u>-</u>

Send or bring one coupon with each remittance **COUPON**

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *PRENEED LOTS* *E-10191*

HORNER, BARBARA & CHARLES

460 INKOPAH ST.

CHULA VISTA, CA 91911

(144 - 1 & 2 - 1 - 11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										X	

Amount due when paid on or before
due date above.



\$ 43.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 43.00

NAME Horner, Barbara-Charles

ADDRESS 460 Inkopah St

CITY Chula Vista STATE CA ZIP 91911

(✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *PRENEED LOTS*

E-10191

HORNER, BARBARA & CHARLES

460 INKOPAH ST.

CHULA VISTA, CA 91911

(144 - 1 & 2 - 1 - 11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										X	

Amount due when paid on, or before,
due date above.



\$ 43.00

Amount due if paid more than _____ days
after due date above



\$ _____

\$ _____

Amount Received

\$ 43.00

NAME Horner Barbara Charles

ADDRESS 460 Inkopah St

CITY Chula Vista STATE CA ZIP 91911

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOTS E-10191**

HORNER, BARBARA & CHARLES

460 INKOPAH ST.

CHULA VISTA, CA 91911

(144 - 1 & 2 - 1 - 11)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
										X	

Amount due when paid on, or before,
due date above.

\$ 43.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOTS E-10191**

HORNER, BARBARA & CHARLES]

460 INKOPAH ST.

CHULA VISTA, CA 91911

(144 - 1 & 2 - 1 - 11)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
										X	

Amount due when paid on, or before,
due date above.

\$ 43.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *PIENEED LOTS*

E-10191

*HORNER, BARBARA & CHARLES**460 INKOPAH ST.**CHULA VISTA, CA 91911**(144 - 1 & 2 - 1 - 11)*

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									•	X	

Amount due when paid on, or before,
due date above\$ 43.00Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *PIENEED LOTS*

E-10191

*HORNER, BARBARA & CHARLES**460 INKOPAH ST.**CHULA VISTA, CA 91911**(144 - 1 & 2 - 1 - 11)*

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										X	

Amount due when paid on, or before,
due date above\$ 43.00Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON****8****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. *PRENEED LOTS* *E-10191**HORNER, BARBARA & CHARLES**460 INKOPAH ST.**CHULA VISTA, CA 91911**(144 - 1 & 2 - 1 - 11)***Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									<i>3</i>	<i>X</i>	

Amount due when paid on, or before,
due date above.\$ *43.00*Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new addressSend or bring one coupon with each remittance **COUPON****7****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. *PRENEED LOTS* *E-10191**HORNER, BARBARA & CHARLES**460 INKOPAH ST.**CHULA VISTA, CA 91911**(144 - 1 & 2 - 1 - 11)***Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										<i>X</i>	

Amount due when paid on, or before,
due date above.\$ *43.00*Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOTS E-10191**

HORNER, BARBARA & CHARLES

460 INKOPAH ST.

CHILA VISTA, CA 91911

(144 - 1 & 2 - 1 - 11)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										X	

Amount due when paid on, or before,
due date above.



\$ **43.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOTS E-10191**

HORNER, BARBARA & CHARLES

460 INKOPAH ST.

CHILA VISTA, CA 91911

(144 - 1 & 2 - 1 - 11)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										X	

Amount due when paid on, or before,
due date above.



\$ **43.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance**COUPON****12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOTS E-10191****HORNER, BARBARA & CHARLES****460 INKOPAH ST.****CHILA VISTA, CA 91911****(144 - 1 & 2 - 1 - 11)**

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									X	X	

Amount due when paid on, or before
due date above.\$ **43.00**Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

 check (✓) if this is new addressSend or bring one coupon with each remittance**COUPON****11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOTS E-10191****HORNER, BARBARA & CHARLES****460 INKOPAH ST.****CHILA VISTA, CA 91911****(144 - 1 & 2 - 1 - 11)**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
										X	

Amount due when paid on, or before
due date above.\$ **43.00**Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRINTED LOTS E-10191**

HORNER, BARBARA & CHARLES

460 INKOPAH ST.

CIBOLA VISTA, CA 91911

(144 - 1 8 2 - 1 - 11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										X	

Amount due when paid on, or before,
due date above



\$ 43.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRINTED LOTS E-10191**

HORNER, BARBARA & CHARLES

460 INKOPAH ST.

CIBOLA VISTA, CA 91911

(144 - 1 8 2 - 1 - 11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										X	

Amount due when paid on, or before,
due date above



\$ 43.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRINTED LOTS E-10191**

**HORNER, BARBARA & CHARLES
460 INDIAN ST.
CIBOLA VISTA, CA 91911
(144 - 1 8 2 - 1 - 11)**

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
										X	

Amount due when paid on, or before, due date above.  \$ 43.00

Amount due if paid more than _____ days after due date above.  \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**


DO NOT MAIL ENTIRE BOOK


ACCOUNT No. **PRINTED LOTS E-10191**

**HORNER, BARBARA & CHARLES
460 INDIAN ST.
CIBOLA VISTA, CA 91911
(144 - 1 8 2 - 1 - 11)**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
										X	

Amount due when paid on, or before, due date above.  \$ 43.00

Amount due if paid more than _____ days after due date above.  \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

FRANKED LOIS

E-10191

HORNBER, BARBARA & CHARLES

460 INOCUPI ST.

CERRA VISTA, CA 91911

(144 - 1 8 2 - 1 - 11)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
										X	

Amount due when paid on, or before,
due date above.

\$ 43.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

FRANKED LOIS

E-10191

HORNBER, BARBARA & CHARLES

460 INOCUPI ST.

CERRA VISTA, CA 91911

(144 - 1 8 2 - 1 - 11)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										X	

Amount due when paid on, or before,
due date above.

\$ 43.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**


DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRINTED LOTS E-10191**
HERNER, BARBARA & CHARLES
460 INKOPAH ST.
CIRLA VISTA, CA 91911
(144 - 142 - 1 - 11)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
										X	

Amount due when paid on, or before, due date above.  \$ 43.00

Amount due if paid more than _____ days after due date above.  \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address


Send or bring one coupon with each remittance **COUPON 19**


DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRINTED LOTS E-10191**
HERNER, BARBARA & CHARLES
460 INKOPAH ST.
CIRLA VISTA, CA 91911
(144 - 142 - 1 - 11)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										X	

Amount due when paid on, or before, due date above.  \$ 48.00

Amount due if paid more than _____ days after due date above.  \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOTS E-10191****BORNER, BARBARA & CHARLES****460 INNOVATION ST.****CHULA VISTA, CA 91911****(144 - 1 6 2 - 1 - 11)**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
									X		

Amount due when paid on, or before,
due date above.\$ 43.00Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

 check (✓) if this is new addressSend or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOTS E-10191****BORNER, BARBARA & CHARLES****460 INNOVATION ST.****CHULA VISTA, CA 91911****(144 - 1 6 2 - 1 - 11)**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										X	

Amount due when paid on, or before,
due date above.\$ 43.00Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

FRENED LOIS

E-10191

BURNER, BARBARA & CHARLES

660 INDIAN ST.

CHULA VISTA, CA 91911

(144 - 1 8 2 - 1 - 11)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
										X	

Amount due when paid on, or before,
due date above

\$ 53.00

Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

FRENED LOIS

E-10191

BURNER, BARBARA & CHARLES

660 INDIAN ST.

CHULA VISTA, CA 91911

(144 - 1 8 2 - 1 - 11)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
										X	

Amount due when paid on, or before,
due date above

\$ 43.00

Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

 check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/29/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARLINE FOSSUM

in a Linear Funeral, date, time Wed, 7/1 11:00 AM

Church, Chapel, Gravesite GRAVESIDE Mortuary ERICKSON-ANDERSON

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 195D Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 150.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 11.63

Total Due 1496.63

Paid receipt number 42131 1496.63

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 _____

Edward Q Fossom
Signature
7328 TURNFORD DR
Address
S.D. CA 92119
State Zip Code
697-2544
Telephone

Work Order # **E** 10192

PY-593 (REV. 9-85)

Invoice # _____

Acct. # _____

E10192
No 42436

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-29, 1992

From: Edward Fossum Address: 7328 Waverly Dr, SD 92115

Four Thousand Twenty Six Dollars (\$ 14,966.63)

In Payment of Interment of Marlene Fossum

Lot 1950 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10192

BALANCE DUE 8

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

2593

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>159.00</u>
80% Sales of Lots	100	<u>636.00</u>
77184		
Opening/Closing	100	<u>350.00</u>
77181		
Burial Containers	100	<u>150.00</u>
77182		
Handling Fee	100	<u>145.00</u>
77185		
Recording & Misc. Fees	100	<u>45.00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>11.63</u>
78390		
TOTAL PAID	\$	<u>1496.63</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10192

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Maurine	1B. MIDDLE Elizabeth	1C. LAST (FAMILY) Fossun	2. DATE OF BIRTH MONTH, DAY, YEAR Jan. 29, 1915	3. DATE OF DEATH MONTH, DAY, YEAR June 26, 1992	4. SEX Female
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT. Edward Fossun (Husband) 7328 Turnford Rd. San Diego, CA 92119		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Erickson-Anderson Mortuary 8390 Allison Ave La Mesa, CA 91941		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F296	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED <i>Edward Fossun</i> June 30, 1992		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED JUN 30 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Roney, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<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 92101	11B. DATE BURIED 7-1-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Fortague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/29/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Danelle Felton

in a Linea Funeral, date, time thurs, 7/2 1:00pm

Church, Chapel, Graveside Church of Jesus - Calif Brevard Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 114 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.-

Burial Container 150.-

Handling Fees 145.-

Flower vases - Marker setting fee

Recording and filing fee 45.-

Sales taxes 11.63

Total Due 1396.63

Paid receipt number 42443 349.63

Balance due 42534 1047.00
807.00
240.00

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 _____

Signature A. D. Mooney

Address 5605 KELTON PL

State CA. 92114

Zip Code

Telephone 262-7677

Work Order # E 10193

Invoice # 208206

Acct. # 074947

MT. HOPE CEMETERY

W.O. # E-10193

NOTE

\$ 1047- San Diego, California 6/29 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Forty Seven and 50/100 DOLLARS with interest from AUGUST 2 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME GERARD D. MILLER SIGNATURE A.D. Miller

ADDRESS 5005 KELTON PL S.D. CA. 92114

CALIFORNIA DRIVER LICENSE NUMBER N4517191 SSN # 547-98-9191

E 10193
No 42443

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-29, 1992

From: George Miller Address: 5605 Kellen Pl. So 92114

Three Hundred Forty-Nine Dollars (\$ 349.63)

In Payment of Interment of Lonnie Fisher

Lot 114 Grave 3 Row _____ Section 3 Division 12
Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10193

BALANCE DUE \$1047.-

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

254

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	60333	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>349.63</u>

0007193
29 63

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E-10193
 No 42534

Date: 7-17, 1992

From: Arnold Miller Address: 5605 Kelton Pl., SD 92114
Eight Hundred Seven 00/100 Dollars (\$ 807.00)
 in Payment of Interment of Lanelle Felton

Lot 114 Grave 3 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10193

BALANCE DUE \$240.-

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>139.00</u>
80% Sales of Lots	77184	<u>206.37</u>
Opening/Closing	100	<u>350.00</u>
Burial Containers	77182	<u>111.23</u>
Handling Fee	77185	_____
Recording & Misc Fees	77183	_____
Pre-Need Trust	63033	_____
	9022	_____
Sales Tax	60101	_____
	78300	_____
TOTAL PAID	\$	<u>807.00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10193

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Danelle	1B. MIDDLE Esther	1C. LAST (FAMILY) Kelton	2. DATE OF BIRTH MONTH DAY YEAR 1/29/1957	3. DATE OF DEATH MONTH DAY YEAR 6/29/1992	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 Gerald Miller-Brothert 5605 Kelton Place San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 7/1/92	

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 JUL 0 2 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	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 AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-2-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/29/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Frank Lorenz R.F.
 in a Final Double Death Funeral, date, time Thurs 7/2 10:00 AM

Church, Chapel, Graveside Del. + Witness Featherdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot _____ Grave 51 Row 8 Section 6 Division/~~Block~~ 7

Grave space & Care Fund Pre-Paid _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 350. = 700.00 350.00

Burial Container _____ 330.00 170.00

Handling Fees _____ 320.00 145.00

Flower vases - Marker setting fee JUL 0 2 1992 _____ 0.00

Recording and filing fee 2 @ 45. = 90.00 _____ 45.00

Sales taxes _____ 25.58 13.18

PAID
 JUL 0 2 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

8700.00 350.00
330.00 170.00
320.00 145.00
90.00 45.00
25.58 13.18
923.18

Paid receipt number 42450 583.35 583.35

Balance due 0

I hereby certify I am the Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Ruth W. Lorenz
 Address 4389 Pomona
 State Calif Zip Code 91941-6016
 Telephone (619) 469-5264

Invoice # _____

Acct. # _____

Work Order # **E** 10194

Mortuary will check

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E10194
 No 42450

From: Ruth Lorenz Address: 4389 Pacific Terrace 91541
East Hundred Eighty-Third Dollars (\$ 882.23)
 In _____ Payment of Interment of Frank Lorenz

Lot — Grave 57 Row 8 Section 6 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-10194

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1637
 and 5268

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY

[Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	100	350
Burial Containers	100	182.23
Handling Fee	100	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	350.00
Sales Tax	9022	
TOTAL PAID	50101	882.23
	78390	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E10194
 No 42453

Date: July 2, 19 92

From: Featherhill Mortuary Address: 70322 El Camino Blvd S.D. 92115
Five hundred eighty-three and 35/100 Dollars (\$ 583.35)

In Full Payment of Final Location Interment

Lot 5000 Grave 51 Row 8 Section 6 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-10194
 BALANCE DUE Ø

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	<u>147 77</u>
	77182	
Handling Fee	100	<u>320 00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>45 -</u>
Sales Tax	9022	
	80101	<u>25 58</u>
	78390	
TOTAL PAID	\$	<u>583 35</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 2275
5144

ISSUED BY [Signature]

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10194

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) FRANK	1B. MIDDLE JOSEPH	1C. LAST (FAMILY) LORENZ	2. DATE OF BIRTH MONTH DAY YEAR APR 7 1920	3. DATE OF DEATH MONTH DAY YEAR JUN 27 1992	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 Lorenz, ex-wife 4389 Pomona Ave. La Mesa, CA 92041		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MONTUARY 6322 EL CAJON BLVD., SAN DIEGO, CA.		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083	8A. SIGNATURE OF APPLICANT—Person (only 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 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 JUN 30 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186		9E. 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.	11B. DATE BURIED 7-2-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need Trust for:

Date 6/29/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JERALDINE I. DORSEY Southward

in a _____ Vault/Liner _____ Funeral, date, time _____
Church, Chapel, Graveside _____ GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 7 Grave 889 Row _____ Section 7 Division/~~Block~~ 5

Grave space & Care Fund Pre-Need 0

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ \$350 700.00

Burial Container Pre-Need w/ Greenwood _____

Handling Fees 2 @ \$175 350.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ 45 90.-

Sales taxes _____

*pd in full
8-4-92*

Total Due 1140.-

Paid receipt number 42142 285.-

874 4250 Balance due 855.-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Jeraldine Southward
Signature
22160 Cliff St
Address
San Diego CA 92114
State
619-298-5818
Telephone
Zip Code

Signature of recorded holder of deed _____

Work Order # **E** 10195

PY-593 (REV. 8-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E 10195
 No 42442

Date: 6/29/92, 1992

From Beardline + Dorsey Southward Address: 2216 Cliff St LA

2000 Hundred Fifty five Dollars (\$ 295.-)

In Payment of Pre-Need Trust

Lot 7 Grave 989 Row 1 Section 7 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-10195

BALANCE DUE \$ 295.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 215

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

014319

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>285 W</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>285 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E 10195
 No 42588

From: Murkin & Sons, Southwood Address: 2216 Cliff St, SD Date: 8-4, 1993
Eight Hundred Fifty-Five Dollars (\$ 755)
 In _____ Payment of Pre-Need Trust

Lot 7 Grave 8+9 Row _____ Section 7 Division Block 5

Invoice No. _____
 Acct. No. _____
 W.O. E-10195
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. V. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>755 w</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>755 w</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 1-91) 225

E 10195
No 43271

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-22, 1993

From: Patricia Oliver Address: 3339 7th Street Dr, La Mesa

Four Hundred Twenty Seven and 2/10 Dollars (\$ 427.20)

In _____ Payment of Pre-Need Fee

008061

Lot 94 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10194

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

266

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. Witt

CREDIT	67007	
20% Sales Care	77184	139.00
80% Sales of Lots	100	360.00
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	60033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	499.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/30/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FRANCES Dievendorf PP

in a T.S. Vault Funeral, date, time Mon 7-6 10:00 AM

Church, Chapel, Graveside Church / G.S. Graham Hill / Hummel Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 21 Grave 13 Row _____ Section 1 Division/~~Block~~ 3

Grave space & Care Fund Per Deed _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 200.00

Handling Fees _____ 175.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 15.50

PAID
 JUL 02 1992
 MT. HOPE CEMETERY
 CITY of SAN DIEGO, CALIF

Total Due _____ 785.50

Paid receipt number 42456 785.50

Balance due 0

*FRANCES VIGORIS
 (570) 462-1808*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 10196**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E 10196
 No 42456

Date: 7-2, 1992

From: Francis Vegas Address: 3170 Gulf View St, Palmdale CA 91354

Seven Hundred Eighty-Five and 50/100 Dollars (\$ 785.50)

In _____ Payment of Interment of Francis Dievenickoff

Lot 21 Grave 13 Row _____ Section 1 Division Block 3

Invoice No. _____

Acct. No. _____

W.O. E-10196

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184	<u>350</u>	<u>00</u>
Burial Containers	100	<u>200</u>	<u>00</u>
Handling Fee	77185	<u>175</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	83033		
Sales Tax	9022	<u>15</u>	<u>50</u>
	50101		
	78390		
TOTAL PAID	\$	<u>785</u>	<u>50</u>

134

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10196

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) FRANCES	1B. MIDDLE JOSEPHINE	1C. LAST (FAMILY) DIEVENDORFF	2. DATE OF BIRTH MONTH, DAY, YEAR 2-18-1913	3. DATE OF DEATH MONTH, DAY, YEAR 6-29-1992	4. SEX F
5A. CITY OF DEATH Pleasanton		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Alameda		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Frances Vigus - Daughter 3170 Gulf Stream Pleasanton, Ca. 94588	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Graham-Hitch Mortuary 675 St. John St. Pleasanton, Cs.			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F429		8A. SIGNATURE OF APPLICANT—Person being permitted <i>Peggy Rodriguez</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 7-1-92		

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 7-1-1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT AR 89171
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 499-5th St. Oakland, 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.		
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 (UNCLUEB-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.	11B. DATE BURIED 7-6-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>metal sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/30/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Patsy Oliverio AND SUSAN KNUTSON

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 94 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 695.00

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 695.00

Paid receipt number 42445 100.00

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 _____

Patsy Oliverio
Signature
33381 Niblick Dr
Address
LAMESA, CA 91941
State Zip Code
463 2908
Telephone

Work Order # E 10197

PV-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E-10197
 No 42690

From: *Patricia Alvarez* Address: *3338 N. Main St. #1000*
Forty-Eighth Dollars (\$ *48.00*)
 In Payment of *Pre-Need Trust*

Lot *94* Grave *1* Row *1* Section *2* Division Block *12*

Invoice No. _____
 Acct. No. _____
 W.O. *E-10197*
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY *[Signature]*

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<i>48 W</i>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77195	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<i>48 W</i>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

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OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E 10/19/97 42445

Date: 6-30, 1998

From: PATRICK OLIVERO Address: 3338 Niswick Dr. La Mesa CA 92041

ONE HUNDRED ; 00/100 Dollars (\$ 100.00)

In PART Payment of PRE-NEED ~~Trust~~ LOT

Lot 04 Grave 1 Row _____ Section 2 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. 10/97

BALANCE DUE 595.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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>100.00</u>
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

150

Send or bring one coupon with each remittance. **COUPON**

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-10197

PATSY OLIVERIO & SUSAN KNUDTSON
3338 Niblick Dr.
La Mesa, CA 91941

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								X			

Amount due when paid on, or before,
due date above.



\$ 24.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot E-10197

Patsy Oliverio & Susan Knudtson

3338 Niblick Dr.

La Mesa, CA 91941

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before,
due date above.



\$ 24.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre Deed
Not*

Date 6/30/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jepore Deacon + Louise Deacon

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 will be applied and billed to undersigned. War time veteran _____.

Lot 128 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	<u>595.00</u>
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	<u>595.00</u>

Paid receipt number _____
Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[Signature]
 Signature _____
5488 OLVERA
 Address _____
SAN DIEGO - CA - 92114
 State _____ Zip Code _____
617-262-6651
 Telephone _____

Work Order # **E** 10198
PY-693 (REV. 8-85)

Invoice # _____
Acct. # _____

NAME Tyrone & Louise Brown

ACCT. NO. E-10198



0 72782 41153 4

ADDRESS 5488 Olvera St., S.D., CA 92114 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-30-92	Pre-Need Lot Opened:				
	Lot 128; Grave 7; Section 3; Division 12	595.00			595.00

No folder
5-20-98



E 10198

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre Need
Lot*

Date 6/30/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jepone Brown + Louise Brown

in a _____ Vault/Urner _____ 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 will be applied and billed to undersigned. War time veteran _____

Lot 128 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	<u>595.00</u>
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	<u>595.00</u>

Paid receipt number _____
Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

[Signature]
 Signature
5488 OLVERA
 Address
SAN DIEGO - CA - 92114
 State
619-262-6651
 Telephone
 Zip Code

Work Order # **E 10198**
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

E10198

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 30 day of June, 1992, between Spore & Hausman, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 128, Grave 7, Row —, Section 3, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$595.1, payable as follows: \$ 0 cash herewith, the receipt of which is hereby acknowledged; \$25.00 on the 10 day of August, 1992; and the balance in installments of \$25.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E10198

WITNESS our hands this day and year above written.

Deed to be issued to:

Tyrone & Louise Brown
Name

5488 OLVERA
Address

SAN DIEGO - CA 92114

23@ 25.
1@ 20.

PURCHASER

SAME
Print Name

Signature

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: J. A. Wait

SLW:st(62-1)
1-23-90

E10/98

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Tyrone & Louise Brown

Address 5488 Olivera St. S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 128, Grave 7, Row -, Section 5, Block/Division 12 in Mt. Hope Cemetery, entered into on June 30, 1992, by and between Mt. Hope Cemetery and Tyrone & Louise Brown that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michelle L. Clark
Clerical Asst. II

E 10198

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Lynne & Louise Brown

Address 5488 Olivena St. S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 128, Grave 7, Row -, Section 5, Block/Division 12 in Mt. Hope Cemetery, entered into on June 30, 1992, by and between Mt. Hope Cemetery and _____ that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Trichele L. Clark
Clerical Asst. II

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

7-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nhac Chung

in a Wilbur Trion Park El Camino Funeral, date, time Tue, 7/7 2:00pm

Church, Chapel, Graveside Graveside + Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot _____ Grave 1 Row 7 Section 1 Division/Block Chinese

Grave space & Care Fund Pre-Paid (1983) 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 3.50.00

Burial Container Purchased from 0

Handling Fees _____ 185.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 580.00

PAID
JUL 06 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

MT. HOPE CEMETERY 2468 580.00

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature John Fran
Address 3862 - 37th St.
San Diego, CA 92105
State _____ Zip Code _____
Telephone 619-584-7467

Work Order #

E 10199

Invoice # _____

Acct. # _____

PV-593 (REV. 8-81)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

F 10199
NO 42468

Date: 7/6, 1998

From: John Tan Address: 3862 37th St. S.D. CA 92105

FIVE HUNDRED EIGHTY / 02/00 Dollars (\$ 580.00)

In Full Payment of INTEREST OF NHAC CHUNG

*Lot _____ Grave 1 Row 7 Section 1 Division Block CHUNG

Invoice No. _____

Acct. No. _____

W.O. E-10199

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>350.00</u>
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	<u>185.00</u>
	77185	
Recording & Misc Fees	100	<u>45.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>580.00</u>

411

E10199

\$ 3800

Stainless

Trion

Jim. Johnson

453-2121

10:30-11 A.M.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10199

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NHAC	1B. MIDDLE —	1C. LAST (FAMILY) CHUNG	2. DATE OF BIRTH MONTH DAY YEAR 01-01-1903	3. DATE OF DEATH MONTH DAY YEAR 07-03-1992	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT JOHN TRAN - SON 3862 37TH STREET SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 07-06-1992

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 JUL 07 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	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 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	11B. DATE BURIED 7-7-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A wood	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

Date JULY 6, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HARRY A. MELLINGER

in a VAULT Vault/liner Funeral, date, time WED. 7/8 11:00 AM

Church, Chapel, Graveside GRAVESIDE; HAMPREY (COP) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran YES WWT

Lot 3753 Grave _____ Row _____ Section _____ Division Block 0

Grave space & Care Fund PRE-PAID D-622 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 822.44

Paid receipt number 42463 822.44

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 _____

Alfred Mellinger
1621 Catalina Blvd
San Diego CA 92107
(619) 274-1381

Work Order # E 10200

FD-553 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42463

Date: 7-6, 1992

From: Blanche Mellinger Address: 1221 Catalina Blvd S.D. CA 92107

Eight hundred ~~and~~ ^{twenty-two} and 44/100 Dollars (\$ 822.44)

In Full Payment of Interment of Harry Mellinger

Lot 3753 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10200

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

260

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

000120

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	350 00
Closing	77181	
Burial	100	225 00
Containers	77182	
	100	185 00
Handling Fee	77185	
Recording &	100	45 00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	17 44
	78390	
TOTAL PAID	\$	822 44

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10200

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HARRY	1B. MIDDLE ALBERT	1C. LAST (FAMILY) MELLINGER	2. DATE OF BIRTH MONTH DAY YEAR 04-10-1919	3. DATE OF DEATH MONTH DAY YEAR 07-03-1992	4. SEX M	
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Blanche G. Mellinger - Wife 1221 Catalina Blvd. San Diego CA 92107			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 7-6-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 JUL 06 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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)
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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	11B. DATE BURIED 7-8-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A solid oak Vault	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

Date 7-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sally Little

in a T.S. Vault Funeral, date, time Thurs. 7/9 11am

Church, Chapel, Graveside Church, G.S. Lagdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 40 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-Need (1988)

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Need (E-7523)

Burial Container Pre-Need (E-7523)

Handling Fees Pre-Need (E-7523)

Flower vases - Marker setting fee _____

Recording and filing fee Pre-Need (E-7523)

Sales taxes _____

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

COMPLETED

Work Order # E 10201

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10201

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Sally	1B. MIDDLE —	1C. LAST (FAMILY) Little	2. DATE OF BIRTH MONTH, DAY, YEAR 2-15-07	3. DATE OF DEATH MONTH, DAY, YEAR 7-5-92	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 Sam Blake - Brother 3082 "K" St. San Diego, CA 92102			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragedake Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>			8B. DATE SIGNED 7/7/92

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 7160 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 JUL 08 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Ronald L. Ramos, M.D.]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; 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"/> 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)
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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	11B. DATE BURIED 7-9-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature: Wendy To League]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>metal & sealed</i>	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

Date July 6, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IRA LEE WILLIAMS

in a VAULT Funeral, date, time TUES. 7/7 10:30 AM

Church, Chapel, Graveside CHAPEL G.S.; PARSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 111 Grave 3 Row _____ Section 3 Division Block 12

Grave space & Care Fund	PAID	<u>695.00</u>
Additional spaces and care fund	JUL 06 1992	_____
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>350.00</u>
Burial Container	CITY OF SAN DIEGO, CALIF.	<u>225.00</u>
Handling Fees		<u>185.00</u>
Flower vases - Marker setting fee		<u>23.78</u>
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>17.44</u>

Total Due 1541.22

Paid receipt number 42464 1541.22

Balance due 0

I hereby certify I am the Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Saisie E. Williams
Signature
5158 Olivena Ave
Address
San Diego Ca. 92114
City
619-263-4957
Telephone

Work Order # E 10202

PY-593 (REV. 8-86)

Invoice # _____

Acct. # _____

Family
to
witness

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10202

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ira	1B. MIDDLE Lee	1C. LAST (FAMILY) Williams	2. DATE OF BIRTH MONTH, DAY, YEAR 3-10-23	3. DATE OF DEATH MONTH, DAY, YEAR 7-2-92	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 Daisy E. Williams - Wife 5158 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		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Heber Williams</i>			8B. DATE SIGNED 7-7-92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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	THIS PERMIT 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 JUL 07 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rames, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; 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			

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	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	11B. DATE BURIED 7-7-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To Leages</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>metal sealed</i>	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42466

Date: 7-6, 19 92

From: Daisy Williams Address: 5158 Olivera Ave S.D. CA 92114

Fifteen hundred forty-one ; 22/100 Dollars (\$ 1541.22)

In Full Payment of Interment of Ira Williams

Lot 111 Grave 3 Row _____ Section 3 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10202

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY K. A. [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>139 00</u>
60% Sales of Lots	100	<u>556 00</u>
77184		
Opening/Closing	100	<u>350 00</u>
77181		
Burial Containers	100	<u>225 00</u>
77182		
Handling Fee	100	<u>185 00</u>
77185		
Recording & Misc. Fees	100	<u>68 78</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>17 44</u>
78390		
TOTAL PAID	\$	<u>1541 22</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*One Marker
per grave*

Date 7-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Roman L. Richardson

in a Ash Vault Vault/Urns Funeral, date, time Fri, 7/10 1:30 PM

Church, Chapel, Graveside Graveside Church ; Family Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 94 Grave 5 Row _____ Section 2 Division/Block 7

Grave space & Care Fund present C.4565 ~~0~~

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee 45.-

Recording and filing fee 4.26

Sales taxes 4.26

Total Due 269.96

Balance due ~~0~~ 269.26

PAID
JUL 06 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO

I hereby certify I am the Mary Kellogg Weston of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Kellogg, Mary
Signature 2475 Avenida Adelita
Address S.V.C.A. 91905
City San Diego Zip Code
Telephone 2671875

Work Order # **E** 10203

PV-593 (REV. 8-86)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10203
Klaster
31078

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ROMAN	1B. MIDDLE L.	1C. LAST (FAMILY) RICHARDSON	2. DATE OF BIRTH MONTH, DAY, YEAR 4-21-1959	3. DATE OF DEATH MONTH, DAY, YEAR 7-1-1992	4. SEX Male
5A. CITY OF DEATH Los Angeles		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Los Angeles		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Kellough-Sister 8475 Avenida Agulia #29 Spring Valley, CA 91977	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Abbott & Hast/315 Silver Lake/Los Angeles/CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD 1399		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 7-3-1992

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUL 3 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 313 N. Figueroa Street Los Angeles, California 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA R. 101/1700 Pacific Highway San Diego, California 92101		

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market St/San Diego/CA 9112	11B. DATE INTERRED 7-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Evergreen Crematory 204 N. Evergreen/Los Angeles/CA/90033	12B. DATE CREMATED 7-3-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42465

Date: 7-6- 1992

From: Mary Kellough Address: 8475 Avenida Anguila No. 29, S.V.

Two hundred sixty-nine and 26/100 Dollars (\$ 269.26)

In Full Payment of Interment Services for
Roman L. Richardson

Lot 94 Grave 5 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E10203

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY W. J. Trague

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>105</u>	<u>-</u>
	77181		
Burial Containers	100	<u>55</u>	<u>-</u>
	77182		
Handling Fee	100	<u>60</u>	<u>-</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>-</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>4</u>	<u>26</u>
	78390		
TOTAL PAID		<u>\$ 269</u>	<u>26</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

*Planned
Hot Trust*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth Ann Dill

in a Double Crypt Vault Funeral, date, time Tues, 7/4 10:00AM

Church, Chapel, Graveside Church - Grace - Meyer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veterans No

Lot 4886 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 360.00

Handling Fees 320.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 27.90

Sales taxes 27.90

PAID
JUL 06 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 2097.90

Paid receipt number 42469 2097.90

Balance due 0

I hereby certify I am the X Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Thomas Dill
Signature of recorded holder of deed

X Thomas Dill Signature
X 1814 FRIEDENK DR Address
X San Diego Ca 92104 Zip Code
X 234-7372 Telephone

Work Order # **E** 10204
PY-583 (REV. 8-88)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10204

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ruth	1B. MIDDLE Ann	1C. LAST (FAMILY) Dill	2. DATE OF BIRTH 02/19/1947	3. DATE OF DEATH 07/10/1992	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE Thomas Dill—Husband 1814 Friedrich Dr. San Diego, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Ave. San Diego, CA		7B. CALIF. LICENSE NUMBER 1424	8. SIGNATURE OF APPLICANT— <i>Thomas Dill</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
8B. DATE SIGNED 07/1992					

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 JUL 14 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rannoch, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, WA 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 type="checkbox"/> 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 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-14-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42469

Date: 6-6- 1992

From: Thomas J. Dill Address: 1814 Friedricks Dr. S.D. CA 92104

Two thousand ninety-seven and 90/100 Dollars (\$ 2097.90)

In full Payment of Printed lot + trust for Ruth Ann Dill

Lot 4886 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E10204

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W. J. Terque

CREDIT	67007	
20% Sales Care	77164	<u>199 -</u>
80% Sales of Lots	100	<u>796 -</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>1102 90</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>2097 90</u>

*Preneed
lots*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Family Plot

in a Must use dbl crypts Vault/Liner Funeral, date, time _____

Church, chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lo: 4885 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 4967 30 995 2985.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

PAID
JUL 06 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 2985.00

Paid receipt number 42471 2985.00

Balance due 0

I hereby certify I am the X Head of Family of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Thomas J. Dell
Signature
X 1814 FRIEDRICK DR
Address
X San Diego Ca 92104
State Zip Code
X (619) 234-7372
Telephone

Work Order # **E** 10205
PY-693 (REV. 8-85)

Invoice # _____
Acct. # _____

E 10205



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

No 11845

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Thomas Dill for the sum of \$ 3980.00 (DOLLARS)

LEGAL DESCRIPTION Lots 4885, 4886, 4966, and 4967, Division 10. All sites intended for Double Depth Crypts.

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10204 and E-10205

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:

Upright monument area. Monuments must conform with style of other monuments in area.

Wendy Jo League
Cemetery Manager

Robert L. Sullivan
Property Director

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42471

Date: 7-6- 19 92

From: Thomas J. Dill Address: 1814 Fredrick Dr. S.D. CA 92104

In Full Payment of Two thousand nine hundred eighty-five ^{xx/100} Dollars (\$ 2985.00)

3 lots for a family plot for use with double crypts in each

Lot 4885, 4966, 4967 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E10205

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 1-91)

112

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007	
20% Sales Care	77184	<u>597</u> —
80% Sales of Lots	100	<u>2388</u> —
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>2985</u> —

PRE-NEED
LOT/TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 6, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAISY ELIZABETH WILLIAMS 176774

in a I.S. VAULT Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 111 Grave 4 Row _____ Section 3 Division Block 12

Grave space & Care Fund	<u>695.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>285.00</u>
Handling Fees	<u>195.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>17.44</u>
Total Due	
<u>1517.44</u>	
Paid receipt number <u>42467</u>	<u>1517.44</u>
Balance due <u>0</u>	

PAID
JUL 06 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Daisy E. Williams
Signature
5158 Silvera Ave
Address
San Diego, Ca, 92114
City
619-263-4957
Telephone
Eo Code _____

Work Order # **E** 10206
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42467

Date: 7/6, 19 92

From: DAISY WILLIAMS Address: 5158 OLIVARA AVE. S.D. CA 92114

FIFTEEN HUNDRED-SEVENTEEN ; 44/100 Dollars (\$ 1517.44)

In Full Payment of PRE-NEED LOT/TRUST

Lot 111 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10206
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>139 00</u>
60% Sales of Lots	100	<u>556 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	<u>822 44</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>1517 44</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-6-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles Holt, Jr
in a Double Death Crypt Funeral, date, time Thurs, 7/9 1:00pm
Church, Chapel, Graveside Chapel of Peace - Ridgeview Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 133 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup <u>1 o/c</u>	350.00
Burial Container	360.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee <u>1 memo</u>	45.00
Sales taxes	27.90

PAID
JUL 7 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

7/7 Total Due 1797.90
Paid receipt number 42488 450.-

I hereby certify I am the J. Smith 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.

Signatures of recorded holder of deed

J. Smith
Signature
Address 126 Ridgeview Drive
Calif - S.D. 92105
State
Telephone 264-1368 Zip Code

Work Order # **E** 10207
PY-583 (REV. 9-85)

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

W.O.# E10207

NOTE

1347.90

San Diego, California July 7 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of thirteen hundred forty-seven ^{90/100} ~~DOLLARS~~ with interest from August 9, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME LEROY O HOLT SIGNATURE [Signature]

ADDRESS 1746 Ridge Views Drive San Diego CA 92105

CALIFORNIA DRIVER LICENSE NUMBER GAS15589 SSN # 579-50-5364

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10207

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Charles	1B. MIDDLE ---	1C. LAST (FAMILY) Holt	2. DATE OF BIRTH MONTH, DAY, YEAR 3-23-06	3. DATE OF DEATH MONTH, DAY, YEAR 7-4-92	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 Gladys Holt - Wife 103 Walnut Dr. Chula Vista, CA 91911	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 7/8/92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUL 08 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186	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 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; 3851 Market St. San Diego, CA	11B. DATE BURIED 7-9-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Wood	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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MQUNT HOPE CEMETERY
 527-3400

No 42489

Date: 7-7, 1992

From: Larry Holt Address: 1690 N Euclid Ave, He 645, IL

Thirteen Hundred Forty-seven 20/100 Dollars (\$ 1347.00)

In Payment of TOKEN UNIT of Charles Holt, Sr.

Lot 133 Grave 8 Row — Section 3 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10207
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
000249
JUL 10 1992

ISSUED BY [Signature]

CREDIT	67007	<u>139.00</u>
20% Sales Care	77184	
80% Sales	100	<u>106.00</u>
of Lots	77184	
Opening/ Closing	100	<u>3.50</u>
	77181	
Burial	100	<u>360.00</u>
Containers	77182	
	100	<u>320.00</u>
Handling Fee	77185	
Recording & Misc. Fees	100	<u>45.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>27.90</u>
	78390	
TOTAL PAID		\$ <u>1347.90</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42488

Date: July 7, 1992From: Leroy O. Holt. Address: 1690 N. Euclid Ave St 645
 In part Payment of four hundred fifty and xx/100 Dollars (\$ 450.00)
lot 7 services for Charles Holt Jr.

 Lot 133 Grave 8 Row _____ Section 3 Division 12 Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10207BALANCE DUE 1347.90Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1499

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

W. J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales Care of Lots	100	<u>450 -</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>450 -</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-7-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond Breedenberg in a Living Funeral, date, time MON, 7/13 1:00 pm Church, Chapel, Graveside Del Rey; Berge-Libert Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot _____ Grave 13 Row 9 Section 9 Division/Block 7

Grave space & Care Fund Pre-Need (1958) Ø

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 170.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ JUL 7 1992

Recording and filing fee _____ 45.00

Sales taxes _____ 13.18

PAID
JUL 7 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due _____ 723.18

Paid receipt number 42487123.18

Balance due Ø

*Nephew:
Norman K Bering
477-4222*

I hereby certify I am the Norman K Bering (NEPHEW) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Norman K Bering
Signature
1105 E. 5TH ST.
Address
NATIONAL CITY CA 91950
City State Zip Code
477-4222
Telephone

Work Order # **E 10208**
PV-583 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10208

1A. NAME OF DECEDENT—FIRST (GIVEN) RAYMOND	1B. MIDDLE FERDINAND	1C. LAST (FAMILY) BREDENBERG	2. DATE OF BIRTH MONTH DAY YEAR 11/4/1903	3. DATE OF DEATH MONTH DAY YEAR 7/6/1992	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 Norman Rufing—Nephew 1105 E. 5th Street National City, CA 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY National City, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ray C. Bunge</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 7-8-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUL 08 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Bunge, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 ROSE CEMETERY 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Jorgensen</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42487

From: Norman Roofing Address: 1105 E 5th St. N.C. 91950 Date: 7-7, 1992
Seven Hundred Twenty Three Dollars (\$ 723.18)
 In _____ Payment of Interment of Raymond Pedersen

Lot — Grave 13 Row 9 Section 9 Division 7

Invoice No. _____
 Acct. No. _____
 W.O. E-10208
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	350 00
Burial Containers	100	170 00
Handling Fee	77182	145 00
Recording & Misc. Fees	100	
Pre-Need Trust	77183	45 00
Sales Tax	63033	13 18
	9022	
	60101	
	78390	
TOTAL PAID		\$ 723 18

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
1465

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-92

*Pre-Need
 Apt + Trust
 for:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marjorie Brady

in a T.S. Vault Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____.

Lot 50 Grave 7 Row — Section MAS Division/Block R

Grave space & Care Fund	1200.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	225.00
Handling Fees	185.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.44

PAID
 JUL 8 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 2022.44

Paid receipt number 42493 2022.44

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 _____

Marjorie E. Brady
 Signature
3796 Monroe, av.
 Address
S.D. Cal. 92116
 State
619-284-9125 Zip Code
 Telephone

Work Order # **E** 10209
 PY-583 (REV. 8-85)

Invoice # _____
 Acct. # _____

E10209



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

No. 11846

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO: Marjorie Brady for the sum of \$ 1200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 20; Grave 7; Section MAS; Division R

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10209

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be used 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:

See Manager for Regulation Marker Size to be installed.

Wendy Jo League
Cemetery Manager

PV-224

Robert L. Sullivan
Property Director

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42493

Date: 9-8, 1992

From: Marjorie Brady Address: 3796 Marston Ave, No. 92116
100 Thousand Street - No. 44/W Dollars (\$ 2,022.44)
 In _____ Payment of Pre-Need Plot + Trust

Lot 20 Grave 4 Row _____ Section M1A5 Division R
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-10209
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Wait

CREDIT	67007	
20% Sales Care	77184	<u>240 W</u>
60% Sales of Lots	100	<u>960 W</u>
77194		
Opening/Closing	100	<u>350 W</u>
77181		
Burial Containers	100	<u>225 W</u>
77182		
Handling Fee	100	<u>185 W</u>
77185		
Recording & Misc. Fees	100	<u>45 W</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>17 44</u>
78390		
TOTAL PAID		<u>\$ 2022 44</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 1-91) 3643

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Susie Parrish Mon. 7/13

in a T.S. Vault Funeral, date, time 7/14 11:00 AM

Church, Chapel, Graveside Chapel + Graveside, Calif. Burial Mortuary. Jennette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 102 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 1517.44

Paid receipt number 42495 1517.44

Balance due 0

PAID
JUL 8 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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 _____

Shirley Spencer
Signature
7672 Skyline Dr.
Address
San Diego California 92114
City Code
474-0278
Telephone

Work Order # **E** 10210

PY-583 (REV. 8-88)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E16210

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Susie	1B. MIDDLE —	1C. LAST (FAMILY) Parrish	2. DATE OF BIRTH MONTH DAY YEAR 4/23/1924	3. DATE OF DEATH MONTH DAY YEAR 7/7/1992	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 Laverne Spencer-Niece 7672 Skyline Drive San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>		
			8B. DATE SIGNED 7/13/92		

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 JUL 13 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA		9E. 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 St. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal n/sealed	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MQUNT HOPE CEMETERY
 527-3400

No 42495

Date: 07-8, 1992

From: La Verne Spencer Address: 7672 Superior Ave. SO 92114
Fifteen Hundred Seventeen 44/100 Dollars (\$ 1517.44),

In _____ Payment of INTERMENT OF Susie Parrish

Lot 102 Grave 12 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-10210

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184	<u>139</u>	<u>00</u>
80% Sales of Lots	100	<u>556</u>	<u>00</u>
Opening/Closing	77181	<u>350</u>	<u>00</u>
Burial Containers	100	<u>225</u>	<u>00</u>
	77182	<u>185</u>	<u>00</u>
Handling Fee	100	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	<u>19</u>	<u>44</u>
	78390		
TOTAL PAID	\$	<u>1517.</u>	<u>44</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ahmad MUTEE 11:00AM
in a Liner Vault/Liner Funeral, date, time Fri, 7/10/92
Church, Chapel, Graveside Graveside Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 120 Grave 2 Row Section 2 Division 11

Grave space & Care Fund	PAID	<u>695.00</u>
Additional spaces and care fund		
Opening/Closing & Setup	OCT 13 1992	<u>350.00</u>
Burial Container		<u>170.00</u>
Handling Fees	MT. HOPE CEMETERY CITY OF SAN DIEGO CALIF	<u>145.00</u>
Flower vases - Market		
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>13.18</u>

Total Due 1418.18

Paid receipt number 42496 400.18

Balance due 1018.00
1018.00

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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. Clapper
Signature 2546 Nye St.
Address SAN DIEGO CAL 92111
City San Diego State Calif Zip Code 92111
Telephone 560-8600-263-0333

Work Order # E 10211
PY-583 (REV. 8-88)

Invoice # 208207
Acct. # 074948

MT. HOPE CEMETERY

W.O. # E-10211

NOTE

\$ 1018.⁰⁰ San Diego, California 7-9 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Eighteen ⁰⁰/₁₀₀ DOLLARS with interest from August 10, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME GEORGIA CLIPPER SIGNATURE G.M. Clipper
ADDRESS 2546 NYE ST. SAN DIEGO CALIF. 92111
CALIFORNIA DRIVER LICENSE NUMBER 50262995 SSN # 559-42-2447

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10211

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ahmad	1B. MIDDLE Abdullah	1C. LAST (FAMILY) Mutee	2. DATE OF BIRTH MONTH, DAY, YEAR 2-24-06	3. DATE OF DEATH MONTH, DAY, YEAR 7-6-92	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 Chris Taylor - Son 4860 Logan Ave. Apt. 203 San Diego, CA 92133			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Hebbel</i>			8B. DATE SIGNED 7/8/92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 JUL 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rames, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186	9E. 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 <i>cloth</i>	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A 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	11B. DATE BURIED 7-10-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Traylor</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.

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E10211

E10211

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

INVOICE # 208207
CUSTOMER ACCOUNT NO. 074948

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-13-92

PAID BY (CIRCLE ONE):

CA



NT

PAYMENT REFERENCE NUMBER

0501

AMOUNT PAID

1018.18

PAID

OCT 13 1992

TREASURER VALIDATION

CUSTOMER DATA MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

CUSTOMER ACCOUNT NAME

Georgia CLIPPER

PAYOR NAME

A. Rachel Card

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

P.O. Box 270832

San Diego, CA 92198

REMARKS

CASHIER

WJ7

INV. NO.

208207

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MQUNT HOPE CEMETERY
 527-3400

No 42496

Date: 7-9, 1992
 From: Georgia Clippa-Taylor Address: 2546 Nye St, SD 92111
Four Hundred 770/10 Dollars (\$ 400.)
 In _____ Payment of INTERMENT of AHMAD MUTEE

Lot 120 Grave 2 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10211
 BALANCE DUE \$1018.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

9

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>400 18</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>400 18</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michiko Koba

in a T.S. Vault Funeral, date, time Mon, 7/13 10am
 Church, Chapel, Graveside Graveside; LEWIS COLONIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 36 Grave 3 Row _____ Section 11 Division 7

Grave space & Care Fund Pre Paid 0

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee Early AM D.T.I. 150.00

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 822.44

Paid receipt number 42532 912.44

Balance due 912.44

30 Day Note

Husband
Hanahi Koba Bot - 0

I hereby certify I am the Hanahi Koba of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed # _____

Signature of recorded holder of deed _____

Hanahi Koba
 Signature
1488 Guizot St
 Address
San Diego 92107
 State
212-3692 76 Code
 Telephone

Work Order # **E** 10212
 PY-593 (REV. 8-88)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

W.O.# E-10212

NOTE

\$ 822.44 San Diego, California 7-9- 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight Hundred Twenty-Two 44 DOLLARS with interest from August 13, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME HARUKI KOBA SIGNATURE Haruki Koba
ADDRESS 1488 Quigley St. San Diego Ca 92107
CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 566-20-7803

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10212

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NICHIKO	1B. MIDDLE ---	1C. LAST (FAMILY) KOBA	2. DATE OF BIRTH MONTH DAY YEAR 03-06-1922	3. DATE OF DEATH MONTH DAY YEAR 07-08-1992	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 NAOKI KOBA - HUSBAND 1488 GUILLOT STREET SAN DIEGO, CA 92107		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BERBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>E. Reichert</i>		8B. DATE SIGNED 07-09-1992

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 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 JUL 09 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D.</i>
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		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...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"/> 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	11B. DATE BURIED 7-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Tanager</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>metal sealed</i>	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42537

Date: 7-20, 1992

From: H. Koba Address: 1478 Gwzot St, SD 92107

7 Fine Hundred Seventy-Two 44/100 Dollars (\$ 972.44)

In Payment of Interment of Michiko Koba

Lot 36 Grave 3 Row _____ Section 11 Division 7
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10212

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. J. J.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100	<u>350</u>	<u>00</u>
Burial	77181		
Containers	100	<u>225</u>	<u>00</u>
	77182		
Handling Fee	100	<u>185</u>	<u>00</u>
Recording & Misc. Fees	77185		
Pre-Need Trust	69033		
Sales Tax	8022		
	60101	<u>17</u>	<u>44</u>
	78390		
TOTAL PAID	\$	<u>972.</u>	<u>44</u>

Note:
 Order changed 7-10-92
 by Josephine Satterfield
 to double depth
 crypt

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FRANCES Satterfield

in a Funeral Home Mon, 7/13 2:00 PM

Church, Chapel, Graveside Chapel - Green Ridge Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 19 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 1495 1495.00

Additional spaces and care fund _____

Opening/Closing & Setup 350 350.00

Burial Container 300 300.00

Handling Fees 320 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45 45.00

Sales taxes 27.90 19.44

PAID
 JUL 9 1992
 MT. HOPE CEMETERY
 CITY of SAN DIEGO, CALIF

New/Revised Total Due: 280.46

Total Due: 1617.44

Paid receipt number 42502 1617.44

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

Josephine E. Satterfield
 19972 Jamboree St.
 Oak, CA. 94605
 510-635-9228 Home
 827-6229 - WNK

Work Order # **E 10213**
 PY-583 (REV. 8-88)

Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10213

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Frances	1B. MIDDLE Elizabeth	1C. LAST (FAMILY) Satterfield	2. DATE OF BIRTH MONTH DAY YEAR 1-11-18	3. DATE OF DEATH MONTH DAY YEAR 7-7-92	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 Josephine Satterfield - Daughter 9972 Lawlor St. Oakland, CA 94605			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Will</i>			8B. DATE SIGNED 7/10/92

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	THIS PERMIT 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 JUL 13 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186	9E. 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	11B. DATE BURIED 7-14-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A METAL N/SEALED	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42502

From Josephine Sattlerford Address: 9942 Laurel St, Oakland 94605
Sixteen Hundred Dollars ^{44/100} Dollars (\$ 1617.44)
 In _____ Payment of Interment of Francis Sattlerford

Lot 19 Grave 9 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10213
 BALANCE DUE 44

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

000110

ISSUED BY Waits

CREDIT	67007		
20% Sales Care	77184	159	00
80% Sales of Lots	100	636	00
Opening/Closing	77184	350	00
Burial Containers	100	225	00
	77182	185	00
Handling Fee	100	45	00
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022	17	44
Sales Tax	80101		
	76390		
TOTAL PAID		\$	1617.44

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42512

Date: 9-10, 1992

From: Francine Satterfield Address: 9972 Laurel St. Colton 94605

Over Hundred Fifty Dollars (\$ 20.46)

In Payment of Interment of Francine Satterfield

Lot 19 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. F-10213
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial	100	135.00
Containers	77182	
	100	135.00
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	10.46
	78390	
TOTAL PAID	\$	280.46

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

2013

ISSUED BY Wait

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of KEKU MOORE 11:00 PM

in a T.S. Vault Funeral, date, time Tues, 7/16 7:00 PM

Church, Chapel, Graveside Church + graves Calif Burial Mortuary.

All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO D.M.

Lot 129 Grave 1 Row 1 Section 1 Division/ 12

Grave space & Care Fund 695.⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 35.⁰⁰

Burial Container 225.⁰⁰

Handling Fees 185.⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 45.⁰⁰

Sales taxes 17.44

Total Due 1,517.44

Paid receipt number _____

Balance due _____

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 _____

Sail Moore
Signature
6105 Parkside Ave
Address
San Diego, CA 92139
State Zip Code
472-5991
Telephone

Work Order # E 10214
PY-593 (REV. 8-86)

Invoice # 208208
Acct. # 074949

MT. HOPE CEMETERY

W.O. # E-10214

NOTE

\$ 1517.⁴⁴ San Diego, California 7-10 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Five Hundred Seventeen ⁴⁴/₁₀₀ DOLLARS with interest from August 16, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Gail Moore SIGNATURE Gail Moore

ADDRESS 6105 Parkside Ave

CALIFORNIA DRIVER LICENSE NUMBER A 0925192 SSN # 527-92-0112

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10214
E10214

1A. NAME OF DECEDENT—FIRST (GIVEN) Koku	1B. MIDDLE Tyzona	1C. LAST (FAMILY) Moore	2. DATE OF BIRTH MONTH DAY YEAR 5/16/1970	3. DATE OF DEATH MONTH DAY YEAR 7/10/1992	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 Gail Moore-Mother 6105 Parkside Avenue San Diego, CA 92138	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18876 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT— <i>Print</i> taking permit: 		8B. DATE SIGNED 7/14/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 14 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mc. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-16-92	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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of VINNA GARRETT DAVIS

in a T.S. Vault Funeral, date, time Fri, 7/17 11:00AM

Church, Chapel, Graveside Church + grave - Rosedale Mortuary. 12:40

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 143 Grave 3 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund Pre-Need (1983) 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 225.00

Handling Fees _____ 185.00

Flower vases - Marker setting fee JUL 16 1992 _____

Recording and filing fee _____ 45.00

Sales taxes _____ 17.44

PAID
 JUL 16 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 802.44

Paid receipt number 42528 802.44

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 _____

Amos Johnson Jr.
 Signature Amos Johnson Jr.
 Address 815 3rd Ave Ste 303
 State Chula Vista (CA 91911) Zip Code
 Telephone 619 420-2460

Work Order # E 10215
 PY-503 (REV. 8-85)

Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10215

1A. NAME OF DECEDENT—FIRST (GIVEN) Vinna	1B. MIDDLE Irena	1C. LAST (FAMILY) Davis	2. DATE OF BIRTH MONTH, DAY, YEAR 4-28-17	3. DATE OF DEATH MONTH, DAY, YEAR 7-10-92	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 Leonard Davis - Husband 4769 Beech 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		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Williams</i>			8B. DATE SIGNED 7/13/92

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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT 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 JUL 14 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92106	9E. 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Markle St. San Diego, CA	11B. DATE BURIED 7/17/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A 143-3-1-11 Vault Metal Sealer	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42528

Date: 7-16, 1992
 From: James Johnson Address: 915 3rd Ave, No 303 9154
Eight Hundred Twenty Two Dollars (\$ 822.44)
 In Payment of Interment of Virginia Davis

Lot 143 Grave 3 Row _____ Section 1 Division Black 11

Invoice No. _____
 Acct. No. _____
 W.O. F-10215
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

020003634

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. J. [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>350</u>	<u>W</u>
	77181		
Burial Containers	100	<u>225</u>	<u>W</u>
	77182		
Handling Fee	100	<u>185</u>	<u>W</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>W</u>
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101	<u>17</u>	<u>44</u>
	78390		
TOTAL PAID	\$	<u>822</u>	<u>44</u>

* MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rebecca James (X)

in a Ash Vault Vault/Liner Funeral, date, time AYD 8-12-92
 Church, Chapel, Graveside Raggsdale Mortuary.
(Mark)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 5 Grave 4 Row _____ Section 3 Division/Block 7

Grave space & Care Fund	<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>

PAID
 AUG. 1. 0. 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number 42605 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

 State _____ Zip Code _____

 Telephone

Work Order # **E 10216**

Invoice # _____
 Acct. # _____

CV-583 (REV. 8-88)

7-13-92

Per MARK / Raggsdale:

Her Ashes are to be added to grave of Theodore Thomas.

Possibly grave 5-4-3-7, Theodore Thomas, Jr., 10-4-29 (buried). MARK to verify w/ family.

Per Mark - this is the correct grave per Sheron

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10216

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Rebecca	1B. MIDDLE Della	1C. LAST (FAMILY) James	2. DATE OF BIRTH MONTH DAY YEAR 4-8-20	3. DATE OF DEATH MONTH DAY YEAR 7-3-92	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 Carl D. James - Husband 5513 San Onofre Terrace San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rebecca James</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10379 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <i>7/10/92</i>		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Parnell, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 852232 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 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	11B. DATE BURIED 8-12-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lenada Inc.; P.O. Box 2308; El Cajon, CA	12B. DATE CREMATED 7/14/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42605

Date: 8-11, 1992

From: Kasandra M. Williams Address: 5050 Federal Blvd, SD

Two Hundred Sixty-Nine & 26/100 Dollars (\$ 269.26)

In Payment of Interment of Rebecca Jelle

Lot 5 Grave 4 Row _____ Section 3 Division 4

Invoice No. _____
 Acct. No. _____
 W.O. E-10216
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 9872

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184	<u>105</u>	<u>00</u>
Burial Containers	100	<u>55</u>	<u>00</u>
	77182	<u>60</u>	<u>00</u>
Handling Fee	100	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	63033	<u>4</u>	<u>26</u>
	9022		
	60101		
	78390		
TOTAL PAID		\$	<u>269.26</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

D.I.P.

Date 7-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Terey Stace

In a Line Funeral, date, time Wed, 7/15 1:00pm

Church, Chapel, Graveside Church + grave - Calif. Burial Mortuary. side (VAN)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No 1st. burial - 1959
this burial to be on top.

Lot 251 Grave 4 Row Section 14 Division Block 7

Grave space & Care Fund Pre. 7. Dec (B5152 - 1959) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 83.18

Total Due 723.18

Paid receipt number 42985 723.18

Balance due 0

I hereby certify I am the Pauline Ziauell of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold Under deed.
Pauline Ziauell
Signature of recorded holder of deed

Pauline Ziauell
Signature
 B5152 Logan Ave
Address
 S. D. ON 572114
City
 264-5275
Telephone
Zip Code

Work Order # E 10217
FY-583 (REV. 8-85)

Invoice #
Acct. #

MT. HOPE CEMETERY

W.O. # E-10217

NOTE

\$ 728.18 San Diego, California 7-13 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Twenty Eight 18/100 DOLLARS with interest from August 15, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation, contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Pauline Tidwell SIGNATURE Pauline Tidwell

ADDRESS 5152 Logan Ave.

CALIFORNIA DRIVER LICENSE NUMBER NONE SSN # 567-26-0114

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10217

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Terry	1B. MIDDLE Bill	1C. LAST (FAMILY) Starr	2. DATE OF BIRTH MONTH DAY YEAR 8/11/1956	3. DATE OF DEATH MONTH DAY YEAR 7/8/1992	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 INDEMNANT Pauline Rickell-Mother 5152 Logan Avenue San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 19376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

BA. SIGNATURE OF APPLICANT—*Person taking permit* 8B. DATE SIGNED
[Signature] **7/13/92**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUL 13 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramsay, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. 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 Mc. Edge Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-15-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. England</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -----	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -----	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -----	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -----	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42985

Date: 11-13, 1992

From: Calif Burial Address: 5602 El Cajon Blvd, SD
Lower Hundred Twenty-Nine Dollars (\$ 723.14)
 In _____ Payment of Terry Starr Interment

Lot 251 Grave 4 Row _____ Section 14 Division 7
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 10217

BALANCE DUE ✓

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

4738

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>350</u>	<u>W</u>
Burial Containers	100	<u>170</u>	<u>W</u>
Handling Fee	77182	<u>145</u>	<u>W</u>
Recording & Misc. Fees	100	<u>45</u>	<u>W</u>
Pre-Need Trust	83033		
Sales Tax	9022	<u>13</u>	<u>W</u>
	80101		
	78390	<u>723</u>	<u>W</u>
TOTAL PAID	\$		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hermenengildo Villa-Aguirre

in a T.S. Vault Vault/Urns Funeral, date, time Wed 7/15 10:00 AM

Church, Chapel, Graveside Church of San Guadalupe Mortuary. Side Jose

All Funeral cars must arrive before 3:30 p.m. of regular work day of an extra charge will be applied and billed to undersigned. War time veteran

Lot 124 Grave 7 Row Section 3 Division/~~Block~~ 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 1517.44

Paid receipt number 42525 379.36

Balance due 1138.08

30 Days Note

I hereby certify I am the esposa of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Guadalupe Chaming
Signature

Signature of recorded holder of deed

Address Gregorey ST
City SAN Diego Zip Code 92102
Telephone

Work Order # E 10218

PR-583 (REV. 8-88)

Invoice # 208210

Acct. # 074951

MT. HOPE CEMETERY

W.O. # E-10218

NOTE

\$ 1514.44 San Diego, California 7-14 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Fifteen Hundred and Fourteen 44/100 DOLLARS with interest from August 15, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Guadalupe Chasing SIGNATURE Guadalupe Chasing

ADDRESS Gregory ST SAN Diego. CA.

CALIFORNIA DRIVER LICENSE NUMBER L SSN # X

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10218

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HERMENEGILDO		1B. MIDDLE _____	1C. LAST (FAMILY) VILLA-AUGIRRE	2. DATE OF BIRTH MONTH DAY YEAR 8-4-54	3. DATE OF DEATH MONTH DAY YEAR 7-11-92	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 GUADALUPE VILLA-WIFE 529 20th ST APT# 2 SAN DIEGO, CA, 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE, SAN DIEGO, CA, 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 7-11-92			

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 JUL 14 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SD, CA, 92108-5222	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 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 ST SD, CA, 92102.	11B. DATE BURIED 7-15-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42525

Date: 7-15- 1992

From: Guadalupe Address: 2601 Imperial Ave, S.D.
Three hundred seventy six Dollars (\$ 379.36)
In part Payment of Herman Vergilto Villa Aguirre

Lot 124 Grave 7 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E10218

BALANCE DUE 1138.08

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1265

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY

W.J. Teague

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>379.36</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>379.36</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-13-92

Open back gate

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ Funeral, date, time Billing Fri 7/17

Church, Chapel, Graveside Chapel, G.S. Greenwood Mortuary. (Felice)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____ hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E** 10219
FY-893 (REV. 8-88)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Open Backgate
 20' of Double
 Depth Crypt*

Date 7-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GRACE N. Billings

in a _____ Vault/Line Funeral, date, time Fri, 7/17 11:00 AM

Church, Chapel, Graveside Chapel + Graveside, GREENWOOD Mortuary 12:00 pm

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ Double Depth Crypt-1589

Lot 157 Grave 3 Row _____ Section 4 Division/Block 6

Grave space & Care Fund Pre-Need _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.-

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.-

Sales taxes _____

Total Due 395.00

Paid receipt number 42529 395.00

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Frank M. Bellinger
 Signature
3500-241 W. Mariposa
 Address
Inglewood 90305
 City State Zip Code
Cal
 Telephone 1-310-671337

Work Order # **E** 10220

PR-583 (REV. 8-88)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 10220

1A. NAME OF DECEDENT—FIRST (GIVEN) GRACE	1B. MIDDLE MUEMAN	1C. LAST (FAMILY) BILLINGS	2. DATE OF BIRTH MONTH DAY YEAR 07-06-09	3. DATE OF DEATH MONTH DAY YEAR 07-12-92	4. SEX FEMALE
5A. CITY OF DEATH LOS ANGELES		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANK MAJOR BILLINGS, JR. (SON) 3500-241 W. HAMCHESTER AVE. INGLEWOOD, CA 90305	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY & CEMETERY 4300 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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED JUL 15 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Robert C. Mabe</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 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		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7/17/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>Top of Double Death Crypt</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42529

Date: 7-16, 1992

From: Frank Billings, Jr Address: 3500 W. Manchester, #241, Inglewood, Ca

New Hundred Ninety Five 710/100 Dollars (\$ 395.⁰⁰)

In _____ Payment of Interment of Frank Billings (top of double
dept crypt)

Lot 157 Grave 3 Row _____ Section 4 Division 6

Invoice No. _____

Acct. No. _____

W.O. E-10220

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

2088

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY Waits

CREDIT	67007	
20% Sales Cars	77184	
80% Sales	100	
of Lots	77184	<u>350 00</u>
Opening/ Closing	100	
	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	<u>45 00</u>
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>395 00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Open Back Gate

Date 7-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gertrude Shelby

in a liner Funeral, date, time Fri 7/17 12pm

Church, Chapel, Graveside Chapel G.S.; CA Rural Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 66 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.-

Additional spaces and care fund _____

Opening/Closing & Setup 350.-

Burial Container 170.-

Handling Fees 145.-

Flower vases - Marker setting fee _____

Recording and filing fee 45.-

Sales taxes 13.18

Total Due 1618.18

Paid receipt number 42524 1618.18

Balance due 0.-

*Brenda
(Daughter)*

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 _____

Brenda Curran
Signature
4004 Logan Ave
Address
Ca
State
764 5363
Telephone
Zip Code _____

Work Order # E 10221

PY-583 (REV. 8-88)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E1024

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Gertrude	1B. MIDDLE Allen	1C. LAST (FAMILY) Shalby	2. DATE OF BIRTH MONTH DAY YEAR 7/5/1921	3. DATE OF DEATH MONTH DAY YEAR 7/12/1992	4. SEX F
5A. CITY OF DEATH Lawton Grove		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Brenda Kennedy—Daughter 4004 Logan Avenue San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-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 7/15/92		

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 15 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA		9E. 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 Mc Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ---	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42524

Date: 7-15, 1992
 From: Brenda Convery Address: 4004 Logan Ave, SD 92113
Sixteen Hundred Eighteen 18/100 Dollars (\$ 1618¹⁸/₁₀₀)
 In _____ Payment of Interment of Gertrude Shelby

Lot 66 Grave 9 Row _____ Section 2 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10221
 BALANCE DUE 8

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT	67007	<u>149</u>	<u>00</u>
20% Sales Tax	77184		
80% Sales	100	<u>716</u>	<u>00</u>
of Lots	77184		
Opening/ Closing	100	<u>350</u>	<u>00</u>
Burial	77181		
Containers	100	<u>140</u>	<u>00</u>
	77182		
Handling Fee	100	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77185		
Pre-Need Trust	100	<u>45</u>	<u>00</u>
Sales Tax	77183		
	60101	<u>13</u>	<u>18</u>
	8022		
	60101		
	78390		
TOTAL PAID		\$ <u>1618</u>	<u>18</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dolores Dawn Ferris (X)

in a Ash Vault Funeral, date, time Mon 7/27 11 AM

Church, Chapel, Graveside Graveside Mortuary Howley Olson

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 63 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>695.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	_____

Total Due 845.00

Paid receipt number 42555 100.-

12/29 43171 Balance due 745.00

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 _____

James Ferris (→ Over)
Signature
12625 Mapleview St. Apt 6
Address
San Diego, CA Lakeside
State
619 561-2260 98890
Telephone

Work Order # **E** 10222
FY-583 (REV. 8-88)

Invoice # _____
Acct. # _____

*Leas Pharmacy
Fax 443-8517*

Bal \$645

3/10/93 rec #43473 $\frac{50}{595}$

~~7/92~~ 100.00
8/95 100
10/95 → 495
200.00
295
3/12 30.00
265.00

Post-It™ brand fax transmittal memo 7871		Page Count: 1
To: Jim Ferris	From: Wendy Teague	
Cy: Leas Pharmacy	Co: Mt. Hope Cemetery	
Dept:	Phone: 527-3400	
Fax: 443-8517	Fax: 527-3403	

E 10222

7-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dolores Dawn Ferris in the Ash Vault Church of Episcopal, Greenville Howley Olson Mortuary LANCASTER, CA. All funeral services must arrive before 3:00 p.m. of regular work days. An extra charge will be applied and billed undersigned. War time veteran: No

Lot 63 Grave 10 Row _____ Section 2 Div. and/Block 12

Grave space & Care Fund	<u>695.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container	_____
Handling Fees	_____
Flower - vase / marker cutting fee	_____
Recording and filing fee	<u>45.00</u>
Sales tax	_____
Total Due	<u>845.00</u>

Leas Pharmacy
 Phalmaria
 Fax 443-8517

Payment receipt number _____
 Reference # _____

I hereby certify I am the Husband of the above named decedent and that I have the right to make this authorization and I agree to hold the funeral home harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 held under deed.

1
 Signature of _____
 Address: 12625 Maplewood St. Apt 6
San Diego, CA
 Phone: 619 561-3260

Work Order # **E 10222**
 Invoice # _____
 Acct # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10222
2683

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DOLORES	1B. MIDDLE DAWN	1C. LAST (FAMILY) FERRIS	2. DATE OF BIRTH MONTH, DAY, YEAR 2-14-44	3. DATE OF DEATH MONTH, DAY, YEAR 7-11-92	4. SEX F
5A. CITY OF DEATH LANCASTER		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JAMES Q. FERRIS - HUSBAND 12625 MAPLEVIEW STREET, APT. 6 LAKESIDE, CA 92040	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANTELOPE VALLEY CREMATION SERVICE LANCASTER, CA 93534			7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1383		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		

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 JUL 16 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Robert C. Mate</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 NO. FIGUEROA ST. LOS ANGELES, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 1700 PACIFIC HIGHWAY, ROOM 101 SAN DIEGO, CA 92101		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 7-27-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Terque</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ANTELOPE VALLEY CREMATORY PALMDALE, CA	12B. DATE CREMATED 7-18-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42555

Date: 7-27- 1992

From: Jim Ferris Address: 12625 Mapleview St. Apt. 6

One hundred and 00/100 Dollars (\$ 100.00)

In part Payment of Lot and Interment Services for Dolores Ferris

Lot 63 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10222

BALANCE DUE 745.06

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>100</u>	<u>-</u>
Opening/ Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>100</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43171

Date: 12/29, 1992

From: JAMES FERRIS Address: 12625 MAPLEVIEW ST #6 S.D CA 92040

ONE HUNDRED AND 00/100 Dollars (\$ 100.00)

In PART Payment of DOLORES FERRIS

Lot 63 Grave 10 Row _____ Section 2 **DIVISION** Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12222

BALANCE DUE 4645.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1203

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>100.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 75380	
TOTAL PAID	\$	<u>100.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43473

Date: 3-10, 1993

From: Doris Montgomery Address: 4351 Montgomery Ave. SA, Texas 77239

Fifty Dollars (\$ 50)

In _____ Payment of Interment of Dolores Ferris

Lot 63 Grave 10 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10222

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1104 10-453-794940

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>10</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>50</u>	<u>10</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

(Curtis Carter)

Date 7-14-92

*Pre-Need
Gori*

*Disinter, Reinter
w/ Double Depth
Crypt*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dolores Carter

in a Double Depth 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 will be applied and billed to undersigned. War time veteran _____

Lot 45 Grave 3 Row _____ Section 14 Division/Block 7

Grave space & Care Fund Pre-Need (1965) (C-2499) 0

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 360.00

Handling Fees 320.00

Flower vases - Marker setting fee Disinter 900.00

Recording and filing fee 45.00

Sales taxes 21.90

Total Due 2002.90

*23 @ \$84.
1 @ \$70.90*

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10223

PY-583 (REV. 8-85)

Invoice # _____

Acct. # _____

*No further contact
by family*

TOP of Double Crypt

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-15-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Amy Petersen

in a TOP of Double Depth Crypt Funeral, date, time Fri. 7/17 2:00 P.M.

Church, Chapel, Graveside GRAVESIDE CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 3111 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need (1991)

Additional spaces and care fund _____

Opening/Closing & Setup Pre-Need (E-6329/1986)

Burial Container _____

Handling Fees _____

Flower vases - Marker setting/fee _____

Recording and filing fee Pre-Need (E-6329/1986)

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 record holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 10224**

PT-500 (REV. 5-85)

Invoice # _____

Acct. # _____

funds transferred

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10224

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) AMY	1B. MIDDLE BROOKS	1C. LAST (FAMILY) PETERSEN	2. DATE OF BIRTH MONTH DAY YEAR 7-30-1909	3. DATE OF DEATH MONTH DAY YEAR 7-15-1992	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 HARRY E. PETERSEN - SON 24521 JENKINS DRIVE MORENO VALLEY, CA 92553	
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 FD-941		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Karen Warrant</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 7-16-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 III 17 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Frank R. Brown, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	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

Date 7-15-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Nunnally

in a Final Vault/Line Funeral, date, time Fri 7/17 11:00AM

Church, Chapel, Graveside Graveside ; Cal B. Bernal Mortuary.
(Linda)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 128 Grave 9 Row _____ Section 3 Division 12

Grave space & Care Fund	<u>695.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>35.00</u>
Burial Container	<u>170.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes <u>Chair</u>	<u>13.18</u>
<u>for white</u> <u>PA & Office</u>	
Total Due	<u>1418.18</u>
Paid receipt number <u>42938</u>	<u>1438.46</u>
<u>interest</u>	<u>0</u>
Balance due	<u>0</u>

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

Date

Zip Code

Telephone

Work Order # **E 10225**
PY-500 (REV. 8-88)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42938

Date: 11-5, 19 92

From: Public Administrator Address: 5201-A Ruffin Road

~~Fourteen hundred thirty eight 46/100~~ Dollars (\$ 1438.46)
In full Payment of Interment service for John Nunnally

Lot 128 Grave 9 Row _____ Section 3 Division 12
Block _____

Invoice No. _____
Acct. No. _____
W.O. E10225
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007	<u>139</u>	<u>-</u>
20% Sales Care	77184		
80% Sales	100	<u>556</u>	<u>-</u>
of Lots	77184		
Opening/	100	<u>350</u>	<u>-</u>
Closing	77181		
Burial	100	<u>170</u>	<u>-</u>
Containers	77182		
	100	<u>145</u>	<u>-</u>
Handling Fee	77185		
Recording &	100	<u>65</u>	<u>28</u>
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101	<u>13</u>	<u>18</u>
	78390		
TOTAL PAID	\$	<u>1438</u>	<u>46</u>

084970

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-15-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Othie Hawkins

in a T.S. Vault Funeral, date, time Fri 7/17 1:00 PM

Church, Chapel, Graveside Graveside; Good body Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes WWII

Lot 4627 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pke. Need. (1973) _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 225.00

Handling Fees _____ 185.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 17.44

PAID
JUL 15 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

This check returned Total Due 822.44

10-8-92 includes \$10 check return charge Paid receipt number 42526 822.44

Balance due 0
42832 832.44

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Othie M. Hawkins
Signature
X P.O. Box 2652
Address
X San Diego, CA 92112-2652
City State Zip Code
X (619) 280-0999
Telephone

Work Order # **E** 10226
PY-583 (REV. 8-88)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10226

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) OTHEL	1B. MIDDLE VIRGIL	1C. LAST (FAMILY) HAWKINS	2. DATE OF BIRTH MONTH, DAY, YEAR 7-2-1914	3. DATE OF DEATH MONTH, DAY, YEAR 7-15-1992	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 Janet H. McCurdy daughter 4253 Baylor Way Livermore, CA 94550	
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		8. SIGNATURE OF APPLICANT—Person taking permit <i>Ray Vancut</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 7/16/92		

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 JUL 17 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Powers, M.D.</i>
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 427-10 3751 Market St., San Diego, CA	11B. DATE BURIED 7/17/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>T.S. Vault</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42832

Date: 10-8- 1992

From Marilyn Reed Kriebel Address: _____

Eight hundred thirty-two and 44/100 Dollars (\$ 832.44)

In Full Payment of Interment service for Otho Hawkins

plus \$10.00 returned check charge

Lot 4627 Grave — Row — Section — Division 10

Invoice No. _____

Acct. No. _____

W.O. E 10226

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

006

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Wendy Jo Teague

CREDIT	67007		
20% Sales Care	77154		
50% Sales	100		
of Lots	77164		
Opening/ Closing	100	350	—
Burial Containers	77181	225	—
	100	155	—
Handling Fee	77185	55	—
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	17	44
	78390		
TOTAL PAID	\$	832	44

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42526

Date: 7-15- 1992

From: O.V. Hawkins Address: 1149 Eastside Rd, E.C. CA 92020

Eight hundred twenty-two and 44/100 Dollars (\$ 822.44)

In Full Payment of Interment Services for
Other Hawkins

Lot 4627 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10226

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

4403

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100	<u>350</u>	<u>-</u>
Burial Containers	77181	<u>225</u>	<u>-</u>
	100	<u>185</u>	<u>-</u>
Handling Fee	77185	<u>45</u>	<u>-</u>
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	<u>17</u>	<u>44</u>
	78390		
TOTAL PAID	\$	<u>822</u>	<u>44</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 15, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. Billy C. Boykins, Sr.

in a Vault Funeral, date, time Mon 7/20 1:00 P.M.

Church, Chapel, Graveside CHURCH/G.S.; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WWII.

Lot 711 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PRE-1540 E-4765 β

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 822.44

Paid receipt number 42527 822.44

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

Chita Boykins Foster
Signature
2880 51st Street
Address
California 92105
State
(619) 264-3336 Zip Code
Telephone

Work Order # E 10227
PY-693 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10227

1A. NAME OF DECEDENT—FIRST (GIVEN) Billly	1B. MIDDLE Clyde	1C. LAST (FAMILY) Boykins Sr	2. DATE OF BIRTH MONTH DAY YEAR 9/13/28	3. DATE OF DEATH MONTH DAY YEAR 7/14/92	4. SEX M
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5A. CITY OF DEATH Hemet	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Riverside	8. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEASED Arnetta A. Boykins - Wife 575 E. Oakland Ave Hemet, CA 92543
7A. TYPE OF DISPOSITION AUTHORIZED AS SUCH Anderson Regulate Mortuary, 5050 Federal Blvd, San Diego, CA 92102		7B. CALIFORNIA LICENSE NUMBER F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Willie Card</i>	8B. DATE SIGNED 7-14-92
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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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 7/16/92	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>DB Sparks</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P. O. Box 7600 Riverside, 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
--	--

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE INTERRED 7-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A metal n/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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.

COMPLETE ALL APPLICABLE ITEMS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

№ 42527

Date: 7/15, 1982

From: RITA FOSTER Address: 2880 51st ST. S.D. CA 92105

EIGHT HUNDRED TWENTY-TWO 1/44/100 Dollars (\$ 822.44)

In Full Payment of INTERMENT OF REV. B. BOYKINS SR.

Lot: 711 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10227

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 7-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	350	00
Barial Containers	100	225	00
	77182		
Handling Fee	100	175	00
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	17	44
	78390		
TOTAL PAID	\$	822	44

4059

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45372

From: Pita Foster Address: 2880 51st St. S.D. CA 92105 Date: 8-18, 19 04

In. free Payment of installation of memorial marker for Billy Boykins Dollars (\$ _____)

Lot 711 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E 10227
BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY V. Barabasi

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183	<u>125</u>	<u>00</u>
Pre-Need Trust	63033		
	8022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>125</u>	<u>00</u>

1874

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ERNEST NEWTON

in a Liner Funeral, date, time Mon, 7/20 11:00 AM

Church, Chapel, Graveside Chapel + direct burial Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 294 Grave 5 Row 8 Section 7A Division 7A

Grave space & Care Fund Pre-Need (1957-B-1750) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 723.18

Paid receipt number 42553 723.18

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 dead.

Ernest M. Newton
Signature of recorded holder of deed

Ernest M. Newton
Signature
7352 Colcrest Dr.
Address
New Orleans La 70119
State Zip Code
469-8220
Telephone

Work Order # E 10228
PY-583 (REV. 9-88)

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

W.O.# E-10228

NOTE

\$ 423.18 San Diego, California 7-16 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seven Hundred Twenty Three 18/100 DOLLARS with interest from August 20, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME EDNA M. NEWTON SIGNATURE Edna M. Newton
ADDRESS 7352 GOLF CREST DR. SAN DIEGO, CA 92119
CALIFORNIA DRIVER LICENSE NUMBER W0031547 SSN # 567-20-1255

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 10228

1A. NAME OF DECEDENT—FIRST (GIVEN) ERNEST	1B. MIDDLE MONTAGUE	1C. LAST (FAMILY) NEWTON	2. DATE OF BIRTH MONTH DAY YEAR 4/20/1920	3. DATE OF DEATH MONTH DAY YEAR 7/16/92	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 Edward M. Newton, son 8845 Highsmith Lane San Diego, CA 92119	
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 1083		

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.	8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED JUL 17 1992	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P. O. Box 85222, San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 San Diego, CA	11B. DATE BURIED 7-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</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 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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42553

Date: 7-27, 1992

From: Edna J. Newton Address: 7352 Myrcost Ln, SA 92119

Seven Twenty-Three Dollars (\$ 723.18)

In Payment of Interment of Ernest Newton

Lot 294 Grave _____ Row _____ Section 5 Division 8

Invoice No. _____
 Acct. No. _____
 W.O. E-10228
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 1389

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
90% Sales of Lots	100	
Opening/Closing	77181	<u>350 00</u>
Burial Containers	100	<u>170 00</u>
Handling Fee	77185	<u>145 00</u>
Recording & Misc. Fees	100	<u>45 00</u>
Pre-Need Trust	63033	
Sales Tax	60101	<u>13 18</u>
	78380	
TOTAL PAID	\$	<u>723 18</u>

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

*Pre-Need Trust
Lot + Trust*

Date 7-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nolbeetha TORRES De CHAVEZ

in a T.S. Vault Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 71 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

PAID
JUL 17 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1,517.44

Paid receipt number 42530 500.00

Balance due 42533 1017.44

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recordal holder of deed _____

James J. Chung
Signature
7411 SHADY GLADE LN
Address
SAN DIEGO 92114
City Zip Code
619 472-1533
Telephone

Work Order # **E** 10229
PY-583 (REV. 3-85)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42530

Date: 7-16, 1992

From: Bertha Chavez Address: 5525 Oliven Ave, SD 92114

Five Hundred 70/100 Dollars (\$ 500.)

In part Payment of Pre-Need Fee + Trust fee
NOBERTHA TORRES DE CHAVEZ

Lot 71 Grave 7 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10229

BALANCE DUE \$1017.44

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>500.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>500.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Need
 Lot + Trust*

Date 7-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BERTHA & GUADALUPE CARRILLO

in a T.S. Vaults Funeral, date, time _____
Vault/liner

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 71 Grave 910 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 2 @ \$695.00 1390.00

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ \$350.00 700.00

Burial Container 2 T.S. Vaults @ 225.00 450.00

Handling Fees 2 @ \$185.00 370.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ \$45.00 90.00

Sales taxes 2 @ \$17.44 34.88

Total Due 3034.88

Paid receipt number _____

Balance due _____

pd m 8.15 qt

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

BERTHA CARRILLO
 Signature
5325 WILVERA AVE
 Address
SAN DIEGO 92114
 State Zip Code
363-9193
 Telephone

Work Order # **E** 10230
 PR-583 (REV. 8-88)

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43601

Date: 4-15, 1993From: Bea the Carrillo Address: 5525 OlveraIn part Payment of Pre Need Lot + Trust Dollars (\$ 126.00)Lot 71 Grave 8+9 Row _____ Section 2 Division 11
Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230BALANCE DUE 2152.88Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1337

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY A. Rayson

CREDIT	6707		
20% Sales Care	77184		
80% Sales of Lots	100	126	00
Opening/Closing	77184		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID		\$	126 00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44646

Date: 2/23, 1994

From: Bertha Ceccillo Address: 5525 Olvera Ave, S.D. CA 92114

One hundred twenty-six and 00/100 Dollars (\$ 126.00)

In Part Payment of Pre-need trust

Lot 71 Grave 2/29 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE \$766.28

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1452

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY K. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>126.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>126.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45266

Date: 7-27, 1994

From: Bonita CARRILLO Address: 5525 OLVERA AVE S D CA 92114

In part Payment of one hundred twenty six Dollars (\$ 126.00)
pre need lot and trust

Lot 71 Grave 289 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 10230

BALANCE DUE 126.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY

V. Balaban

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	63033	<u>126</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>00</u>

1446

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

45362

Date: 8/15, 19 94

From: Bertha Guadalupe Carrillo Address: 5525 Olvera Ave S.D 92114

One hundred thirty-six 88/100 Dollars (\$ 136.88)

In Full Payment of Pre-need lot in trust for Bertha

Guadalupe Carrillo PAID IN FULL

Lot 71 Grave 3/9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1507

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	<u>12 00</u>
Recording & Misc. Fees	77185	<u>90 00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	<u>34 88</u>
	78390	
TOTAL PAID	\$	<u>136 88</u>

KLW

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43825

Date: 6-12- 1993

From: Bertha Carrillo Address: 5525 OLIVERA AVE, SAN DIEGO, CA 92114

One hundred twenty-six and xx/100 Dollars (\$ 126.00)

In part Payment of pre-need lot & trust

Lot 71 Grave 8 + 9 Row _____ Section 2 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E 10230

BALANCE DUE 1774.88

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1362

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	87007	
20% Sales Tax	77184	<u>126</u> -
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>126</u> -

OFFICIAL RECEIPT

43755



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
627-3400

Date: 6-2, 1993

From: Dytha Carrillo Address: 5525 Glover Ave. SE

One Hundred Twenty Six Dollars (\$ 126⁰⁰)

In Payment of Pre-Need Trust

Lot 711 Grave 889 Row 3 Section 2 Division Block 11

Invoice No. _____
Acct. No. _____
W.O. 1-10230
BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>22 00</u>
80% Sales of Lots	100	<u>104 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>126 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

1353

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43685

Date: 4-27, 1993

From: Bertha Carrillo Address: 5525 Olvera ave S.P. 92114

One Hundred Twenty six Dollars (\$ 126.00)

In part Payment of Pre Need Lot Trust

Lot 71 Grave 8+9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE 3026.28

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 1341

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY A. Ferguson

CREDIT	67007	<u>126</u>	<u>00</u>
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77181		
Sales Tax	100		
TOTAL PAID	60101	<u>126</u>	<u>00</u>
	78390		

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43395

Date: 2-25, 1993
 From: Bertha Carrillo Address: 5525 O Luna ave S.D. 92114

 In paid Payment of Pre Need Lot + Trust Dollars (\$ 126.00)

 Lot 71 Grave 849 Row _____ Section 2 Division Black 11

Invoice No. _____

Acct. No. _____

W.O. E-10230BALANCE DUE \$ 2278.88Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1315

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>126</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>126</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43148

Date: 6-22, 1994

From: BERTHA CARRILLO Address: 5525 OLVERA AVE 3D. 72114

ONE HUNDRED TWENTY-SIX Dollars (\$ 126.00)

In Part Payment of PRE-NEED Lot & TRUST

Lot 71 Grave 849 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE 262.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1489

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY M. Leque

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033	<u>126</u>	<u>00</u>
	9022		
	60101		
	78360		
TOTAL PAID	\$	<u>126</u>	<u>00</u>

45110

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-10, 1974

From: BERTHA CARRILLO Address: 5525 OLIVERA AVE S.D. 92114

ONE HUNDRED TWENTY-SIX Dollars (\$ 126.00)

In PART Payment of PRE NEEDED LOT + TRUST

Lot 71 Grave 8 + 9 Row _____ Section 2 Division BROCK 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE 388.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY M. Perique

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
100		
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	53033	<u>126</u>
9022		<u>00</u>
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>126 00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44942

Date: 5-12, 1994

From: Bertha Carrillo Address: 5525 Olvera Ave, SD 92114

In One Hundred Twenty Six Dollars (\$ 126.-)

Payment of Pre-Need Lot + Trust

Lot 41 Grave 8-9 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE _____

Pre-Need Lot All Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 1476

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>126 W</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>126 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44855

Date: 4-13, 1994

From: BERTHA CARRILLO Address: 5525 OLVERA S.D. 92114

ONE HUNDRED TWENTY-SIX Dollars (\$ 126.00)

In PART Payment of PRE LOT + TRUST

Lot 71 Grave 849 Row _____ Section 2 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE 640.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1469

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

M. Longue

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	126	00
	8022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	126	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44566

Date: JAN. 25, 19 94

From: Bertina Carrillo Address: 5525 Olivera Ave., S.D. 92114

One hundred twenty-six and 00/100 Dollars (\$ 126.00)

In Part Payment of Pre-need lot-trust

Lot 71 Grave 8/9 Row _____ Section 2 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE _____

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>126.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>126.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Dec #

44451

ce 701

Date: 12-17, 1993

From: Bertha Carrillo Address: 5525 Olvera Ave. S.D. 92114

One hundred twenty-six and 00/100 Dollars (\$ 126.00)

In Part Payment of Pre-need trust/lot

CITY AUDITOR

Lot 71 Grave 259 Row _____ Section DEC 23 1993 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-100308

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY K. L. Kider

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>126.00</u>
	9022	
	80101	
	78390	
		<u>126.00</u>

1428

OFFICIAL RECEIPT



WHITE..... TO CUP
CANARY..... CE...
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44373

Date: Nov 22, 19 93

From: GUADALUPE & BERTHA CARRILLO Address: 5525 OLVERA AVE SAN DIEGO 92114

ONE HUNDRED TWENTY-SIX 00/100 Dollars (\$ 126.00)

In Part Payment of PRE-NEED LOT & TRUST

Lot 71 Grave 8/9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE \$1144.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1418

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>126.00</u>
	9022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	<u>126.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44306

Date: 11/5, 1993

From: Dectra Corillo Address: 5525 Olivera Ave S.D. CA 92114

Two hundred twenty-six and 00/100 Dollars (\$ 126.00)

In Part Payment of Pre-need trust/lot

Lot 71 Grave 859 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12230

BALANCE DUE 1270.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1407

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		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033	<u>126</u>	<u>00</u>
9022			
Sales Tax	60101		
76390			

TOTAL PAID \$ 126 00

OFFICIAL RECEIPT

44253



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

From: Ruth Carrillo Address: 5535 Gloriosa Ave, SD Date: 10-27, 1993
One Hundred Twenty Six Dollars (\$ 126.⁰⁰)
In Payment of Pre Need Trst + Trust

Lot 41 Grave 8+9 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>126 W</u>
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>126 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44149

Date: 9-15, 1993

From Antha Carrillo Address: 5525 Pluma Ave, SA

One Hundred Twenty Six Dollars (\$ 126.00)

In _____ Payment of Pre-Need Trust + Trust

Lot 11 Grave 899 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1389

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	
	100	
	77183	
	53033	<u>126.00</u>
	9022	
	80101	
	78390	
		<u>126.00</u>

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

48940

Date: 7/27, 1923

From: Bertha Carrillo Address: 5525 Blanca St

One Hundred Twenty Six 71/100 Dollars (\$ 126.-)

In _____ Payment of Pre-Need Burial Trust

Lot 71 Grave 8-9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 81648.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	<u>3 156</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>123 1000 44</u>
	9022	
Sales Tax	60101	
	76380	
TOTAL PAID	\$	<u>126 W</u>

OFFICIAL RECEIPT

No 43259



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 1-20, 1993

From: Bertha Corvillo Address: 5525 Clara Ave, St
One Hundred Twenty Six Dollars (\$ 126⁰⁰)

In Payment of Pre-Need Lot + Trust

Lot 41 Grave 8 & 9 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (REV. 1-81)

1293

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Waits

CREDIT	67007		
20% Sales Cont	77184		
80% Sales of Lots	100	<u>126</u>	<u>10</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>126</u>	<u>10</u>

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42953

Date: 11-9, 1992

From: Bertha Coriells Address: 5525 Bluea Ave, SD 92114

one hundred twenty-six Dollars (\$ 126.⁰⁰)

In Payment of Pre Need Lot + Trust

Lot 71 Grave 8 + 9 Row _____ Section 2 Division Black 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE \$2530.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1265

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>126 00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63093	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>126 00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42893

Date: 10-28- 1992

From: Bertha Carrillo Address: 5525 Olvera Ave, S.D., CA 92114

One hundred twenty-six and 00/100 Dollars (\$ 126.00)

In part Payment of preneed trust

Lot 71 Grave 849 Row _____ Section 2 Division M

Invoice No. _____

Acct. No. _____

W.O. E 10230

BALANCE DUE 2656.88

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1259

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Cera	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>126</u>	<u>-</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42760

Date: 9-23, 1992

From: Smith, Corinne Address: 5525 Olvera Hwy, San Diego

One Hundred Twenty Six Dollars (\$ 126)

In Payment of Pre-need Lot - Trust

Lot 71 Grave 719 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10230

BALANCE DUE 42782.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 255

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>126</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42664

From: Bertha + Guadalupe Carrillo Address: 5525 Blanca Ave, SD 92114
One Thousand Twenty-six Dollars (\$ 126⁰⁰)
 In Payment of Pre-Need Lot & Trust

Date: 8-24, 1993

Lot 41 Grave 9510 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10230
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>126 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>126 00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NAME Bertha & Guadalupe Carrillo

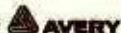
ACCT. NO. E-10230



ADDRESS 5525 Olvera Ave., S.D., CA 92114 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
7-16-92	Pre-Need Lot & Trust				
	Lot 71; Grave 8 & 9; Section 2; Division 11 2 @ \$695.00	1390.00			
	Pre-Need Trust: 2 T.S. Vaults; 2(two) OTC; Handling fees; 2 (two) Rec/Filing fees; 2 (two) tax on vaults =	1644.88			3034.88
8-24-92	Receipt # 42664 Coupon #1			126.00	2908.88
9-23-92	Coupon #2, rec # 42760			126.00	2782.88
10-28-92	Coupon #3, rec # 42893			126.00	2656.88
11-9-92	Coupon #4, rec # 42953			126.00	2530.88
1-0-93	Coupon #5, rec # 43259			126.00	2404.88
2-5-93	Coupon #6, rec 43395			126.00	2278.88
4-15-93	Coupon 7, rec 43601			126.00	2152.88
4-29-93	Coupon 8, rec 43635			126.00	2026.88
6-2-93	Coupon 9, rec # 43755			126.00	1900.88
6-18-93	Coupon 10, rec # 43825			126.00	1774.88



NAME

ACCT. NO.



ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BAL
7-27-93	Coupon 11, rec # 43940			126.00	1477.88
9-15-93	Coupon 12, rec # 44149			126.00	1648.88
10-27-93	Coupon 13, rec # 44253			126.00	1522.88
11/5 93	Coupon # 14 rec # 44306			126.00	1396.88
11/29 93	Coupon # 15 Rec # 44373			126.00	1270.88
12/17 93	Coupon 16 Rec # 44451			126.00	1144.88
1/25 94	Coupon # 17 Rec # 44566			126.00	1018.88
2/20 94	Coupon # 18 Rec # 44646			126.00	892.88
4-13 94	COUPON 19 REC # 44855			126.00	766.88
5-12-94	Coupon 20, rec # 44942			126.00	640.88
6-10 94	Coupon 21 rec 45100			126.00	514.88
7-22 94	Coupon 22 rec 45148			126.00	388.88
7-23 94	Coupon 23 rec 45266			126.00	262.88
8/15 94	Coupon 24 Rec 45362			136.88	136.88

LOT PAID
IN FULL
SEND
DEBIT



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11996

D H H D

OWNERSHIP AND INTERMENT PRIVILEGES

TO BERTHA CARRILLO AND GUADALUPE CARRILLO for the sum of \$ (2) @ \$695.00 (DOLLARS)

LEGAL DESCRIPTION LOT 71; GRAVE 8 & 9; SECTION 2; DIVISION 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10230

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Flat Marker Only- 12" x 30" or 12" x 24"

Wendy Jo League

Cemetery Manager

J. T. Brown

Property Director

Send or bring one coupon with each remittance **COUPON**

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust E-10230

Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 126.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

B-10230

Bertha & Guadalupe Carrillo

5525 Olvera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								X			

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust E-10230

**Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before,
due date above.

\$ 126.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

B-10230

Bertha & Guadalupe Carrillo

5525 Olvera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								X			

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust E-10230**

Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

E-10230

Bertha & Guadalupe Carrillo

5525 Olvera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								X			

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust E-10230**

**Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

E-10230

Bertha & Guadalupe Carrillo

5525 Olvera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								X			

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 126.-

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust E-10230**

**Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on or before,
due date above



126.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

B-10230

Bertha & Guadalupe Carrillo

5525 Olvera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								X			

Amount due when paid on, or before,
due date above.

\$

126.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust E-10230**

Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME BERTHA & Guadalupe Carrillo

ADDRESS 5525 OLVERA AVE

CITY S.D. CA STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

B-10230

Bertha & Guadalupe Carrillo

5525 Olvera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								X			

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$

126.00

NAME BERTHA CARRILLO

ADDRESS 5525 OLVERA AVE

CITY SAN DIEGO STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust E-10230**

**Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 126.⁰⁰/₁₀₀

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Send or bring one coupon with each remittance **COUPON**

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRR-NEED LOT & TRUST**

B-10230

Bertha & Guadalupe Cerrillo

5525 Olvera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								X			

Amount due when paid on, or before,
due date above.

126.00
\$ _____

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

126.00
\$ _____

NAME **Bertha Cerrillo**

ADDRESS **5525 Olvera Ave**

CITY **San Diego** STATE **Cal** ZIP **92114**

check (✓) if this is new address

1g one coupon with each remittance

COUPON

17

BY MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust E-10230**

**Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before,
due date above.



126.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 126.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

8-10230

Bertha & Guadalupe Carrillo

5525 Olivera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								X			

Amount due when paid on, or before,
due date above.



126.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$

126.00

NAME **BERTHA CARRILLO**

ADDRESS **5525 OLIVERA AVE**

CITY **SAN DIEGO** STATE **CA** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **RIC-SEED LOT & TRUST-10230**

**Bertha & Guadalupe Carrillo
5525 Olivera Avenue
San Diego, CA 92114**

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before,
due date above



\$ 136.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

S-10230

Bertha & Guadalupe Carrillo

5525 Olvera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								X			

Amount due when paid on, or before,
due date above.

\$ 126.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 126.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pro-Need Lot & Trust* **E-10130**

Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,
due date above.

▶ **126.00**
\$ _____

Amount due if paid more than _____ days
after due date above.

▶ \$ _____

\$ _____

Amount Received

\$ *126.⁰⁰*

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOY & TRUST**

B-10230

Bertha & Guadalupe Carrillo

5525 Olivera Avenue

San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								3			

Amount due when paid on, or before,
due date above.



126.00
\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PS-Seed Lot & Tract**
E-10230

Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before,
due date above

▶ **126.00**
\$ _____

Amount due if paid more than _____ days
after due date above.

▶ \$ _____

\$ _____

Amount Received

\$ 126.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRR-NEED LOY & TRUST**

E-10230

Bertha & Guadalupe Carrillo
5525 Olvera Avenue
San Diego, CA 92116

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								X			

Amount due when paid on, or before
due date above.

\$

~~175.00~~
~~136.88~~
136.88

Amount due if paid more than _____ days

\$

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-16-92

*Phy. Need
Not + Just*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of TOMAS & MARIA CHAVEZ

in a T.S. Vaults Vault/Urner 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 will be applied and billed to undersigned. War time veteran _____

Lot 71 Grave 12 Row 1 Section 3 Division/Block 11

Grave space & Care Fund 2 @ \$695.00 1390.00

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ \$350.00 700.00

Burial Container 2 T.S. Vaults @ \$225.00 450.00

Handling Fees 2 @ \$195.00 390.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ \$45.00 90.00

Sales taxes 2 @ \$17.44 34.88

Total Due 3034.88

Paid receipt number _____

Paid in full 4-14-95.

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 _____

Tomas F. Chavez
Signature
7711 Study Hall
Address
San Diego
City
619 234 7809
Telephone

Zip Code

Work Order # **E** 10231

PV-603 (REV. 8-86)

Invoice # _____

Acct. # _____

*-Missing
coupons
-20-*

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43587

Date: 4-13, 1993

From: Thomas Chaney Address: 7711 Shady Glade Ln S.D. 92114

One hundred twenty-six Dollars (\$ 126.00)

In part Payment of Pre-Need Lot & Trust

Lot 71 Grave 14 + 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-16231

BALANCE DUE 1900.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

2307

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

M. Leques

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	126	00
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	\$	126	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44647

Date: 2/23, 19 94

From: Tomás Chavez Address: 7711 Shady Glade Ln. S.D. 92114

One hundred twenty-six and 100/100 Dollars (\$ 126⁰⁰)

In Part Payment of Pre-need lot - trust

Lot 71 Grave 11/12 Row _____ Section 2 Division Block 11

Invoice No. _____
Acct. No. _____
W.O. E-10231
BALANCE DUE 640.98

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY K.L. Meddall

CREDIT	67007	
25% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83003	<u>126 00</u>
	9022	
Sales Tax	60101	
	75390	
TOTAL PAID	\$	<u>126 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91) #2460

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

45265

Date: 7-27, 1994

From: Thomas & Maria Chavez Address: 7711 Shady Glade S.D. CA 92114

one hundred thirty six ^{88/100} Dollars (\$ 136.88)

In part Payment of pre-need lot and trust
for Thomas & Maria Chavez

Lot 71 Grave 11912 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE 126.02

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

2546

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY V. Balobius

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	53093	<u>136</u>	<u>PP</u>
Sales Tax	9022		
	60101		
	78380		
TOTAL PAID	\$	<u>136</u>	<u>PP</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

45143

Date: 6-21, 1994

From: TOMAS CHAVEZ Address: 7711 SHARPE CLADE LN S.D. 92114

ONE HUNDRED TWENTY-SIX Dollars (\$ 126.00)

In PART Payment of PRE NEED LOT + TRUST

Lot 71 Grave 11 + 12 Row _____ Section 2 Division 11
Block _____

Invoice No. _____

Accl. No. _____

W.O. E-16231

BALANCE DUE 262.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY D. Perquis

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>126</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44969

Date: 5-19, 1994

From: James Chavez Address: 7711 Shady Green Ln, LA

One Hundred Twenty-Six Dollars (\$ 126.-)

In _____ Payment of Pre-Need Lot & Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

2504

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>126</u>	<u>W</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44873

Date: 4-19, 1994

From: James Chavez Address: 7711 Nancy Glendon Lane, SD
One Hundred Twenty Six Paper Dollars (\$ 126.-)

In _____ Payment of Pre-Need Trust

Lot 71 Grave 11012 Row _____ Section 2 Division 11

Invoice No. _____
Acct. No. _____
W.O. E-10231
BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	57007	
25% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>126 W</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>126 W</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

2497

OFFICIAL RECEIPT



WRITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44564

Date: 1-24 19 94

From: TOMAS CHAISS Address: 7711 Shady Glade Ln. S.D. CA 92117

One hundred twenty-six and 00/100 Dollars (\$ 126.00)

In part Payment of Pre-need Lot/Trust

Lot T1 Grave 11-12 Row _____ Section 8 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY K. Stadel

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	63033		
Sales Tax	9022		
	80101		
	75300		
TOTAL PAID	\$	<u>126</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44470

Date: 12/27, 19 03

From: Chavez Tomas Maria Address: 7711 Shady Glade Ln. S.D. 92114

One hundred twenty-six and 00/100 Dollars (\$ 126.00)

In Part Payment of Pre-need lot & trust

Lot 71 Grave 11/12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10291

BALANCE DUE \$ 892.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	<u>126.00</u>
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>126.00</u>

2432 ISSUED BY F. J. Hudell

OFFICIAL RECEIPT

44266



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 10-27, 1993

From: Jomas Chavez Address: 7711 Nancy Glade Lane, St

One Hundred Twenty Six Dollars (\$ 126 -)

In _____ Payment of Pre Need Trust

Lot 71 Grave 11 + 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

2397

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Judit

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>126 W</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>126 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44158

Date: Sept 22, 1993

From: James Chavez Address: 37111 San Diego Blvd

One Hundred Twenty Six Dollars (\$ 126.00)

In Payment of Pre-Need Trust

Lot 71 Grave 11-12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. F-10231

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2-212 (Rev. 1-91)

23811

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Wright

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>126.00</u>
	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>126.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44024

Date: 8-18, 1993

From: Mrs. Maria Chavez Address: 7411 Shady Lane, SD

In One Hundred Twenty Six Dollars (\$ 126.-)

Payment of Pre-Need Lot + Trust

Lot 71 Grave 11 & 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

2376

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		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	60033	<u>126</u>	<u>W</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43821

Date: 6-16, 1993

From: MARIA DEL CARMEN CHAVEZ Address: 7711 Shady Glade Ln, S.D. CA 92114

One hundred twenty-six and xx/100 Dollars (\$ 126.00)

In part Payment of _____

Lot 71 Grave 11 + 12 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 10231

BALANCE DUE 1648.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE.

2356

ISSUED BY W.J. Traylor

CREDIT	67007	126	-
20% Sales Tax	77184		
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	80101		
78360			
TOTAL PAID	\$	126	-

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43933

Date: 7-22-93, 19__

From: Travis & Marie Chavez Address: 7711 Shady Grade 52 CA 92117

One hundred twenty-six and no/100ths Dollars (\$ 126.00)

In Part Payment of _____

Lot 71 Grave 11/12 Row _____ Section 2 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE 1522.88

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	87007		
20% Sales Cars	77184	<u>3</u>	<u>56</u>
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>122</u>	<u>44</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>00</u>

OFFICIAL RECEIPT

48708



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-14, 1993

From: Tomas Chavez Address: 7711 Shade Glade Ln S.D. 92114

In part Payment of One hundred twenty-six Dollars (\$ 126.00)
Pre Need Lot + Trust

Lot 71 Grave 11412 Row _____ Section 2 Division Block 11

Invoice No. _____
Acct. No. _____
W.O. E-10231
BALANCE DUE 1774.88

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 2337

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY N. Lugo

CREDIT	67007	<u>126</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43481

Date: 3-11, 1993

From: James Chavez Address: 7711 Lady Blade Ln S.D. 92114

One Hundred Twenty-six Dollars (\$ 126.00)

In part Payment of Pre Need Lot + Trust

Lot 71 Grave 11 + 12 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE 2026.88

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 2255

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY M. Perques

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>126</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>126</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43366

Date: 2-16, 1993

From: Tomás Chavez Address: 7711 Shady Glade Ln. S.D. Ca. 92114

One hundred twenty-six Dollars (\$ 126.00)

In part Payment of Pre Need Lot + Trust

Lot 71 Grave H + 12 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE \$ 2152.88

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 2277

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE

ISSUED BY Norm Ferguson

CREDIT	87007		
25% Sales Care	77184		
80% Sales of Lots	100	<u>126</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	80333		
	8022		
Sales Tax	80101		
	78390		
TOTAL PAID		<u>\$ 126</u>	<u>00</u>

OFFICIAL RECEIPT

No 43239



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

Date: 1-14, 1993

From: James Chavez Address: 7911 Shady Side Ln, St
One Hundred Twenty-Six Dollars (\$ 126.⁰⁰)
 In Payment of Pre-Need Lot + Trust

Lot 71 Grave 11812 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10231
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 1-81) 2231

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>126 W</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>126 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43138

Date: 12/17, 19 92

From: TOMAS MARIA CHAVEZ Address: 711 SMOY GLADE S.D CA 92114

ONE HUNDRED TWENTY-SIX AND 00/100 Dollars (\$ 126.00)

In PAST Payment of PRE-NEED LOT/TRUST

Lot 71 Grave 11-12 Row _____ Section 2 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE 2724.88

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

2192

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>126.00</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	
	78360	
TOTAL PAID	\$	<u>126.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42988

From: Maria Chavez Address: 7711 Mary Hill Ln, 18
San Diego, Calif 92118 Date: 11-13 1992
 In: _____ Dollars (\$ 126⁰⁰)
 Payment of: Pre-Need Lot + Trust

Lot 71 Grave 11 + 12 Row _____ Section 2 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10231
 BALANCE DUE _____

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>126</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	63033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID		\$	<u>126⁰⁰</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 2152

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42855

Date: 10-14, 1993

From: Juan Chavez Address: 4711 Shady Hill Ln, SD
One Hundred Twenty Six Dollars (\$ 126)
In _____ Payment of Pre-Need Lot + Trust

Lot 71 Grave 11 + 12 Row _____ Section 2 Division 11
Block _____

Invoice No. _____
Acct. No. _____
W.O.E-10231

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

2122

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>126</u>	<u>10</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	83033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>10</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 527-3400

No 42751

Date: 9-16, 1952

From: James Chavez Address: 17711 Shady Glen, St

Two Hundred Fifty-Two Dollars (\$ 252-)

In Payment of Pre-Need Lot + Trust

Lot 71 Grave 11-12 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-51)

2054

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Wait

CREDIT	67007	
20% Sales Com	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	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>252.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42533

Date: 7-17, 1992

From Jonas Chavez Address: 7411 Gladys Ave. No. 1092114

One Thousand One Hundred Dollars (\$ 1017.44)

In full Payment of Pre-Need For a Trust

Lot 71 Grave 10 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10229

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 1-81)

103

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT	87007	
20% Sales Care	77184	<u>139.00</u>
80% Sales of Lots	100	<u>56.80</u>
Opening/Closing	100	_____
Burial Containers	77181	_____
Handling Fee	100	_____
Recording & Misc. Fees	77185	_____
Pre-Need Trust	03003	<u>822.44</u>
Sales Tax	8022	_____
	80101	_____
	78390	_____
TOTAL PAID	6	<u>1017.44</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46130



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: Li-14, 19 95

From: Thomas T. Choverz Address: 7711 Spady GLADE LN. S.D. CA. 92114

one hundred twenty six Dollars (\$ 126.00)

In full Payment of pre-need trust for Thomas and Maria Choverz

Lot 72 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10231

BALANCE DUE 2657

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY V. Balobny

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>126</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>126</u>	<u>00</u>



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

No 11329

OWNERSHIP AND INTERMENT PRIVILEGES

TO Tomas and Maria Chavez for the sum of \$ 1390.00 (DOLLARS)

LEGAL DESCRIPTION Lot 71 Grave 12 Sec. 2 Div. 11 and Lot 72 Grave 7 Sec. 2 Div. 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10231

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" x 24", Flat Marker Only

Cemetery Manager

Property Director

E-10231



NAME Tomas and Maria Chavez

ACCT. NO.

ADDRESS 7711 Shady Glade 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-92	Pre-Need Lot & Trust Opened: 72-7-2-11 & Lot 71; graves # & 12; Section 2; Division 11 2 Lots @ 695.00 each =	1390.00			
	Trust: 2 O/C; 2 T. S. vaults; 2 Handling Fees; 2 Rec/Filing Fees; 2 Tax =	1644.88			3034.88
9-16-92	Coupon 1 + 2, Rec # 42751			252.00	2782.88
10-14-92	Coupon 3, Rec # 42855			126.00	2656.88
11-13-92	Coupon 4, Rec # 42988			126.00	2530.88
12-17-92	Coupon 5, Rec # 43138			126.00	2404.88
1-14-93	Coupon 6, Rec # 43239			126.00	2278.88
2-11-93	Coupon 7, Rec 43366			126.00	2152.88
3-11-93	Coupon 8, Rec 43481			126.00	2026.88
4-13-93	Coupon 9, Rec 43587			126.00	1900.88
5-14-93	Coupon 10, Rec 43708			126.00	1774.88
6-16-93	Coupon 11, Rec 43821			126.00	1648.88



NAME

ACCT. NO.



ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
7-22 93	Coupon #12 receipt # 43933			126.00	160.88
8-18 93	Coupon #13 Rec # 44024			126.00	152.88
9-22 93	Coupon 14 Rec # 44158			126.00	1396.88
10-27 93	Coupon 15 Rec # 44266			126.00	1270.88
11-22 93	Coupon 16 Rec # 44374			126.00	1144.88
12-27 93	Coupon 17 Rec # 44470			126.00	1018.88
1-14 94	Coupon 18 Rec # 44564			126.00	892.88
2-23 94	Coupon 19 Rec # 44647			126.00	766.88
4-19 94	Coupon 20 Rec # 44873			126.00	640.88
5-19 94	Coupon 22 Rec # 44969			126.00	514.88
6-21 94	Coupon 23 Rec # 45143			126.00	388.88
7-27 94	Coupon 24 Rec # 45265			136.88	262.88
4-14 95	Rec # 46130			126.00	126.00



PAID

OFF.

VLADIMIR

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT & TRUST

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady ~~G~~rade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							X				

Amount due when paid on, or before,
due date above.

\$ 126.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME Tomas & Maria Chavez

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON**

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT & TRUST

TOMAS & MARIA CHAVEZ E-10231

7711 Shady Glade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							X				

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED LOT & TRUST

TOMAS & MARIA CHAVEZ E-10231

7711 Shady G~~e~~ade

San Diego, 92114

(71-11 & 12-2-~~11~~)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							X				

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No ~~PRE-NEEB~~ LOT & TRUST

TOMAS & MARIA CHAVEZ E-10231

7711 ~~Shady~~ ~~Glade~~

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							X				

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ E-10231

7711 Shady Glade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							X				

Amount due when paid on, or before,
due date above.

\$ 126.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ E-10231

7711 Shady Glade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR	MAY
							X				

Amount due when paid on, or before,
due date above:



\$ 126.00

Amount due if paid more than _____ days
after due date above:



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LUL & LINDA**

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady Glade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							X				

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME Tomas & Maria Chavez

ADDRESS 7711 Shady Glade Ln.

CITY S-D. STATE CA ZIP 92114

check (✓) if this is new address

Send or bring your coupon with each resitlarving

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ E-10231

7711 Shady Glade


San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							X				

Amount due when paid on, or before,
due date above.

 \$ 126.00

Amount due if paid more than _____ days
after due date above.

 \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE--NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady Gade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							X				

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEEB LOT & TRUST

TOMAS & MARIA CHAVEZ E-10231

7711 Shady Glade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							X				

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK -

ACCOUNT No. **PRE-NEED LOT 6 18884**

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							X				

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 126.-

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ **E-10231**

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							X				

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~XXXXXXXXXXXX~~

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady Grade-

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							X				

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ E-10231

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							X				

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							X				

Amount due when paid on, or before,
due date above



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

FREE-TRIAL LOVE & KINDNESS

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							X				

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							X				

Amount due when paid on, or before,
due date above.



\$ **126.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ E-10231

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-ell

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							X				

Amount due when paid on, or before,
due date above.



\$ 126.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LOT & TRUST**

TOMAS & MARIA CHAVEZ

E-10231

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							2				

Amount due when paid on, or before,
due date above



\$ **126.00**

Amount due if paid more than _____ days
after due date above



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No.

TOMAS & MARIA CHAVEZ

E-10131

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							1				

Amount due when paid on, or before
due date above.

126.00
\$ _____

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON**

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED LIT & TRUST**

TOMAS & MARIA CRAVIZ

8-10231

7711 Shady Grade

San Diego, 92114

(71-11 & 12-2-11)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV

Amount due when paid on or before
due date above.



\$

~~136.98~~ 136.98

Amount due if paid more than _____ days
after due date above.



\$

\$

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Transfer
From
ROBERT LEWIS
WADDELL SR.
To
↓

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT LEWIS WADDELL JR. / JOHN M. WADDELL

in a _____ Vault/Line 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 will be applied and billed to undersigned. War time veteran _____

Lot 13 Grave 2 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 _____

PAID
JUL 16 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 45.-

Paid receipt number 42531 45.-

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Robert Waddell Sr.
Signature
5607 Edgemoor Ave.
Address
A.C.H. 90043
City Zip Code
613-295-5218
Telephone
619-442-817-642-1299

Work Order # **E** 10232
PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____



C-10232

Rev. Robert L. Waddell, Sr.
Evangelist

5607 Edgemar Ave.
Los Angeles, CA 90043
(213) 291-6069

Price Chapel AME
4000 W. Slauson
(213) 296-2406

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42531

Date: 7-16- 19 92

From: Robert Lewis Waddell Jr. Address: 5607 Edgimar Ave, L.A. CA 90043

Forty five dollars and $\frac{00}{100}$ Dollars (\$ 45.00)

In Full Payment of Transfer of lot to Robert Lewis Waddell Jr on John M. Waddell

Lot 13 Grave 2 Row _____ Section 2 Division 12
Block _____

Invoice No. _____

Acct. No. _____

W.O. E 10232

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Wendy J. Teague

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		<u>45 -</u>
Pre-Need Trust	83033	
8022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>45 -</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ethel Boswell
in a T.S. Vault Funeral, date, time MON, 7/20 10:00AM

Church, Chapel, Graveside Chapel + grave - Pasadena Mortuary.
side (MARK)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 1049 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

PAID
AUG 28 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1717.44

Paid receipt number 42536 650.00

Balance Due 1067.44
42542 230.00
(100) 837.44

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 used.

Justin D. [Signature]
Signature of Requester/Holder of deed

[Signature]
Signature
4465
Address
Ch
City
State
563-2848
Telephone
92114
Zip Code

Work Order # **E 10233**
FY-693 (REV. 8-91)

Invoice # _____
Acct. # _____

Bal \$ 837.44

7/24 200.00 # 42549

637.44

8.20 200.00 # 42656

437.44

8/20 400.00 # 42658

37.44

8/28 37.44 # 42675

0

MT. HOPE CEMETERY

W.O. # E-10233

NOTE

\$ 1067.44 San Diego, California 7-17 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand six hundred and 44/100 DOLLARS with interest from August 20, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker, will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME JAMES D BOSWELL SIGNATURE [Signature]

ADDRESS 1277 LEIGH AVE #13 San Juan, Ca. 95126

CALIFORNIA DRIVER LICENSE NUMBER N4488012 SSN # 545-90-5109

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10233

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ethel	1B. MIDDLE —	1C. LAST (FAMILY) Boswell	2. DATE OF BIRTH MONTH, DAY, YEAR 6-9-15	3. DATE OF DEATH MONTH, DAY, YEAR 7-15-92	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 Lottis White - Daughter 4585 Logan Ave. #C San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5080 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Walter Williams</i>		
			8B. DATE SIGNED 7/17/92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUL 20 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Rinaldi, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>metan u/sealed</i>	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42549

Date: 4-24, 1972

From: Henry Brown Address: 52114

2600 Huna Dollars (\$ 200.-)

In Payment of INTERMENT of Ethel Brown

Lot 1049 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10233

BALANCE DUE \$637.44

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

DCR # **CITY AUDITOR**
AUG 18 1972

001762

ISSUED BY *Juarez*

CREDIT	67007	15 00
20% Sales Tax	77184	
Cost of Lots	100	
Opening/	77184	
Cost (00)	100	185 00
Graves	77181	
Containers	100	
	77182	
Handling Fee	100	
Recording &	77185	
Misc. Fees	100	
Pre-Need	77183	
Trust	60033	
Sales Tax	8022	
	80101	
	78390	
TOTAL PAID	\$	200 00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42675

Date: 8-28, 1992

From: Mary Brown Address: 5281 NARANJA St. #10
Shirley Brown 44/10 Dollars (\$) 37.44
In full Payment of INTEREST of Ethel Brown

Lot 1049 Grave - Row - Section - Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-10233
BALANCE DUE 0

Pre-Need Lot At Need On Acct.
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>20 00</u>
Pre-Need Trust	83033	
Sales Tax	9022	
	60101	<u>17 44</u>
	76390	
TOTAL PAID	\$	<u>37 44</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42542

Date: 7-21, 1992

From: Jim Baswell Address: 1277 Leid. Ave, #13, 92126

Two Hundred Thirty Four Dollars (\$ 230.-)

In Payment of Interment of Ethel Baswell

Lot 1049 Grave - Row - Section - Division 10
Block 16400

Invoice No. _____

Acct. No. _____

W.O. E 10233

BALANCE DUE 5737.44

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CITY AUDITOR

JUL 31 1992

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>16400</u>
80% Sales of Lots	100	<u>6600</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
	77185	
	100	
	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>23000</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42658

From Richard Boswell Address: 4465 Cherokee, Apt #13, SD Date: 8-20, 1992
Five Hundred 70/100 Dollars (\$ 400 -)
 In _____ Payment of INTEREST OF Ethel Boswell

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-10233
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Swartz

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100	190	00
	77182		
Handling Fee	100	185	00
	77185		
Recording & Misc. Fees	100	25	00
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	400	00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42656

Date: 8-20, 19 92

From: Boswell Ejene Address: 5455 FOUR CORNER, S.D. CA. 92105

two hundred Dollars (\$ 200.00)

In part Payment of funeral of Ethel Boswell

Lot #049 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 10233

BALANCE DUE \$37.44

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY _____

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>165.00</u>
Burial Containers	77182	<u>35.00</u>
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>200 00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42536

Date: 7-19, 1992

From: James Bonnell Address: 1277 Leist Ave, #13, San Diego, 95126

Six Hundred Fifty ^{910/100} Dollars (\$ 650.)

In _____ Payment of Interment of Ethel Bonnell

Lot 1049 Grave 1 Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-10233

BALANCE DUE \$1067.44

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	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>650.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>650.00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gary Michelle Anthony

in a lined Funeral, date, time Tues, 7/21 1:00pm

Church, Chapel, Graveside Church + grave - Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 141 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 1418.18

Paid receipt number 42532 355.00

Gister 9/10/92 Balance due 1063.18

42714 1063.18

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 2717 Plaza Blvd #201
City National City Zip Code 91950
State CA
Telephone 479 6772

Work Order # **E** 10234
PI-583 (REV. 8-88)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42714

Date: 9-10, 1992

From: Ruby Blackman Address: 2717 Plaza Blvd #201, N.C.
One thousand sixty-three Dollars (\$ 1063¹⁸)

In Payment of Interment of Gary Anthony

Lot 61 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10234
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	87007		
20% Sales Care	77184	139	10
80% Sales of Lots	100	201	10
Opening/Closing	77181	350	00
Burial Containers	100	170	00
Handling Fee	77185	145	00
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	13	18
	78390		
TOTAL PAID	\$	1063	18

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42532

Date: 7-16, 1992

From: Brenda Glover Address: 8824 Valencia St. Sp Valley

In part Payment of Interment of Gary Gattney
Mrs Hundred Fifty five Dollars (\$ 355.)

Lot 61 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. F-10234
 BALANCE DUE 8/1063/8

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

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>355.00</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>355.00</u>

MT. HOPE CEMETERY

E10234
W.O. # ~~57023~~

NOTE

\$ 1063.18 San Diego, California 7-16 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Sixty Three & 18/100 DOLLARS with interest from August 21, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME SHERY PERRY SIGNATURE [Signature]
ADDRESS 2717 Plaza Blvd # 201 National City Ca. 91950
CALIFORNIA DRIVER LICENSE NUMBER C4446508 SSN # 564 11-5965

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10234

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Gary	1B. MIDDLE Michelle	1C. LAST (FAMILY) Anthony	2. DATE OF BIRTH MONTH DAY YEAR 4/25/1961	3. DATE OF DEATH MONTH DAY YEAR 7/14/1992	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 Babylike Blackman-Mother 2717 Plaza Blvd. #201 National City, CA 91950	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Creation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 7/16/92

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 JUL 16 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mc. Innes Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 17065 / 5006-	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7/20/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel Stromstedt

in a Liner Funeral, date, time Fri 7/24 1:00 pm

Church, Chapel, Graveside Witness; Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 460 Grave - Row - Section - Division/Block 10

Grave space & Care Fund P.P. Need (1993) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 13.18

Sales taxes 723.18

PAID
JUL 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 723.18

Paid receipt number 42539 723.18

Daughter in law
Balance due 0

I hereby certify I am the Edith F. Stromstedt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Edith F. Stromstedt
Signature
5190 Argonne Ct
Address
San Diego Ca 92117
City
(619) 483-7580 Zip Code
Telephone

Work Order # **E** 10235

PY-583 (REV. 9-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42539

Date: 7-20- 19 92

From: Edith Stromstedt Address: 5190 Argonne Ct., SD 92117

In Seven hundred twenty-three and 18/100 Dollars (\$ 723.18)

in Full Payment of Entertainment Services for Hazel Stromstedt

Lot 460 Grave - Row - Section - Division 10
 Block -

Invoice No. _____

Acct. No. _____

W.O. E10235

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W. J. Teague

CREDIT	67007		
80% Sales Cars	77184		
80% Sales of Lots	100		
Opening/Closing	77181	350	-
Burial Containers	100	170	-
	77182	145	-
Handling Fee	100	45	-
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	13	18
	78360		
TOTAL PAID	\$	723	18

E10235

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10235

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HAZEL	1B. MIDDLE H.	1C. LAST (FAMILY) STROMSTEDT	2. DATE OF BIRTH MONTH DAY YEAR 9/12/1895	3. DATE OF DEATH MONTH DAY YEAR 7/18/1992	4. SEX F
5A. CITY OF DEATH Roseau		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE MI	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Edith Stromstedt, daughter 5190 Argonne Ct. San Diego, CA 92117		
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 1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 7-23-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 23 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. Box 85222, San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	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 San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy K Lukas
 in a Double Death Crypt Funeral, date, time Wed 7/22 10:00 AM
 Church, Chapel, Graveside Church + Grav - Conrad Mortuary.
Side (Donna)
 All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
 and billed to undersigned. War time veteran No

Lot 3163 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need (1970) Ø

Additional spaces and care fund _____ Ø

Opening/Closing & Setup Pre-Need Trust (E-7701) Ø

Burial Container Pre-Need Trust (E-7701) Ø

Handling Fees Pre-Need Trust (E-7701) Ø

Flower vases - Marker setting fee _____ Ø

Recording and filing fee Pre-Need Trust (E-7701) Ø

Sales taxes Pre-Need Trust (E-7701) Ø

Total Due Ø

Paid receipt number _____

Balance due _____

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

COMPLETED

William G. Kulus
 Signature
124 Park Blvd
 Address
El Cajon, Ca. 92021
 State
444 27205 Zip Code
 Telephone

Work Order # E 10236

PY-883 (REV. 8-85)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10230

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHY	1B. MIDDLE KLIZABETH	1C. LAST (FAMILY) KLUKAS	2. DATE OF BIRTH MONTH, DAY, YEAR 4-2-1922	3. DATE OF DEATH MONTH, DAY, YEAR 7-19-1992	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 WILLIAM A. KLUKAS - HUSBAND 124 PARK BOULEVARD EL CAJON, CA 92021	
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 FD-941		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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 JUL 21 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92138-5222	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 ITEM(S)	FOR CORDNER'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 7-22-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wanda Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED oak	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

Date 7-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BEN STEWART

in a T.S. Vault Vault/Line Funeral, date, time Wed 7/22

Church, Chapel, Graveside Del. Only P.B. Board Mortuary. (Bib)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 1512 Grave Row Section 1 Division/Block 8

Grave space & Care Fund Pre-Need (1983) 0

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 822.44

Paid receipt number Invoice 10-29 822.44

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

State Zip Code

Telephone

Work Order # E 10237

PY-693 (REV. 8-85)

Invoice # 208335

Acct. # 074993

Bill.

E10237

Thomas Henney, Jr

Att. at Law

875 Prospect St

La Plata 52037

454 1780

P.O. Box 1168

52038

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10237

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BEN	1B. MIDDLE R.	1C. LAST (FAMILY) STEWART	2. DATE OF BIRTH MONTH, DAY, YEAR 05-26-1911	3. DATE OF DEATH MONTH, DAY, YEAR 07-19-1992	4. SEX M
5A. CITY OF DEATH™ LA JOLLA		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT THOMAS A. HENRY, JR.—ATTORNEY 875 PROSPECT STREET, SUITE 315 LA JOLLA, CA 92037		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY, 4710 CASS STREET SAN DIEGO, CA 92109		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 815	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Marcella Hansen</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18076 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 JUL 21 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Cannon, M.D.</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		

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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7-22-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>medal sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

208335 10/12/92 074993

E10237

THOMAS A. HENRY, JR., ATTORNEY

10/29/92 CK 962768

100	072	77181	000072
100	072	77182	000072
100	072	77183	000072
100	072	77185	000072
60101		78390	

822.44
 350.00
 225.00
 45.00
 185.00
 17.44

822.44 PAID IN FULL 0.00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of DAO CAM LUK

in a T.S. Vault Vault/Line Chapel funeral, date, time Thurs 7/23 9am

Church, Chapel, Graveside Graveside; Good body at 8:130 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes.

Lot - Grave 8 Row 10 Section Chinese Division/Block I

Grave space & Care Fund prepaid 0-8555 0

Additional spaces and care 0

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee 47.56

Recording and filing fee 150.00 195.00

Sales taxes 11.44

Total Due 1020.00

Balance due 0

PAID
JUL 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

MARKER

CEMETERY WILL NOT BE RESPONSIBLE FOR TRIMMING OUT VASES NOT INSTALLED WITHIN REGULATIONS.

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 [Signature]
Address X 5711 Conover St
State X S.D. CA 92104 Zip Code
Telephone X 298-3094

Work Order # **E** 10238
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10238

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DAO	1B. MIDDLE CAM	1C. LAST (FAMILY) LUU	2. DATE OF BIRTH MONTH, DAY, YEAR 2-14-1945	3. DATE OF DEATH MONTH, DAY, YEAR 7-15-1992	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 Dao Cam brother 3429 60th Street San Diego, CA 92105		
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>Dao Cam</i>		8B. DATE SIGNED 7/22/92
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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 7/23/1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Brown, M.D.</i>
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		
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 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 St., San Diego, CA	11B. DATE BURIED 7/23/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <i>8-Row 10-Chinese-1 Vault</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42538

Date: 7-20- 1992

From: Su Fen Luu Address: 3711 Louisiana St, S.D. CA 92104

One thousand twenty and X/100 Dollars (\$ 1020)

In Full Payment of Interment services + 2 galv. flower vases for Dao Cam Luu

Lot I Grave 8 Row 10 Section Chinese Division Block I

Invoice No. _____

Acct. No. _____

W.O. E10238

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

W. J. Teague

CREDIT	87007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	<u>350</u> —
Handling Fee	77181	<u>245</u> —
Recording & Misc. Fees	100	<u>211</u> —
Pre-Need Trust	77185	<u>195</u> —
Sales Tax	63003	
	9022	
	80101	<u>19</u> —
	78390	
TOTAL PAID	\$	<u>1020</u> —

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Manual Guizar Portillo

in a T.S. Vault Funeral, date, time Thurs 7/23 10am
Vault/Line Church, Chapel, Graveside Church, G.S.; Guadalupe Mortuary. ARRIVE 11 AM

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 125 Grave 5 Row _____ Section 3 Division/~~Plot~~ 12

Grave space & Care Fund 195-695.-

Additional spaces and care fund MM

Opening/Closing & Setup 350.-

Burial Container 225.-

Handling Fees 185.-

Flower vases - Marker setting fee AUG. 2.6. 1992

Recording and filing fee 45.-

Sales tax 17.44

PAID
AUG. 2.6. 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1617.44

Paid receipt number 42545 380.00

Balance due 1237.44

*3% down
30 day note
Mortuary to bring
check*

I hereby certify I am the Marvia Martinez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Marvia Martinez
 Signature 1547 38 ST.
 Address SAN Diego CA 92113
 State 264-80-02 Zip Code
 Telephone _____

Work Order # **E** 10239
 PY-583 (REV. 5-86)

Invoice # _____
 Acct. # _____

Bal - 537.44

#42672

537.44

8/26/52

0

MT. HOPE CEMETERY

W.O. # E-10239

NOTE

\$ 1237.44 San Diego, California 7-22 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve hundred thirty seven and 44/100 DOLLARS with interest from August 23, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME MARIA MARTINEZ SIGNATURE Maria Martinez

ADDRESS 1547 38th St

CALIFORNIA DRIVER LICENSE NUMBER A9575449 SSN # 571-61-0168

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10239

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) MANUEL	1B. MIDDLE _____	1C. LAST (FAMILY) GUITZAR-PORTILLO	2. DATE OF BIRTH MONTH DAY YEAR 12-25-50	3. DATE OF DEATH MONTH DAY YEAR 7-18-92	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 MARTINEZ REGISTER 1547 S. 38th ST SAN DIEGO, CA. 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE, SAN DIEGO, CA. 92102			7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-1425		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

Signature: *Jose Chavez* Date: **1-22-92**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 22 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramirez, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SD, CA, 92102		9E. 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 7-23-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>Metal sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WRITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42545

Date: 7-23, 1992

From: Guadalupe Martinez Address: 201 Imperial Ave, SD 92102

Three Hundred Eighty 70/100 Dollars (\$ 580.-)

In Payment of Interment of Manuel Portillo

Lot 125 Grave 5 Row 3 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10239

BALANCE DUE \$ 1237.44

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1252

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>380</u>	<u>W</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>380</u>	<u>W</u>

OFFICIAL RECEIPT

No 42563



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
627-3400

From Maria Martinez Address: 1547 38th St. SD 92113 Date: 4-30, 1992
Seven Hundred (no/w) Dollars (\$ 700.⁰⁰)
 In _____ Payment of Interment of Manuel Guzman Portillo

Lot 125 Grave 5 Row _____ Section 3 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10235

BALANCE DUE \$537.⁴⁴

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	<u>139.00</u>
60% Sales of Lots	100	<u>176.00</u>
Opening/Closing	77181	<u>350.00</u>
Burial Containers	100	<u>35.00</u>
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>700.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42672

003185
 7-26

Date: _____, 1992

From Maria Martinez Address: 1547 3rd St. SD

Five Hundred Fifty-seven — 44/10 Dollars (\$ 537.44)

In _____ Payment of Interment of Manuel Guizar Peltilla

Lot 125 Grave 15 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. F-10239

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 23 1992

ISSUED BY Walt

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
Planning/Closing	77181	<u>65</u>	<u>00</u>
Burial Containers	100	<u>225</u>	<u>00</u>
Handling Fee	77182	<u>185</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	83033		
Sales Tax	9022	<u>17</u>	<u>44</u>
	80101		
	78390		
TOTAL PAID	\$	<u>537</u>	<u>44</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-21-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

B of Zula Mae Kadney
in a T.S. Vault Funeral, date, time Fri 7/24 11:00 AM
Church, Chapel, Graveside Chapel + graveside Calif Burrell Mortuary.
(Jeanette)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 3271 Grave — Row — Section — Division/Block 10

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 1719.44

Paid receipt number 42541 500.00

Balance due 1219.44

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 _____

Constance Gustina
Signature
2918 Lincoln Ave
Address
CA 92104
State Zip Code
619-283-9775
Telephone

Work Order # **E** 10240

PY-583 (REV. 8-85)

Invoice # 208326

Acct. # 074975

5-2-01 cont'd to
put up marker
I.D. 308609
owe 1515.66 as
of 5-2-01

MT. HOPE CEMETERY

W.O. # E-10240

NOTE

\$ 1217.44 San Diego, California 7-21 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Twelve hundred Seventeen and 44/100 DOLLARS with interest from August 24, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Constance Easman SIGNATURE Constance E. Easman

ADDRESS 2915 Lincoln Ave

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 334-44-4440

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10240

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Zula	1B. MIDDLE Mae	1C. LAST (FAMILY) Rachey	2. DATE OF BIRTH MONTH DAY YEAR 12/19/1926	3. DATE OF DEATH MONTH DAY YEAR 7/20/1992	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Constance Rachey-Daughter 2918 Lincoln Avenue San Diego, CA 92104	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-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 7/22/92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUL 22 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	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"/> 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mc. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 3271-10 metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42541

Date: 7-21, 1993

From Constance E. Carter Address: 2918 Lincoln Ave, SA 92104

Five Hundred (710/100) Dollars (\$ 500 -)

In _____ Payment of Interment of Lula Kadney

Lot 3271 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10240

BALANCE DUE \$1217.44

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W. A. [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>500.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	60033	
	8022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>500.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-21-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of IZEY James Bradford Jr
in a Double Crypt Funeral, date, time MON, 7/27 11:00AM
Church, Chapel, Graveside Church + Graveside; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 112 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	795.—
Additional spaces and care fund	
Opening/Closing & Setup	350.—
Burial Container	360.—
Handling Fees	320.—
Flower vases - Marker setting fee	
Recording and filing fee	45.—
Sales taxes	27.90

PAID
AUG 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 1897.90

Paid receipt number 42543 475.00

Balance due 1422.90

I hereby certify I am the Wife PAID in full 1422.90
Nº 42657 of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Doreen Bradford
Signature
328-68th St
Address
SAN DIEGO 92114
State Zip Code
263-0771
Telephone

Work Order # **E** 10241 ✓
PY-883 (REV. 8-86)

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10241

NOTE

\$ 1422.90 San Diego, California 7-21 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fourteen Hundred Twenty Two ⁹⁰/₁₀₀ DOLLARS with interest from August 27, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Darleen Bradford SIGNATURE Darleen Bradford

ADDRESS 328-68th St. San Diego, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER N5299603 SSN # 566-25-4837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10241

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Izey	1B. MIDDLE Jamas	1C. LAST (FAMILY) Bradford, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 5-24-39	3. DATE OF DEATH MONTH DAY YEAR 7-19-92	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Darleen Bradford, Wife 328 68th St. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Shehba Williams</i>	8B. DATE SIGNED 7/21/92
--	--	-----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	8A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> Vital Records; P.O. Box 85222 San Diego, CA 92186	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE INTERRED 7-27-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Tugue</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF 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 TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND 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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42657

Date: 8-20, 1992

From: Darleen M. Bradford Address: 328 68th St. S.D. CA. 92114
one thousand four hundred twenty two ⁹⁰/₁₀₀ Dollars (\$ 1422.90)
In full Payment of funeral of IREY James Bradford JR

Lot 112 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E 10241

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY V. Poulakly

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>141</u>	<u>00</u>
Opening/Closing	77181	<u>350</u>	<u>00</u>
Burial Containers	77182	<u>360</u>	<u>00</u>
Handling Fee	77185	<u>320</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	83033		
	9022		
Sales Tax	80101	<u>27</u>	<u>90</u>
	76390		
TOTAL PAID		<u>\$ 1422</u>	<u>90</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42543

Date: 7-21, 1992

From: Dr. La Bradshaw Address: 635 No. 42nd St. SD 92102

Four Hundred Seventy Five no/100 Dollars (\$ 475.00)

In _____ Payment of INTERMENT OF IZEL JAMES BRADSHAW, JR.

Lot 112 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10241

BALANCE DUE \$1422.90

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 2448

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>475.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63093	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>475.00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-22-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mildred Goutsey (D)
in a _____ Vault/Liner Funeral date, time Thurs, 7/30 10:30am

Church, Chapel, Graveside Graveside Only: EL CAJON Mortuary. (Elm)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No To be Added to Grave of THOMAS STARKLEY

Lot 3 Grave - Row - Section 100F ~~Plot~~/Block 46

Grave space & Care Fund Pre-7. Dec. (1951) 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 42558 269.26

Balance due 0

PAID
JUL 28 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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 dead _____

Frank P. Goutsey
Signature
1455 BATHURST PLACE
Address
EL CAJON, CALIF 92020
City
619/447-9727 Zip Code
Telephone

Work Order # **E** 10242
FY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10242

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Mildred	1B. MIDDLE Evelyn	1C. LAST (FAMILY) Youtsey	2. DATE OF BIRTH MONTH DAY YEAR 3/12/1924	3. DATE OF DEATH MONTH DAY YEAR 7/22/1992	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 Frank Paul Youtsey - Husband 1455 Bathurst Place El Cajon, California 92020	
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		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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 7-23-92	

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery/3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-30-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Greenwood Mortuary & Crematory/1-805 & Imperial Ave., San Diego, CA 92101	12B. DATE CREMATED 7-28-92	12C. SIGNATURE OF PERSON IN-CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42558

Date: 7/28, 19 92

From: FRANK YOUTSEY Address: 1455 BATHURST PL. EL CAYON 92020

TWO HUNDRED SIXTY-NINE - 26/100 Dollars (\$ 269.26)

in FULL Payment of INTERMENT OF MARIO YOUTSEY

Lot 3 Grave _____ Row _____ Section 100F Division Block 46

Invoice No. _____

Acct. No. _____

W.O. E 10247

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/Closing	100	<u>105</u>	<u>00</u>
77181			
Burial Containers	100	<u>55</u>	<u>00</u>
77182			
Handling Fee	100	<u>60</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	60303		
9022			
Sales Tax	60101	<u>4</u>	<u>26</u>
78300			
TOTAL PAID	\$	<u>269</u>	<u>26</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jeanette L. Perry

in a T.S. Vault Funeral, date, time 7:15 7/24

Church, Chapel, Graveside Direct Burial ; Fatheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 2286 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C 5902 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.-

Burial Container _____ 225.-

Handling Fees _____ 185.-

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.-

Sales taxes _____ 17.44

Total Due _____ 822.44

Paid receipt number 42552 822.44

Balance due 0

*Michael Jirsa
277-0056
Mortuary to bring check*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E[√] 10243

Invoice # _____

Acct. # _____

PY-593 (REV. 8-85)

*Wally to
notify us of
time of
delivery when
he gets paperwork*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10243

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JEANNETTE	1B. MIDDLE LUCILE	1C. LAST (FAMILY) PERRY	2. DATE OF BIRTH MONTH DAY YEAR 10/20/1910	3. DATE OF DEATH MONTH DAY YEAR 7/22/1992	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 Ann Jirsa - daughter 4041 Mt. Blackburn Ave. San Diego, CA 92111	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGSILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083		8. SIGNATURE OF APPLICANT—Person taking permit <i>Edward Ferris</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 7-24-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rames, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. Box 85222, San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED 2286-10	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42552

Date: July 24, 19 92

From: MICHAEL FIRSA Address: 4736 PANEX PL. S.D. CA 92117

EIGHT HUNDRED TWENTY-TWO & 44/100 Dollars (\$ 822.44)

In Full Payment of INTERMENT OF JEANETTE PERRY

Lot 2286 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10243

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1168

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY K. Stodahl

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>350 00</u>
77181		
Burial Containers	100	<u>225 00</u>
77182		
Handling Fee	100	<u>185 00</u>
77185		
Recording & Misc. Fees	100	<u>45 00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>17 44</u>
78380		
TOTAL PAID	\$	<u>822 44</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7/23/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gracy Childs PA# 1130994

in a Home Vault/Line Funeral, date, time Fri 7/24 2:30pm

Church, Chapel, Graveside Del Rey Hollywood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 107 Grave 3B Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund 165.00

Opening/Closing & Setup 50.00

Burial Container 45.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee) 386.00

Sales taxes

Total Due

Paid receipt number _____

Balance due _____

**Paid in Full
11-10-92**

Pat Williams

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

State Zip Code

Telephone

Work Order # **E 10244**

PY-593 (REV. 8-85)

Invoice # 208278
Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10244

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) TRACY	1B. MIDDLE LATRICE	1C. LAST (FAMILY) CHILDS	2. DATE OF BIRTH MONTH DAY YEAR 05-16-1972	3. DATE OF DEATH MONTH DAY YEAR 07-20-1992	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 Melissa A. Childs - Mother 4240 37th Street, Apt. B San Diego CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911			7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-964		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103776 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 7-23-92		

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 JUL 23 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 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 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	AL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED <i>p/a</i>	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.

208278 10/09/92 000952

COUNTY OF SAN DIEGO

11/10/92 CK 04-153014

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

E 10244

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Disinterment

Date 7/23/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bennett Addison (PA#1128426)

in a LINER 5-21-92 Vault/Liner Funeral, date, time Wed 7/29 By Noon

Church, Chapel, Graveside EL CAMINO Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran (Jim)

Lot 33 Grave 29 Row 7B Section 1 Division/Block 12

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee Disinterment 900.00

Sales taxes

Total Due 900.00

Paid receipt number 42546 900.00

Balance due 0

ME #91-2473

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

Eve Addison
Signature
4540 Clairmont Dr.
Address
San Diego Ca. 92117
State Zip Code
270-4612
Telephone

Work Order # E 10245
FY-583 (REV. 8-85)

Invoice # _____

Acct. # _____



THE CITY OF
SAN DIEGO

E10245

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department 264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

7 92
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

BENNETT Addison AKA JOHN DOE PA #1128426
ME #91-2473

from Lot 29 Grave 8B Section 1 Row Block Division 12
and to remove the same to and reinter said remains in Lot Grave
Section Row Block Division Cemetery EL CAMINO Mortuary

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.

Eve Addison Wife 41540 Clairmont Drive

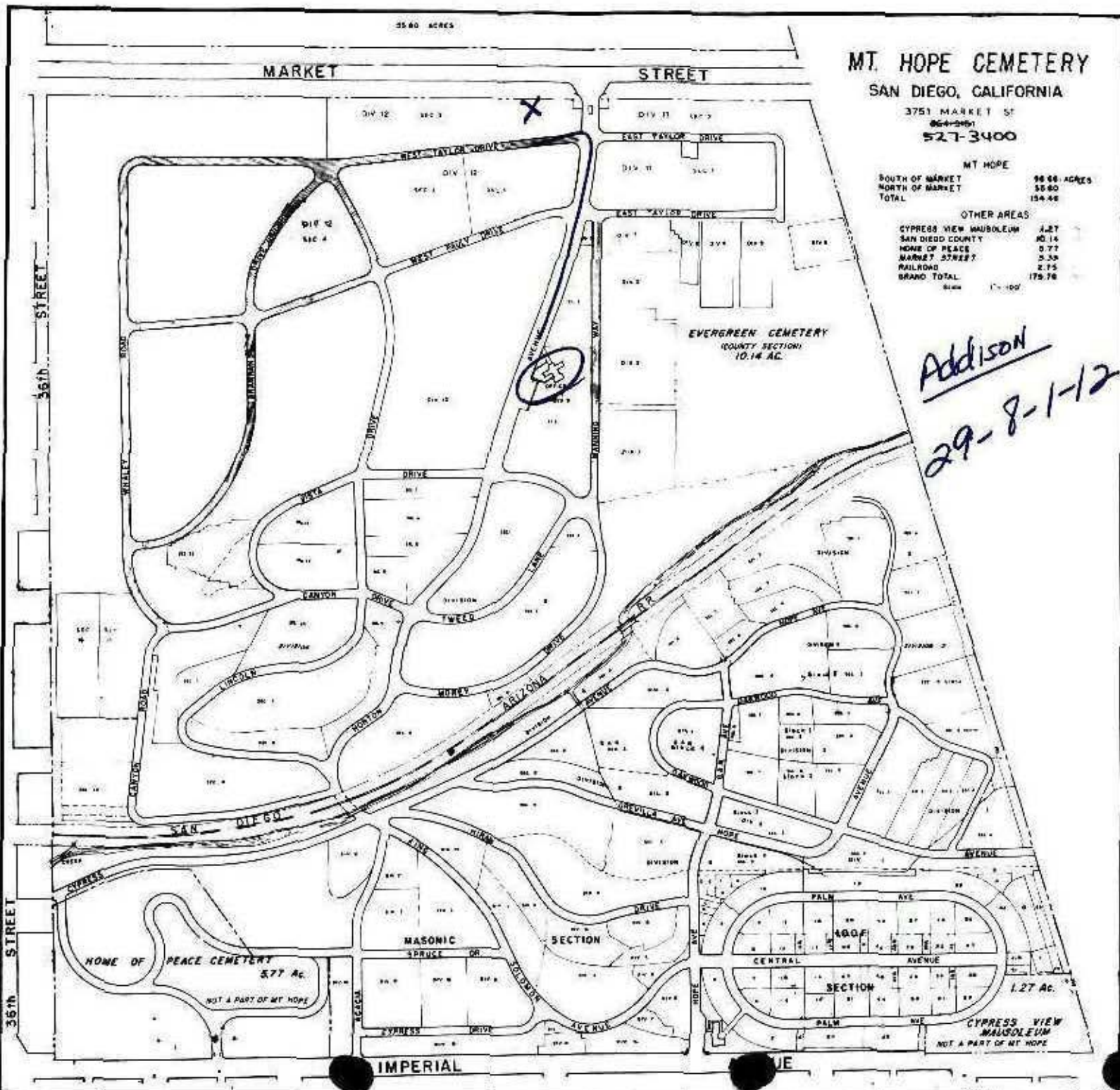
Signature Relation to deceased Address

I hereby authorize the above disinterment:

Eve Addison 7/23/92
(Lot owner must sign if not legal custodian) Date

County of SD is Lot owner

610245



MT. HOPE CEMETERY
 SAN DIEGO, CALIFORNIA
 3751 MARKET ST
 864-2461
 527-3400

MT HOPE
 SOUTH OF MARKET 98.66 ACRES
 NORTH OF MARKET 55.60
 TOTAL 154.26

OTHER AREAS
 CYPRESS VIEW MAUSOLEUM 1.27
 SAN DIEGO COUNTY 10.14
 HOME OF PEACE 5.77
 MARKET STREET 5.39
 RAILROAD 2.75
 GRAND TOTAL 178.76

EVERGREEN CEMETERY
 (COUNTY SECTION)
 10.14 AC.

Addison
29-8-1-12

36th STREET

36th STREET

35.60 ACRES

MARKET STREET

MARKET STREET

DIV 12 SEC 3

DIV 11 SEC 2

DIV 12 SEC 4

EAST TAYLOR DRIVE

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HOME OF PEACE CEMETERY
 5.77 AC.
 NOT A PART OF MT HOPE

MASONIC SPRUCE SECTION

SECTION

PALM AVE
 A.G.O.F.
 CENTRAL AVENUE SECTION

1.27 AC.

CYPRESS VIEW MAUSOLEUM
 NOT A PART OF MT HOPE

IMPERIAL AVENUE

IMPERIAL AVENUE

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42546

Date: 7-23, 1992

From: Luia Addison Address: 8005 Reason Pl, W 92126
Five Hundred 70/100 Dollars (\$ 900⁰⁰)

In Payment of: DISINTERMENT of Bennett Addison

Lot 29 Grave 8 B Row - Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10245

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

788

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>900⁰⁰</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10245

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) BENNETT	1B. MIDDLE EDWARD	1C. LAST (FAMILY) ADDISON, SR.	2. DATE OF BIRTH MONTH DAY YEAR 09-30-1959	3. DATE OF DEATH MONTH DAY YEAR 11-30-1991	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 Eve Addison WIFE 4540 Clairmont Drive San Diego, CA 92117		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Camino Mortuary 5600 Carroll Canyon Road San Diego, CA 92121		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F 1260	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kathleen Pontello</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 7-24-92			

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Conrad, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY El Camino Memorial Park 5600 Carroll Canyon Road, San Diego, CA 92121	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cypress View 3953 Imperial Avenue San Diego, CA 92113	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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 7-24

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Roberto Canchola PA#1130668

in a Funeral Funeral, date, time Fri 7/24 2:30pm

Church, Chapel, Graveside Del Rey ; Guadalupe Mortuary.
(Jose)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 107 Grave 37 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00

Paid in Full 11-10-92

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

State Zip Code

Telephone

Work Order # **E** 10246
PY-593 (REV. 9-85)

Invoice # 208277
Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10246

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERTO	1B. MIDDLE —	1C. LAST (FAMILY) CANCHOLA	2. DATE OF BIRTH MONTH DAY YEAR JULY 5, 1951	3. DATE OF DEATH MONTH DAY YEAR JULY 5, 1992	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 PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA. 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 7-24-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUL 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	---

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 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	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.

208277 10/09/92 000952 COUNTY OF SAN DIEGO
E 10246
100 072
100 072
100 072
67007

11/10/92 CK 04-153014
77181 000072
77182 000072
77183 000072
77184

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date July 24, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EVON L. MCCLURE

in a T.S. VAULT Funeral, date, time MON. 7/27 2:00 P.M.

Church, Chapel, Graveside CHURCH/G.S. ; CALIF BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 109 Grave 10 Row _____ Section 3 Division 12 Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>285.00</u>
Handling Fees	<u>185.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>17.44</u>

Paid in full 7-3-92

30 DAY NOTE

Total Due 1617.44
 Paid receipt number 42550 405.00
10-8-92 42833 Balance due 1212.44
1000.-

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

Prenda D O
 Signature _____
 Address 6432 Skyline Dr.
San Diego CA 92114
 State CA Zip Code 92114
 Telephone 619-263-1363

Work Order # **E** 10247
 PV-583 (REV. 8-88)

Invoice # 208272
 Acct. # 074966

MT. HOPE CEMETERY

W.O. # E-10247

NOTE

\$ 1212.44 San Diego, California July 24 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve hundred-twelve & 44/100 DOLLARS with interest from Aug. 27, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Brenda K. Cox SIGNATURE [Signature]
ADDRESS 6432 Skyline Dr
CALIFORNIA DRIVER LICENSE NUMBER N7553727 SSN # 559-33-5497

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10242

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Even	1B. MIDDLE Louise	1C. LAST (FAMILY) McClure	2. DATE OF BIRTH MONTH DAY YEAR 11/2/1941	3. DATE OF DEATH MONTH DAY YEAR 7/23/1992	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 Brenda Cox-Daughter 6432 Skyline Drive San Diego, CA 92114			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 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 7/27/92

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed 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 JUL 27 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Ronald L. Ramon, M.D.]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	9E. 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 St. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE BURIED 7-27-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature: Wendy Jo League]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ---	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

COPY 2

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42833

Date: 10-8-, 19 92

From: Brenda K. Cox Address: 6432 Skyline Dr., S.D. CA 92114

One thousand and ^{xx}/100 Dollars (\$ 1000.00)

In part Payment of Evan L. McClure Interment

Lot 109 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10247

BALANCE DUE 212.44

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1195

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W.J. Trague

CREDIT	87007		
20% Sales Care	77184	<u>159</u>	<u>-</u>
60% Sales of Lots	100	<u>231</u>	<u>-</u>
77184			
Opening/Closing	100	<u>350</u>	<u>-</u>
77181			
Burial Containers	100	<u>225</u>	<u>-</u>
77182			
Handling Fee	100	<u>35</u>	<u>-</u>
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>1000</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42550

Date: July 24, 19 92

From: BRENDA COX Address: 6432 SKYLINE DR. S.D. 92114

FOUR HUNDRED FIVE 00/100 Dollars (\$ 405.00)

In PART Payment of EVON MCCLURE INTERMENT

Lot 109 Grave 10 Row _____ Section 3 Division 12
BLOCK

Invoice No. _____

Acct. No. _____

W.O. E-10247

BALANCE DUE \$ 1212.44

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	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>405.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>405.00</u>

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E10247

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 074966

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 12/3/92

PAID BY (CIRCLE ONE): CA **CK** NF

PAYMENT REFERENCE NUMBER 1266

AMOUNT PAID \$212.44

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Brenda Cox

PAYOR NAME _____
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS _____

REMARKS John Wait

PAID
DEC 3 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

CASHIER _____

INV. NO. 208272

MT. HOPE CEMETERY
INTERMENT ORDER
 City of San Diego

Date July 24, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARGARET H. COLEMAN

in a LINER Vault/Liner Funeral, date, time TUES 7/28 11:00 AM

Church, Chapel, Graveside CHURCH/G.S.; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 10

Lot 147 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund		_____
Opening/Closing & Setup		<u>350.00</u>
Burial Container		<u>175.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		_____
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>13.18</u>
	Total Due	<u>1518.18</u>
	Paid receipt number <u>72551</u>	<u>1518.18</u>
	Balance due	<u>0</u>

PAID
 JUL 24 1992
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

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

Paul J. West
 Signature
218 48 Laguna #203
 Address
S. D. Calif. 92113
 City
264-1067
 Telephone
263-3163

Work Order # **E** 10248
 PY-593 (REV. 8-88)

Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10248
E10248

1A. NAME OF DECEDENT—FIRST (GIVEN) Margaret	1B. MIDDLE Helen	1C. LAST (FAMILY) Coleman	2. DATE OF BIRTH MONTH, DAY, YEAR Jan. 1,-25	3. DATE OF DEATH MONTH, DAY, YEAR July 22-92	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 Opal West - Sister 4848 Logan Ave. Apt. 203 San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Althea Williams</i>			8B. DATE SIGNED 7-27-92

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed 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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00
AUTHORIZATION OF LOCAL REGISTRAR	9B. DATE PERMIT ISSUED JUL 28 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal n/sealed	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42551

Date: July 24, 1992From: OPAL WEST Address: 4848 LOGAN AVE #203 SD CA 92113

FIFTEEN HUNDRED - EIGHTEEN 18/100 Dollars (\$ 1518.18)

In Full Payment of INTERMENT OF MARGARET COLEMAN

Lot 147 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE E-10248Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
80% Sales of Lots	100	<u>636</u>	<u>00</u>
77184			
Opening/Closing	100	<u>350</u>	<u>00</u>
77181			
Burial Containers	100	<u>170</u>	<u>00</u>
77182			
Handling Fee	100	<u>145</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	53033		
9022			
Sales Tax	80101	<u>13</u>	<u>18</u>
78390			
TOTAL PAID	\$	<u>1518</u>	<u>18</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date JULY 24, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EVA NIXON

in a T.S. VAULT Funeral, date, time TUES 7/28 11:00 AM.

Church, Chapel, Graveside CHURCH/GS.; CALIF. BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 28 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 125.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 1717.44

Paid receipt number 42652 1717.44

Balance due 0

30 DAY
NOTE
VAN MITCHELL

PAID
AUG 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

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

Calvin Lehrer
Signature
4717 LEHRER, JR.
Address
SAN DIEGO CA 92117
Zip Code
Telephone
(619) 270-8018

Work Order # **E** 10249
FY-883 (REV. 8-88)

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10249

NOTE

\$ 1717.44 San Diego, California JULY 24 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of SEVENTEEN HUNDRED - SEVENTEEN ⁴⁴/₁₀₀ DOLLARS with interest from AUGUST 28, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

Calvin Nixon

SIGNATURE

Calvin Nixon

ADDRESS

4717 KATHER, JR. SAN DIEGO, CA. 92117

CALIFORNIA DRIVER LICENSE NUMBER

5197745

SSN #

227-20-7006

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10249

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Eva	1B. MIDDLE —	1C. LAST (FAMILY) Nixon	2. DATE OF BIRTH MONTH DAY YEAR 12/14/1921	3. DATE OF DEATH MONTH DAY YEAR 7/20/1992	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 Calvin Nixon-Husband 4717 Leizer Drive San Diego, CA 92117	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El. Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER—IF APPLICABLE R-1257		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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: **7/24/92**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 JUL 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	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"/> 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 St. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE BURIED 7-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal n/sealed	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42652

Date: 8-20, 1992

From Caevn NIXON Address: 4717 LEHRER DR. San Diego
Seventeen Hundred Seventeen Dollars (\$ 1717.44),
In full Payment of interment of Eva Nixon

Lot 28 Grave 1 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10249

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY V. Balatsky

CREDIT	87007	<u>179.00</u>
20% Sales Care	77184	
80% Sales	100	<u>916.00</u>
of Lots	77184	
Opening/	100	<u>350.00</u>
Closing	77181	
Burial	100	<u>225.00</u>
Containers	77182	
	100	<u>185.00</u>
Handling Fee	77185	
Recording &	100	<u>45.00</u>
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	<u>17.44</u>
	78390	
TOTAL PAID	\$	<u>1717.44</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-27-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nolberta Torres De Chavez

in a T.S. Vault Funeral, date, time Tues, 7/28 10:30AM

Church, Chapel, Graveside Shawsides; Featheringer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 71 Grave 40 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Need (E-10 229) Ø

Additional spaces and care fund _____

Opening/Closing & Setup 11 11 Ø

Burial Container 4 4 Ø

Handling Fees 4 4 Ø

Flower vases - Marker setting fee _____

Recording and filing fee 11 11 Ø

Sales taxes _____

Total Due Ø

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.

Thomas F. Chavez
Signature of record holder of deed

Signature _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Telephone _____

Telephone _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E** 10250

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10250

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NOLBERTHA	1B. MIDDLE TORRES	1C. LAST (FAMILY) DE CHAVEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 3/23/1931	3. DATE OF DEATH MONTH, DAY, YEAR 7/25/1992	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 Tomas T. Chavez, son 7711 Shady Glade Lane San Diego, CA 92114	
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 1083		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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	THIS PERMIT 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 JUL 28 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramirez, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. Box 85222, San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY 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)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 7-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To League</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a metal n/sealed	12B. DATE CREMATED 7-10-2-11	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

Date 7-27-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Theodosia SMITH 

in a Linear ^{Vault/Linear} Funeral, date, time _____

Church, Chapel, Graveside Goodbody Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 139 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	.....	<u>695.00</u>
Additional spaces and care fund	.....	.....
Opening/Closing & Setup	.....	<u>350.00</u>
Burial Container	.....	<u>170.00</u>
Handling Fees	.....	<u>145.00</u>
Flower vases - Marker setting fee	.....	.....
Recording and filing fee	.....	<u>45.00</u>
Sales taxes	.....	<u>13.18</u>
Total Due	.....	<u>1418.18</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



Work Order # E 10251

PR-583 (REV. 9-85)

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/27/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GREEN A. CLARK

in a LINER Vault/Liner Funeral, date, time Wed 7/29 8:30 PM

Church, Chapel, Graveside GRAVESIDE ONLY; PAGESDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 107 Grave 7 Row _____ Section 3 Division Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 1418.18

Paid receipt number 42559 300.00

Balance due 1118.18

30 day note

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 _____

Radiak Clark
Signature 4275 Meade Ave.
Address San Diego, Ca 92116
State (619) 282-9063 Zip Code
Telephone

Work Order # E 10252

PY-583 (REV. 3-85)

Invoice # 208212
Acct. # 074954

MT. HOPE CEMETERY

W.O. # E-10252

NOTE

\$ 1118.18 San Diego, California July 28 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of ^{ONE HUNDRED} ~~ONE THOUSAND EIGHTEEN~~ ^{18/100} DOLLARS with interest from Aug 31, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Radijah Clark SIGNATURE Radijah Clark

ADDRESS 4275 Meade Ave. S.D. Ca. 92116

CALIFORNIA DRIVER LICENSE NUMBER A6790318 SSN # 062-32-4670

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10252

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Green	1B. MIDDLE Albert	1C. LAST (FAMILY) Clark	2. DATE OF BIRTH MONTH, DAY, YEAR 1-5-58	3. DATE OF DEATH MONTH, DAY, YEAR 7-19-92	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Radiah Clark - Wife 4275 Meade Ave. San Diego, CA 92116	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Rebecca Williams</i>

8B. DATE SIGNED
7/28/92

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 JUL 28 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Pearce, M.D.</i>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>			
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	9E. 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	11B. DATE BURIED 7-29-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Traylor</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>107-7-3-12 cloth covered casket</i>	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42559

Date: 7/28, 19 98

From: RADIA CLARK Address: 1275 MENDE AVE S.D. CA 92116

THREE HUNDRED AND 00/100 Dollars (\$ 300.00)

In PART Payment of GREEN CLARK INTERMENT

Lot 107 Grave 7 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10250

BALANCE DUE 1118.13

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
60% Sales of Lots	100	<u>300.00</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>300.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 28

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNEST J. ALEXANDER

in a VAULT Funeral, date, time FRI 7/31 11:00 AM

Church, Chapel, Graveside CHAPEL 195; BERGE-ROBERTS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 10

Lot 153 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 1517.44

Paid receipt number 42556 1517.44

Balance due 0

I hereby certify I am the FRIEND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

ROPO
Signature
1040 A AVE N.C.
Address
CA. 91950
Zip Code
(619) 5477-5253
Telephone

Work Order # E 10253
PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10253

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1. NAME OF DECEDENT—FIRST (GIVEN) ERNEST	1B. MIDDLE LEE	1C. LAST (FAMILY) ALEXANDER, JR.	2. DATE OF BIRTH MONTH DAY YEAR 3/14/1966	3. DATE OF DEATH MONTH DAY YEAR 7/25/1992	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 Mrs. Vanisha M. Alexander—Wife 4408 Delta St., Apt. #22 San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY NATIONAL CITY, CA 607 National City Blvd.			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 7-30-92		

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 JUL 31 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Brown, M.D., Co.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 ROSE CEMETERY 3751 Market St., San Diego, CA	11B. DATE BURIED 7-31-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42556

Date: 7/23, 1992

From: RICHARD RUBIN Address: 1040 A" AVE NATIONAL CITY 91950

FIFTEEN HUNDRED SEVENTEEN & 44/100 Dollars (\$ 1517.44)

In Full Payment of INTERMENT OF E. F. ALEXANDER

Lot 146 Grave 5 Row _____ Section 1 Division 12 Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10253

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>139 00</u>
30% Sales of Lots	100	<u>536 00</u>
Opening/Closing	77184	<u>350 00</u>
Burial Containers	100	<u>225 00</u>
Handling Fee	77185	<u>185 00</u>
Recording & Misc. Fees	100	<u>45 00</u>
Pre-Need Trust	63033	
Sales Tax	9022	<u>17 44</u>
	60101	
	78380	
TOTAL PAID	\$	<u>1517 44</u>

#520

879

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date JULY 28, 1992

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of L HAWTHORNE

in a DBL BERTH CRYPT Vault/Liner Funeral, date, time FRI. 7/31 11:00 AM

Church, Chapel, Graveside CHURCH/G.S.; PAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran YES UNDE

Lot 57 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>360.00</u>
Handling Fees	<u>320.00</u>
Flower vases - Marker setting fee	<u>46.93</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>27.90</u>
Total Due	<u>2044.83</u>

PAID
AUG. 06. 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Paid receipt number 42560 511.00

Balance due 1533.83
42596 1533.83

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 L E Ecker Hawthorne
Signature
743 South 46th St.
Address
San Diego, California 92113
Zip Code
(619) 268-0578
Telephone

Work Order # **E** 10254
PY-593 (REV. 8-86)

Invoice # _____
Acct. # _____

*30 DAY
NOTE*

MT. HOPE CEMETERY

W.O.# E-10254

NOTE

\$ 1533.23 San Diego, California July 28 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of FIFTEEN HUNDRED THIRTY-THREE ⁸³/₁₀₀ DOLLAR with interest from Aug. 31, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME ETTER ELLIOTT SIGNATURE Etter Elliott

ADDRESS 4942 Lise Ave S.D. Ca 92102

CALIFORNIA DRIVER LICENSE NUMBER P0045702 SSN # 558-64-6700

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10254

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) L	1B. MIDDLE —	1C. LAST (FAMILY) Hawthorne	2. DATE OF BIRTH MONTH DAY YEAR 5-28-22	3. DATE OF DEATH MONTH DAY YEAR 7-26-92	4. SEX M
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 Walter Hawthorne - Wife 743 S. 46th St. San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5088 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10975 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>Debbie Williams</i>		
			8B. DATE SIGNED 7-29-92		

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 JUL 31 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</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	9E. 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>57-8-1-11 metal cooler</i>	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42596

Date: 8-6, 1993

From: Etter Elliott Address: 4943 Live Ave, # 9202

Fifteen Hundred Fifty-Dollars Dollars (\$ 1533.93)

In Payment of INTEREST of R. Hawkins

Lot 57 Grave 8 Row _____ Section 1 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10254
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	<u>179</u>	<u>00</u>
20% Sales Com	77184		
80% Sales of Lots	100	<u>205</u>	<u>00</u>
77184	100		
Opening/Closing	77181	<u>350</u>	<u>00</u>
Burial Containers	100	<u>360</u>	<u>00</u>
77182	100	<u>320</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>91</u>	<u>93</u>
77183	63033		
Pre-Need Trust	9022		
Sales Tax	80101	<u>27</u>	<u>90</u>
78390			
TOTAL PAID		<u>1533</u>	<u>93</u>

#3794

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42560

Date: 7/28, 19 92

From: ETTER ELLIOTT Address: 4942 LISE AVE SD CA 92102

FIVE HUNDRED ELEVEN & 00/100 Dollars (\$ 511.00)

In PART Payment of INTEREST OF L. HAWTHORNE

Lot 57 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10254

BALANCE DUE \$1533.83

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

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>511.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77193	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>511.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/28/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of THEODOSIA SMITH

in a ASH VAULT Vault/Liner Funeral, date, time AVD Thurs. 8-20

Church, Chapel, Graveside DELIVERY ONLY ; GOODBODY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 139 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-3774 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 42557 269.26

Balance due 0

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Nephew
Owens Johnson
Signature
5625 MC Knight
Address
San Diego only 9211E
State Zip Code
214 7107
Telephone

Work Order # E 10255
FY-583 (REV. 9-88)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10255

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) THEODOSIA	1B. MIDDLE ---	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH DAY YEAR 7-8-1905	3. DATE OF DEATH MONTH DAY YEAR 7-24-1992	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 Owens Johnson nephew 5625 McHugh Street San Diego, CA 92114	
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 [Signature]
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103775 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8B. DATE SIGNED 8/4/92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$700	9B. DATE PERMIT ISSUED AUG 04 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature: Ronald L. Ramesh, M.D.]
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 checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE BURIED 8-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature: Wendy Jo League]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Greenwood Crematory I-805 & Imperial Ave., San Diego, CA	12B. DATE CREMATED 8/7/92	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	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42557

Date: 7/25, 19 92

From: Willie Johnson Address: 5625 HUNGH ST. S.D. CA 92114

Two Hundred sixty-nine Dollars (\$ 269.26)

In Full Payment of INTERMENT OF THEODORA SMITH

Lot 139 Grave 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10255

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

783 ISSUED BY [Signature]

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/Closing	100	105	00
77181			
Burial Containers	100	55	00
77182			
Handling Fee	100	60	00
77185			
Recording & Misc. Fees	100	45	00
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	4	26
78390			
TOTAL PAID	\$	269	26

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth Holder
in a Double Depth Crypt Funeral, date, time MON, 8/3 12:00 Noon
Church, Chapel, Graveside Church + graveside, Lewis Colonial Here (Jerry 383-7211)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 58 Grave 12 Row _____ Section MAS Division/Block 0

Grave space & Care Fund P. & D. Deed (1970) 0

Additional spaces and care fund _____

Opening/Closing & Setup E-324 Pd \$265.00 / Current Price \$35.00 85.10

Burial Container E-324 Pd \$243.80 / Current Price \$707.90 464.10

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee E-324 - Pd \$35.00 / Current Price \$45.00 10.00

Sales taxes E-5745 - Pd \$150.00 to apply to Any 539.10
Salama OWING -150.00

Total Due 409.10

Paid receipt number 42564 409.10

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 _____

Barbara H. Hicks
Signature
17428 Plaza Dolores
Address
San Diego, CA 92128
City
451-3327
Telephone
Zip Code

Work Order # E 10256

Invoice # _____

Acct. # _____

O/C

$$\begin{array}{r} 350 \\ - 265 \\ \hline 85 \end{array}$$

E10256

Liner

$$\begin{array}{r} 328.18 \\ - 243.80 \\ \hline 84.38 \end{array}$$

E10256

Rec fee

$$\begin{array}{r} 45 \\ 35 \\ \hline 10 \end{array}$$

Due \$ 179.35

Applied
1986

$$\begin{array}{r} 150.00 \\ \hline 29.35 \end{array}$$

Balava
due in
Burial
service

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10256
E10256

1A. NAME OF DECEDENT—FIRST (GIVEN) RUTH	1B. MIDDLE M.	1C. LAST (FAMILY) HOLDER	2. DATE OF BIRTH MONTH, DAY, YEAR 11-16-1894	3. DATE OF DEATH MONTH, DAY, YEAR 07-29-1992	4. SEX F
5A. CITY OF DEATH POMPA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BARBARA H. NICKS - DAUGHTER 17428 PLAZA DELORES SAN DIEGO, CA 92128	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BEMBROUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Don Hoob</i>	
				8B. DATE SIGNED 07-31-1992	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 31 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donnell A. Kamal, M.D.</i> MD
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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>cloth - dbl crypt</i>	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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42564

From: Barbara Dick Address: 17428 Playa Del Mar, SD 92128 Date: 7-30, 1992
Four Hundred Nine Dollars (\$ 409.10)
 In _____ Payment of Interment of Ruth Helen

Lot 58 Grave 12 Row _____ Section 7745 Division 0
 Block 0

Invoice No. _____
 Acct. No. _____
 W.O. E-10256
 BALANCE DUE \$409.10

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>85.00</u>
	77181	
Burial Containers	100	<u>287.00</u>
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	<u>10.00</u>
	77183	
Pre-Need Trust	60333	
	9022	
Sales Tax	60101	<u>27.10</u>
	78390	
TOTAL PAID	\$	<u>409.10</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DERICK THAMONT LONDON, JR

in a _____ Vault/Liner Funeral, date, time Fri, 7/31 11:00 AM

Church, Chapel, Graveside Direct Burial; Lewis Colonial Mortuary.
(LINARY)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 2899 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 AUG 07 1992

Handling Fees _____

Flower vases - Marker setting fee MT. HOPE CEMETERY _____
CITY OF SAN DIEGO, CALIF

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number 42598 270.00
Balance due 0

PAID
AUG 07 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

30 DAY NOTE
Casket
26 3/4" long
14" wide
10 1/2" high

I hereby certify I am the father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Work Order # **E** 10257

PR-603 (REV. 8-85)

Signature Derick J. London (se)
Address 4411 COUSLAND ST
City SAN DIEGO, CA Zip Code 92116
State _____ Telephone 296-7167

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10257

NOTE

\$ 270.⁰⁰ San Diego, California 7-29 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Two Hundred Seventy 00/100 DOLLARS with interest from August 31, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Deirdre T. London SIGNATURE Deirdre T. London

ADDRESS 4411 Lakeshore St #4 San Diego CA

CALIFORNIA DRIVER LICENSE NUMBER ok, 445-78-4111 SSN # 445-78-4111

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10257

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DERICK	1B. MIDDLE TRAMONT	1C. LAST (FAMILY) LONDON, JR	2. DATE OF BIRTH MONTH, DAY, YEAR 07-15-1992	3. DATE OF DEATH MONTH, DAY, YEAR 07-15-1992	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 TERRI LYNN MORSE - MOTHER 4411 LOUISIANA STREET #4 SAN DIEGO, CA 92116		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 NE. CAJON BLVD SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Eric M. Mason</i>		8B. DATE SIGNED 07-29-1992
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.					

PERMIT	THIS PERMIT 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 JUL 29 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramon, M.D.</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"/> 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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT ROSE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 7-31-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To Jaquez</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42598

 Date: 8-7, 1992
 From Derrick Landon, Jr. Address: 4441 Louisiana St, #4, SD
Two Hundred Seventy Seven Dollars (\$ 270.-)
 In _____ Payment of Interment of Derrick Landon, Jr.

 Lot 2899 Grave _____ Row _____ Section 1 Division 9 Block 9

Invoice No. _____

Acct. No. _____

W.O. E-10257BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

090654NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Walt

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>W</u>
80% Sales of Lots	100	<u>80</u>	<u>W</u>
Opening/Closing	100	<u>125</u>	<u>W</u>
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>W</u>
77183			
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>W</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-29-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CORA MAE LASTER
in a T.S. Vault Funeral, date, time Wed 7/29 11:00A
Church, Chapel, Graveside Church - Francisco Golf Burial Mortuary.
(Camp)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 118 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 695.-

Additional spaces and care fund

Opening/Closing & Setup 350.-

Burial Container 225.-

Handling Fees 185.-

Flower vases - Marker setting fee

Recording and filing fee 45.-

Sales taxes 17.44

30 Day Note Total Due 1517.44

Paid receipt number 42679 700.00

Balance due 817.44

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 dead

Sharon R Thompson
Signature 4529 Home Ave #30
Address SD CA 92105
State 619/263-2615 Zip Code
Telephone



Work Order #

E 10258

PY-593 (REV. 8-88)

Invoice # 208640

Acct. # 075060

MT. HOPE CEMETERY

W.O. # E-10258

NOTE

\$ 1517.44 San Diego, California 7-29 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fifteen Hundred Seventeen ⁴⁴/₁₀₀ DOLLARS with interest from August 29, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Sharon Thompson SIGNATURE Sharon R Thompson

ADDRESS _____

CALIFORNIA DRIVER LICENSE NUMBER N8981353 SSN # 564112003

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10258

1A. NAME OF DECEDENT—FIRST (GIVEN) Corra	1B. MIDDLE Mina	1C. LAST (FAMILY) Laster	2. DATE OF BIRTH MONTH DAY YEAR 10/10/1926	3. DATE OF DEATH MONTH DAY YEAR 7/22/1992	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sharon Thompson-Daughter 4529 Home Avenue #30 San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-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 7/24/92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85288 San Diego, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mc. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE BURIED 7-29-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal w/ scales	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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42679

Date: 8-31, 1992

From: Marian Thompson Address: 4527 Home Ave, #3, SD

Seven Hundred Dollars (\$ 700.-)

In Payment of Payment of Cora Foster

Lot 118 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10258

BALANCE DUE 817.44

Pra-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 1368

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Waits

CREDIT	67007	
20% Sales Care	77184	<u>139 W</u>
80% Sales of Lots	100	<u>556 W</u>
Opening/Closing	100	<u>5 W</u>
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>700 W</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-30-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARLIN Shipley

in a Linear ^{Vault/Urns} Funeral date, time 7/31, Fri 2:30 PM

Church, Chapel, Graveside Graveside Only; Thursday Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 158 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 1518.18

Paid receipt number 42562 1518.18

Balance due 0

I hereby certify I am the friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Sandra Greene
Signature
4541 Orchard Ave.
Address
S.D., CA 92107
City
(619) 222-5415
Telephone

Work Order # E 10259
FY-583 (REV. 8-86)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10259

1A. NAME OF DECEDENT—FIRST (GIVEN) MARLIN	1B. MIDDLE RAY	1C. LAST (FAMILY) SHIPLEY	2. DATE OF BIRTH MONTH DAY YEAR 01-05-1952	3. DATE OF DEATH MONTH DAY YEAR 07-30-1992	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 Thomas J. Spano - Friend 813 Vanderbilt Place San Diego CA 92103		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964		6A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			6B. DATE SIGNED 7-30-92		

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 JUL 31 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input 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	11B. DATE BURIED 7-31-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 42562



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 7-30, 1991

From: James Spain Address: 813 Vanderbilt Pl., St. Cp 92103

Fifteen Hundred Eighteen Dollars (\$ 1518.18)

In Payment of Interment of Martin Spain

Lot 158 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-10259
BALANCE DUE ✓

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AG-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CITY AUDITOR
AUG 11 1992

001491

ISSUED BY J. Wait

CREDIT	67007	
20% Sales Care	77184	159 W
80% Sales of Lots	100	636 W
Opening/Closing	77181	350 W
Burial Containers	100	170 W
Handling Fee	77185	145 W
Recording & Misc. Fees	77183	45 W
Pre-Need Trust	63033	
9022		
Sales Tax	80101	13 W
78390		
TOTAL PAID	\$	1518 18

#212

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-30-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eugene Y. TANG
in a Ash Vault Funeral, date, time SAT. 8/29 11:00 A.M.

Church, Chapel, Graveside GRAVESIDE; FAMILY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 119 Grave 4 Row _____ Section 2 Division/11

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 964.26

Paid receipt number 42565 964.26

Balance due 0

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Renee M. Tang

Address 736 FERRINGLON AV

LA JOLLA, CA 92037

State (619) 536-8407 Zip Code

Telephone

Work Order # E 10260

PY-693 (REV. 8-86)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10260

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) EUGENE	1B. MIDDLE ---	1C. LAST (FAMILY) TANG	2. DATE OF BIRTH MONTH, DAY, YEAR 06-01-41	3. DATE OF DEATH MONTH, DAY, YEAR 06-05-92	4. SEX M
5A. CITY OF DEATH NEW YORK		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE NEW YORK		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KENNETH TANG - BROTHER 736 FERN GLEN LA JOLLA, CA 92037	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KENNETH TANG 736 FERN GLEN, LA JOLLA CA. 92037			7B. CALIF. LICENSE NUMBER —IF APPLICABLE ---		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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, 8B. DATE SIGNED <i>Kenneth Tang</i> 08-14-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 AUG 13 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. ...</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	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 92185-5222		

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 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 CEMETARY SAN DIEGO, CA	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	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42565

Date: 07-30, 1992
 From: Kenneth Jung Address: 9618 Comanche Ave, SD
7 Five Hundred Sixty-four Dollars (\$ 964.26)
 In Payment of Interment by Eugene Jung

 Lot 119 Grave 4 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10260BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AG-212 (Rev. 1-81)

413NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Walt

CREDIT	87007	
20% Sales Care	77184	<u>139</u> <u>W</u>
60% Sales	100	<u>556</u> <u>W</u>
of Lots	77184	
Opening/	100	<u>105</u> <u>W</u>
Closing	77181	
Burial	100	<u>55</u> <u>W</u>
Containers	77182	
	100	<u>60</u> <u>W</u>
Handling Fee	77185	
Recording &	100	<u>45</u> <u>W</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	<u>4</u> <u>26</u>
	78390	
TOTAL PAID	\$	<u>964</u> <u>26</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42719

Date: 9-15, 1992

From: KEN TANG Address: 736 Fern Glen Ave, La Jolla

Two Hundred Ten Dollars (\$ 210.00)

In Payment of Overtime Chg for Eugene TANG INTERMENT

Lot 119 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10260

BALANCE DUE \$

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

451

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	67007		
20% Sales Care	77184		
90% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>210</u>	<u>W</u>
	77183		
Pre-Need Trust	60033		
	9022		
Sales Tax	80101		
	76390		
TOTAL PAID	\$	<u>210</u>	<u>W</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-30-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hubert Sanford

in a Vault Funeral, date, time Mon 8-3-92 11AM

Church, Chapel, Graveside Church, G.S.; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no

Lot 88 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.-</u>
Burial Container	<u>225.00</u>
Handling Fees	<u>185.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.-</u>
Sales taxes	<u>17.44</u>

PAID
AUG 25 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*Teane He
30 day
note*

Total Due 1617.44
Paid receipt number 42668 1617.44
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 _____

Charles E. Sanford
Signature
2550 BARBOSA VISTA DR.
Address
S. D. CA 92105
City
(619)-264-5574 Zip Code
Telephone

Work Order # **E** 10261
FY-583 (REV 8-85)

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10261

NOTE

\$ 1617.44 San Diego, California July 31 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Sixteen hundred-seventeen ⁴⁴/₁₀₀ DOLLARS with interest from Sept. 3, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME CHARLES E. SANFORD SIGNATURE Charles E. Sanford

ADDRESS 2550 BARBOSA VISTA DR. S.D. CA. 92105

CALIFORNIA DRIVER LICENSE NUMBER K0230257 SSN # 572-62-0187

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10261

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert	1B. MIDDLE Earl	1C. LAST (FAMILY) Sanford	2. DATE OF BIRTH MONTH DAY YEAR 2/12/1940	3. DATE OF DEATH MONTH DAY YEAR 7/29/1992	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 Richard Sanford-Son 5351 Kania Street San Diego, CA 92105			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 7/31/92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7700 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 JUL 31 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 98222 San Diego, CA	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"/> 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 St. 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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42668

Date: 8-25, 1992
 From: Rockione Sanford Address: 5351 Kamica St, SD 92105
Sixteen Hundred Seventeen 44/10 Dollars (\$ 1617.44)
 In _____ Payment of Interment of Hubert Sanford

Lot 88 Grave 1 Row - Section 2 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10261
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	87007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>636</u>	<u>00</u>
of Lots	77184		
Opening/ Closing	100	<u>350</u>	<u>00</u>
77181			
Burial	100	<u>225</u>	<u>00</u>
Containers	77182		
100		<u>185</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022		<u>17</u>	<u>44</u>
Sales Tax	60101		
78300			
TOTAL PAID	\$	<u>1617</u>	<u>44</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

ISSUED BY Wait

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-3-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Carl Reed

in a Liner Funeral, date, time Fri, 8/7 1:00 PM

Church, Chapel, Graveside Church + grave - Lagdale Mortuary, (John)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

✓ Lot 165 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pk. - Reed _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 170.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee Pk - In full 8-5-92 _____

Recording and filing fee _____ 45.00

Sales taxes _____ 13.18

Total Due 723.18

Paid receipt number 42594 723.18

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

State Zip Code

Telephone

Work Order # E 10262

PR-603 (REV. 5-88)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10262

1A. NAME OF DECEDENT—FIRST (GIVEN) Carl	1B. MIDDLE —	1C. LAST (FAMILY) Reed	2. DATE OF BIRTH MONTH, DAY, YEAR 6-5-13	3. DATE OF DEATH MONTH, DAY, YEAR 7-30-92	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 Syrdella Pounds - Sister 5930 Division St. San Diego, California 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Apderson-Ragsdale Mortuary 3050 Federal Blvd. San Diego, Calif. 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon [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 8-5-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 AUG 06 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rames, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, California 92138-5222	9E. 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.	11B. DATE BURIED 8-7-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42594

Date: 8-5, 1992

From Laguarda Mortuary Address 5050 Federal Blvd. St 92102

Seven Hundred Twenty Three and 18/100 Dollars (\$ 723.18)

In Payment of Interment of Carl Reed

Lot 65 Grave 3 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10262

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

9864

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>350</u>	<u>00</u>
Burial Containers	100	<u>170</u>	<u>00</u>
	77182	<u>145</u>	<u>00</u>
Handling Fee	100		
Recording & Misc. Fees	77185	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
Sales Tax	9022	<u>13</u>	<u>18</u>
	80101		
	78390		
TOTAL PAID	\$	<u>723</u>	<u>18</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Need
Trust for.*

Date 8-3-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Allen + Marguerite Progan

in a T.S. Vaults Vault/Urns 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 will be applied and billed to undersigned. War time veteran _____

Lot 6 Grave 102 Row _____ Section 4 Division/Block 6

Grave space & Care Fund Pre-Need (1903) _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ \$350 _____ 700.00

Burial Container 2 T.S. Vaults @ \$427.44 _____ 854.88

Handling Fees _____

Flower vases - Marker setting fee 1 TRION VASE _____ 46.93

Recording and filing fee 2 @ \$45 _____ 90.00

Sales taxes _____

Total Due _____ 1691.81

Paid receipt number 42568 1691.81

Balance due 0

PAID
AUG 3 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Marguerite S. Progan
Signature 427 Onda
Address Newport Beach CA
State _____ Zip Code _____
Telephone 714-644-4318 95660

Work Order # **E** 10263
PV-583 (REV. 8-88)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT

No 42568



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 8-3, 1992

From Allen + Marguerite Hooper Address: 427 Onda, 7 Newport Beach, 92660

Sixteen Hundred Twenty One 8/100 Dollars (\$ 1691.81)

In Payment of Pre-Need Trust

Lot 6 Grave 1 + 2 Row _____ Section 4 Division 6

Invoice No. _____
Acct. No. _____
W.O. E-10263
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY Wait

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>1691.81</u>
Sales Tax	9022	
TOTAL PAID	60101	<u>1691.81</u>
	78380	

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

5795

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-3-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ME# 92-1302
~~SEFO IOANE~~ FA# 113-1451

in a Lince Vault/liner Funeral, date, time Tues, 8/4 1:00 PM

Church, Chapel, Graveside Del Rey Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 33 Grave 27 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 386.00

Total Due 386.00

Paid receipt number _____

Balance due _____

**Paid in Full
11-10-92**

Rebecca Ball

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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** 10264

PV-583 (REV. 8-85)

Invoice # 208276

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10264

1A. NAME OF DECEDENT—FIRST (GIVEN) Sefo	1B. MIDDLE —	1C. LAST (FAMILY) Ioane	2. DATE OF BIRTH MONTH DAY YEAR 06/16/1960	3. DATE OF DEATH MONTH DAY YEAR 06/25/1992	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 REGISTRAR Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Ave. San Diego, CA			7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT <i>Sefo Ioane</i>	
				8B. DATE SIGNED 08/03/1992	

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 AUG 4 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 4470 Hilltop Dr. San Diego, WA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/D	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
				100	072		77183	000072				45.00		
				67007			77184					126.00		
208276	10/09/92	000952	COUNTY OF SAN DIEGO	100	072		77181	000072	11/10/92	CK	04-153014	386.00	386.00	0.00
				100	072		77182	000072				165.00		
				100	072							50.00		PAID IN FULL

E 10264

E 10264

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-3-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MELVIN H. RUSSELL

in a Double Death Chapel Funeral, date, time Fri, 8/7 11:00AM

Church, Chapel, Graveside Church +; Lapdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 2015 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 1 o/c @ 350 - 350.00

Burial Container 360.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 1 copy @ 45 - 45.00

Sales taxes 27.90

Total Due 1997.90

Paid receipt number 42524 1997.90

Balance due 0

PAID
AUG 3 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

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 Chas R. Tyler
Address 6769 PILOT WAY
San Diego Calif 92114
State _____ Zip Code _____
Telephone 619-582-8826

Work Order # **E** 10265

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10265

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Malvin	1B. MIDDLE Howard	1C. LAST (FAMILY) Russell	2. DATE OF BIRTH MONTH, DAY, YEAR 3-3-19	3. DATE OF DEATH MONTH, DAY, YEAR 8-1-92	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 Cleo Tyler - Daughter 6769 Pilot Way San Diego, California 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca. 92102			7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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>Shannon Thorg</i>	
				8B. DATE SIGNED 8-4-92	

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 AUG 04 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA, 92138-5222	9E. 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"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
---	--

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102	11B. DATE BURIED 8-7-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/ sealed	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42574

Date: 8-3, 1992

From Cleo Zepher Address 6769 Pilothway, SD
Nineteen Hundred Ninety Seven 90/100 Dollars (\$ 1997.90)
In _____ Payment of Interest of Melvin Russell

Lot 2015 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-10265
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE

CREDIT	67007	
20% Sales Com	77184	<u>179 10</u>
80% Sales	100	<u>716 10</u>
of Lots	77184	
Opening/ Closing	100	<u>350 10</u>
	77181	
Burial	100	<u>300 10</u>
Containers	77182	
	100	<u>320 10</u>
Handling Fee	77185	
Recording & Misc. Fees	100	<u>45 00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	<u>27 90</u>
	78390	
TOTAL PAID	\$	<u>1997 90</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

ISSUED BY J. Wait

2372

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-4-92

Transfer of Ownership

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Keith L. + Kang Russell

in a _____ Vault/Liner _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 4697 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 _____ 45.00

Sales taxes _____

Total Due 45.00

Paid receipt number _____

Balance due _____

*1271 Lincoln
SD 92103*

*Transfered from
Dennis
Russell's
address*

I hereby certify I am the _____ of the above named decedent and this is 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 I hold under deed.

Signature of recorded holder of deed _____

[Signature]
Address 121 ORANGE AVE 5067
CHULA VISTA CA 91911
City (619) 426-7033
Telephone _____
Zip Code _____

Work Order # **E** 10266
PV-593 (REV. 8-88)

Invoice # _____
Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

No 11639

DEED

E10266

OWNERSHIP AND INTERMENT PRIVILEGES

TO Denis Bumgardner for the sum of \$ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4697, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8135

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Upright Tomb Stone Only

Sandra L. Ward
Cemetery Manager

Arthur B. [Signature]
Property Director

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 8-4-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Velma Price

in a Linco Funeral, date, time Fri, 8/7 11:00 AM

Church, Chapel, Graveside Del. Family GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 265 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.-

Burial Container 170.-

Handling Fees 145.-

Flower vases - Marker setting fee

Recording and filing fee 45.-

Sales taxes 13.18

Total Due 1418.18

Paid receipt number 42592 1418.18

Balance due 0

I hereby certify I am the [Signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature [Signature]
Address 5262 REV AVE #2
SAN DIEGO CA 92105
State CA Zip Code
Telephone 286-3569

Work Order # E 10267

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10267

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Velma		1B. MIDDLE _____	1C. LAST (FAMILY) Price	2. DATE OF BIRTH MONTH DAY YEAR 02-29-1902	3. DATE OF DEATH MONTH DAY YEAR 07-31-1992	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 Melita K. Hardy: Granddaughter 1631 Bay View Heights Drive San Diego, CA 92105		
7A. TYRED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		8A. SIGNATURE OF APPLICANT—Person holding permit <i>Sharon [Signature]</i>		8B. DATE SIGNED 8-6-92
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 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 AUG 7 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramon, M.D.</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		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 St. Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED 8-7-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42592

From: Mary Hardy Date: 8-5, 1992
 Address: 5262 Rev Ave, Apt #2, SD 92105
Forteen Hundred Eighteen Dollars (\$ 1418.18)
 In _____ Payment of INTERMENT BY VETERAN PRICE

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10267

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	139	00
80% Sales	100	526	00
of Lots	77184		
Opening/	100	350	00
Closing	77181		
Burial	100	170	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101	13	18
	78390		
TOTAL PAID	\$	1418	18

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beremundo Lizalde

in a Niche Vault/Liner Funeral, date, time Fri 8/7 2 PM

Church, Chapel, Graveside No Service/Widow's Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot Niche Grave 5 Row 4 Section 2 Division/Block 9

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup 85.00

Burial Container

Handling Fees 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes

PAID
AUG. 05 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 440.00

Paid receipt number 42593 440.00

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 _____

Ruth Lizalde
Signature
232 39 st
Address
San Diego CA 92113
City, State, Zip Code
263-2326
Telephone

Work Order # **E 10268**
PR-583 (REV. 8-86)

Invoice # _____
Acct. # _____



AB 942

40249

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10268

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BEREMUNDO		1B. MIDDLE ---	1C. LAST (FAMILY) LIZALDE	2. DATE OF BIRTH MONTH DAY YEAR 02/07/1913	3. DATE OF DEATH MONTH DAY YEAR 07/11/1992	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 Ruth Lizalde (Wife) 232 S. 39th Street San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH The Telophase Society, 1545 Hotel Circle South, #390, San Diego, California 92108				7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1272		8. DATE SIGNED 7-13-92
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				9. SIGNATURE OF APPLICANT—Person taking permit Maury Bishop

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED JUL 14 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Arnold L. Ransom, M.D.	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222, San Diego, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS **92186-5222**

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

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	11B. DATE BURIED 8-7-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy J. Teague
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Creomar Crematory, 2299 Manchester Blvd., Anaheim, California 92802	12B. DATE CREMATED 7-16-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Arnold L. Ransom
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION 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: Ruth Lizalde (Wife)—232 S. 39th Street, San Diego, CA 92113	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42593

Date: 8-5-, 1992

From: Ruth Lizalde Address: 232 39th St. S.D. 92113

In Full Payment of Wicks and inurnment fees Dollars (\$ 440.00),

for Bernardo Lizalde

Lot Niche Grave 2 Row _____ Section 2 Division 9 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E10268
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Care	77184	<u>50</u>	<u>-</u>
80% Sales of Lots	100	<u>200</u>	<u>-</u>
Opening/Closing	77181	<u>85</u>	<u>-</u>
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185	<u>105</u>	<u>-</u>
Pre-Need Trust	63033		
	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>440</u>	<u>-</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/6/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marie Inglett

in a Funeral Funeral, date, time Friday 8/7 1:00 PM

Church, Chapel, Graveside Graveside Only; McPherson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 3445 Grave Row Section Division/ 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
AUG 06 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO CALIF

350.00

170.00

145.00

45.00

13.18

Total Due 723.18

Paid receipt number 42577 72318

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

Daniel W. Inglett
Signature
3330 Jasmine Pl.
Address
Escondido CA 92025
State Zip Code
(619) 743-6306
Telephone

Work Order # **E** 10269
FY-593 (REV. 8-88)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10269

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Maria	1B. MIDDLE Helen	1C. LAST (FAMILY) Tripllett	2. DATE OF BIRTH MONTH, DAY, YEAR 2-18-1900	3. DATE OF DEATH MONTH, DAY, YEAR 8-4-92	4. SEX FE
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 Karen Tripllett Daughter 3330 Jasmine Place Escondido, CA 92025	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH McLeod Mortuary Escondido Chapel 1919 E. Valley Hwy., Escondido, CA 92027			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 299		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 19976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person having control <i>[Signature]</i>		
			8B. DATE SIGNED 8-6-92		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED AUG 06 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 86222 San Diego, CA 92186-5222	9E. 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 San Diego, CA	11B. DATE BURIED 8-7-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42597

Date: 8-6, 1993

From: David Duplett Address: 333 Jennie Pl. Escondido
Seven Hundred Twenty Three Area 18/100 Dollars (\$ 723.18)
 In _____ Payment of Interest of Maria Duplett

Lot 3475 Grave _____ Row 4 Section _____ Division 10
 Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10265
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>3.50</u>	<u>W</u>
Burial Containers	100	<u>170</u>	<u>W</u>
	77182	<u>145</u>	<u>W</u>
Handling Fee	100	<u>45</u>	<u>W</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101	<u>13</u>	<u>W</u>
	78390		
TOTAL PAID	\$	<u>723</u>	<u>18</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-7-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lloyd Conyers PA # 113-1613

in a Simple Vault/Urner Funeral, date, time Tues, 8/11 11:00 AM

Church, Chapel, Graveside Del Oro Mortuary Myrtle Mitchell Scott

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 114 Grave 3-B Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees 45.00

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 386.00

Paid receipt number _____

Balance due _____

**Paid in Full
11-10-92**

Rebecca Barr

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 10270

PV-563 (REV. 8-86)

Invoice # 208279

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10270

1A. NAME OF DECEDENT—FIRST (GIVEN) LLOYD	1B. MIDDLE —	1C. LAST (FAMILY) CONYERS	2. DATE OF BIRTH MONTH, DAY, YEAR JAN 9, 1904	3. DATE OF DEATH MONTH, DAY, YEAR AUG 2, 1992	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 PUBLIC ADMINISTRATOR 5201A HUFFIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MURKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-119		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18076 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 AUG 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input 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 (SAN DIEGO COUNTY)	11B. DATE BURIED 8-11-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY L. Wood	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

208279 10/09/92 000952

COUNTY OF SAN DIEGO
100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

11/10/92 CK 04-153014

386.00
165.00
50.00
45.00
126.00

386.00

PAID IN FULL 0.00

E 10270

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-10-92

ME # 92-1132

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Claude Johnson, Jr. PA# 1131478

in a Linear Funeral, date, time Tues, 8/11 1:00 PM

Church, Chapel, Graveside Del. Valley (Dun) Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 114 Grave 3-T Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees 45.00

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10271
PY-593 (REV. 9-85)

Invoice # 208282
Acct. # 000952

**Paid in Full
8-10-92**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10271

E10271

1A. NAME OF DECEDENT—FIRST (GIVEN) Claude	1B. MIDDLE Edward	1C. LAST (FAMILY) Johnson Jr.	2. DATE OF BIRTH 03/20/1951^{RR}	3. DATE OF DEATH 06/01/1992^{RR}	4. SEX M
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 Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Ave. San Diego, CA		7B. CALIF. LICENSE NUMBER APPLICABLE 1424	8A. SIGNATURE OF APPLICANT <i>Edward Johnson</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
		8B. DATE SIGNED 05/19/92			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 10 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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)
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COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92	11B. DATE BURIED 8-11-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Terque</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

208282 10/12/92 000952

COUNTY OF SAN DIEGO

E 10271

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

11/10/92 CK 04-153014

386.00
165.00
50.00
45.00
126.00

386.00

PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-11-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of LENA E. WALDEN

in a Top of DBL Crypt Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; RASSOAGE Mortuary.
(Emily)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 998 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund proceed c2382 _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 395.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E** 10272
PY-693 (REV. 8-88)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-11-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ALEXANDRA HGUAYO

in a Vault/Liner Funeral, date, time Wed 8/12 10:00 AM

Church, Chapel, Graveside Graveside; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No Casket: 20 1/2' LONG

Wide - 9 1/2' 9

Lot 3238 Grave Row Section Division

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 42628 270.00

Balance due

*8-11-92
PER MARK... SPOT
CEM. TO PICK UP BRINS
MORT. TO 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.

Signatures of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10273

PR-693 (REV. 8-88)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10273

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Alejandra	1B. MIDDLE --	1C. LAST (FAMILY) Aguayo	2. DATE OF BIRTH MONTH DAY YEAR 8-7-92	3. DATE OF DEATH MONTH DAY YEAR 8-7-92	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 Veronica Aguayo - Mother 204 West Calle Primera No. 76 San Ysidro, Calif.		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, California		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon Chase</i>		8B. DATE SIGNED 8-11-92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED AUG 12 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, California 92138-5222		9E. 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California	11B. DATE BURIED 8-12-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

№ 42628

Date: 8-12, 1992

From: Rogelia Mortuary Address: 5050 Federal Blvd, SD

Two Hundred Seventy Dollars (\$ 270)

In Payment of Interment of Alexander Ujersky

Lot 3238 Grave - Row - Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-10273

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

9904

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Waits

CREDIT	67007	
20% Sales Care	77184	<u>20</u> <u>00</u>
60% Sales of Lots	100	<u>80</u> <u>00</u>
Opening/Closing	100	<u>125</u> <u>00</u>
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>45</u> <u>00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>270</u> <u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

ME 92-1532

Date 8-12-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George CANTIN PA#1131540

in a liner Vault/Liner Funeral, date, time THUR, 8/13, 11:00AM

Church, Chapel, Graveside Del Norte Goodbody's Mortuary. (Bill)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran NO

Lot 121 Grave 10-B Row _____ Section 1 Division/Block 12

Grave space & Care Fund 120.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 10274

Pr-523 (REV. 8-88)

Invoice # 208283

Acct. # 000952

**Paid in Full
11-10-92**

Kim White PA's office

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10274
E10274

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGE	1B. MIDDLE ---	1C. LAST (FAMILY) CANTIN	2. DATE OF BIRTH MONTH, DAY, YEAR 6-1-1907	3. DATE OF DEATH MONTH, DAY, YEAR 7-31-1992	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 Kim White—Public Administrator 5201-A Ruffin Road San Diego, CA 92123	
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>[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 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 AUG 13 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donall E. Ramos, M.D. SD</i>
8B. 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"/> 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	11B. DATE BURIED 8-13-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

208283 10/12/92 000952 COUNTY OF SAN DIEGO
E 10274 100 072
100 072
100 072
67007

77181
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77183
77184

000072
000072
000072

11/10/92 CK 04-153014

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 8-12-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of DEE Nicholls Deceased

in a Ash Vault Vault/Liner Funeral, date, time 8/20/92

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 will be applied and billed to undersigned. War time veteran No

Lot 174 Grave 3 Row BK 1 Division/3

Grave space & Care Fund Pre-Paid (1920) 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 42648 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 _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10275

Invoice # _____

Acct. # _____

August 12, 1992

Bentley,

Enclosed is a check for
\$269.26 to cover cost of
opening + closing the site for
See Henrietta Nicholls

lot 174

grave 3

Block 1

Division 3

Thank you,

Dorothy Hinkley

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10275

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DEE	1B. MIDDLE HENRIETTA	1C. LAST (FAMILY) NICHOLLS	2. DATE OF BIRTH MONTH, DAY, YEAR 06-26-1894	3. DATE OF DEATH MONTH, DAY, YEAR 08-08-1992	4. SEX F
5A. CITY OF DEATH San Diego			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Dorothy Hinkley - Niece P.O. Box 822 Reno NV 89504
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964		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 8-11-92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 AUG 12 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. 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	11B. DATE BURIED 8-20-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda, Inc. 14065 Old Highway 80, El Cajon, CA	12B. DATE CREMATED 8/13/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPIES OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E10275 No 42648

Date: 8-18, 1992

From: Martha Hinchley Address: P.O. Box 822, Reno, Nevada 89504

Two Hundred Sixty-Nine 26/100 Dollars (\$ 269.2)

In full Payment of Interment of Mr. Dickolls

Lot 174 Grave 3 Row Blk 1 Section 1 Division 3 Block 3

Invoice No. _____

Acct. No. _____

W.O. E-10275

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1513

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

Wants

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	<u>105 00</u>
Burial	100	<u>55 00</u>
Containers	77182	
	100	<u>60 00</u>
Handling Fee	77185	
Recording & Misc. Fees	100	<u>45 00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	<u>4 26</u>
	78390	
TOTAL PAID	\$	<u>269 26</u>

Credit
+
Preneed
dot

MT, HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/12/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chris Taylor

in a _____ Vault/Urner 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 will be applied and billed to undersigned. War time veteran _____

Lot 120 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 695.00

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 695.00

Paid receipt number 42630 75.00

Balance due 620.00

23 @ 26.00
1 @ 22.00

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 _____

Chris Taylor
Signature
3851-D Camanita Aguilar
Address
Calif 92111
State Zip Code
565-9592
Telephone

Work Order # E 10276

PV-593 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

527-3400

No 43029

Chris Taylor

Date: 11-24- 19 92

From: Same Taylor Address: 3851-D Camino Aguilar

Amount - six and ^{xx} / 100 Dollars (\$ 26-)

In part Payment of preused lot coupon 2

Lot 120 Grave 3 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 10276

BALANCE DUE 568

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

0636

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>26</u>	<u>-</u>
Opening/Closing	77184		
	100		
Burial Containers	77181		
	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>26</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43792

Date: 6-8, 1973

From: Charles Taylor Address: 3851-D Camino Capistrano, SD

Fifty Two Dollars (\$ 52⁰⁰)

In Payment of Pre Need Lot

Lot 120 Grave 3 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10276

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

860

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>52⁰⁰</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77186	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>52⁰⁰</u>

OFFICIAL RECEIPT

44269



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 10-27, 19 93

From: Chris Taylor Address: 3851-D Camino Real

Twenty Six Dollars (\$ 26.00)

In Payment of Pre Need Lot

Lot 120 Grave 3 Row _____ Section 2 Division 11
Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10276

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

10/27

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>26</u>	<u>00</u>
of Lots	77184		
Opening/ Closing	100		
Burial	77181		
Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need	100		
Trust	77183		
Sales Tax	63033		
	9022		
	80101		
	78300		
TOTAL PAID	\$	<u>26</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44985

Date: 5-23, 1994

From Chris Taylor Address: 3851 D Camino to Aguilera St

In Twenty-six and 1/2 Dollars (\$ 26.50)
 Payment of Pre-Need Lot

Lot 120 Grave 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-10276

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1227

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>26.50</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>26.50</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

48617

Date: 4-23, 1993

From: Christ Taylor Address: 3851 D Camino Real
San Diego Dollars (\$ 26.00)

In part Payment of Pre-Need Lot

Lot 120 Grave 3 Row _____ Section 2 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-10276
 BALANCE DUE 516.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>26</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	53033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>26</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 796

ISSUED BY H. Long

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44743

Date: 3/18, 1994

From: Chris Taylor Address: 3851D Camino Aguilar

Twenty-six and 00/100 Dollars (\$ 26.00)

In Part Payment of Pre-need lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10276

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1125

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CITY AUDITOR
MAR 25 1994

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	<u>26.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>26.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42859

Date: 10-16, 1992

From Chris Taylor Address: 3851-D Camino Aquilera St

Twenty-Six Dollars (\$ 26.00)

In Payment of Pre-Need Lot

Lot 120 Grave 3 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-10276

BALANCE DUE \$594.-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>26.00</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	
	76390	
TOTAL PAID	\$	<u>26.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

ISSUED BY [Signature]

#1397

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42630

Date: 8/12/92, 1992

From: Chris Taylor Address: 3851-D CAMINITO AGUIAR ST S.D.C.A. #411

Seventy five and 00/100 Dollars (\$ 75.00)

In Fact Payment of Credit Lot

Lot 1A0 Grave 3 Row _____ Section B Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 10276

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81) # 0556

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Robert J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>75.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>75.00</u>



THE CITY OF
SAN DIEGO

3751 Market Street
San Diego, California 92102

OFFICE OF
MT. HOPE
CEMETERY

UNCLAIMED
NOTIFY SENDER

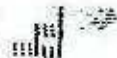
849

51021
Name _____
1st Notice MAR 22 1995
2nd Notice _____
Return _____



Chris Taylor
~~3854~~ Caminito Aguilar
S.D., CA 92111

TAYLOR 921113096 1395 03/17/95
NOTIFY SENDER OF NEW ADDRESS
TAYLOR
GENERAL DELIVERY
COMMERCE CITY CO 80022-9999



CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Chris Taylor

Address 3851 Caminito Aguilar S.D. CA 92111

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 120, Grave 3, Row -, Section 2, ~~Block~~ Division 11 in Mt. Hope Cemetery, entered into on August 12, 19 92, by and between Mt. Hope Cemetery and Chris Taylor that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this day of March, 19 95.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michelle L. Clark
Clerical ASST. II

NAME Chris Taylor

ACCT. NO. E-10276



ADDRESS 3851-D Caminito Aguilar, S.D., CARATINGA 92111

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8-12- 92	Pre-Need Lot				
	Lot 120; Grave 3; Section 2; Division 11	695. 00			
	<i>Chris called 9/10/94 - will start paying again -</i>				
8-12- 92	Receipt # 42630			75.00	620. 00
10-16-92	Coupon #1, Rec # 42859			26.00	594.00
11-24-92	Coupon #2, Rec # 43029			26.00	568.00
3-18-93	Coupon #4, Rec # 43478			26.00	542.00
4-23-93	Coupon #5, Rec # 43617			26.00	516.00
6-8-93	Coupon #7, Rec # 43752			52.00	464.00
10-27-93	Coupon #8, Rec # 44269			26.00	438.00
8/18 94	Coupon 9 Rec # 44743			26.00	412.00
5-23-94	Coupon-10, Rec # 44985			26.00	386.00



Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot

E-10276

Chris Taylor

3851-D Caminito Aguilar

San Diego, CA 92111

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	----------------	-----	-----	-----

Amount due when paid on, or before,
due date above.



\$ 26.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK..

ACCOUNT No. Pre-Need Lot E-10276

Chris Taylor
3851-D Caminito Aguilar
San Diego, CA 92111

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								X	X		

Amount due when paid on, or before,
due date above.

▶ \$ 26.00

Amount due if paid more than _____ days
after due date above.

▶ \$ _____

\$ _____

NAME Chris Taylor Amount Received

\$ 26.00

ADDRESS 3851-D Caminito Aguilar

CITY S.D. STATE CA. ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot E-10276

Chris Taylor
3851-D Caminito Aguilar
San Diego, CA 92111

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								15	X		

Amount due when paid on, or before,
due date above

\$ 26.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME Chris Taylor Amount Received \$ 26.00
ADDRESS 3851-D Caminito Aguilar
CITY S.D. STATE CA. ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-10276**

Chris Taylor

3851-D Caminito Aguilar

San Diego, CA 92111

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								XX	X		

Amount due when paid on, or before,
due date above.

\$

2,000

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

NAME

Chris J. Taylor

ADDRESS

3851-D Caminito Aguilar

CITY

San Diego

STATE

Ca.

ZIP

92111

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot E-10276

Chris Taylor
3851-D Caminito Aguilar
San Diego, CA 92111

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
-----	-----	-----	-----	-----	-----	-----	-----	----------------	-----	-----	-----

Amount due when paid on, or before,
due date above



\$ 26.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME

Chris Taylor

ADDRESS

3851-D Caminito Aguilar

CITY

San Diego

STATE

Ca

ZIP

92111

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-10276**

Chris Taylor

3851-D Caminito Aguilar

San Diego, CA 92111

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								APR	MAY		

Amount due when paid on, or before,
due date above.



\$

20.00

Amount due if paid more than _____ days
after due date above.



\$

\$

Amount Received

\$

NAME **Chris Taylor**

ADDRESS **3851-D Caminito Aguilar**

CITY **San Diego** STATE **Ca** - ZIP **92111**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot E-10276

Chris Taylor
3851-D Caminito Aguilar
San Diego, CA 92111

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								XXX	X		

Amount due when paid on, or before,
due date above.



\$ 26.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME Chris Taylor Amount Received \$ 26.00

ADDRESS 3851-D C. Aguilar

CITY S.D. STATE CA ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot E-10276**

Chris Taylor
3851-D Caminito Aguilar
San Diego, CA 92111

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								15	15		

Amount due when paid on, or before,
due date above.

\$

26.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

26.00

NAME

Chris Taylor

ADDRESS

3849-D Caminito Aguilar

CITY

S.D.

STATE

CA

ZIP

92111

check (✓) if this is new address

E10276
E 10276

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/12/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chris Taylor

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 120 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>695⁰⁰</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	_____
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording and filing fee	_____
Sales taxes	<u>0</u>
Total Due	<u>695⁰⁰</u>
Paid receipt number	<u>75⁰⁰</u>
Balance due	<u>620⁰⁰</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

Chris Taylor
Signature
3851-D Caminito Aguilar
Address
Calif 92111
City Zip Code
565-9592
Telephone

Work Order # E 10276
PT-593 (REV. 9-85)

Invoice # _____
Acct. # _____

E10276

E10276

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 12 day of AUGUST, 1992, between CHRIS TAYLOR, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 120, Grave 3, Row —, Section 2, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 695.00, payable as follows: \$ 75.00 cash herewith, the receipt of which is hereby acknowledged; \$ 26.00 on the 10th day of OCTOBER, 1992; and the balance in installments of \$ or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E10276

E10276

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E10276

E 10276

WITNESS our hands this day and year above written.

Deed to be issued to:

Chris L. Taylor
Name

3851-0 Caminito Aguilar
Address

San Diego, Ca, 92111

73 @ 26.00
1 @ 22.00

PURCHASER

Same
Print Name

Chris Taylor
Signature

Same
Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: [Signature]

SLW:st(62-1)
1-23-90

Open Imperial
State

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MAE F. MANSON

in a liner Funeral, date, time Fri, 8/14 10:00 AM

Church, Chapel, Graveside Church + Grace - Ragsdale Mortuary Side (MARK)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 101 Grave 11 Row _____ Section 4 Division/~~Block~~ 4

Grave space & Care Fund Pre Paid _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 170.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 13.18

Sales taxes _____ 723.18

PAID
AUG 13 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 723.18

Paid receipt number 4232 723.18

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 dead.

[Signature]
Signature of recorded holder of deed

[Signature]
Signature
965 So. Saticoy Ave
Address
Ventura 93002
City Zip Code
805-647-0456
Telephone

Work Order # **E** 10277

PY-683 (REV. 8-88)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10277

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Mae	1B. MIDDLE Frances	1C. LAST (FAMILY) Manson	2. DATE OF BIRTH MONTH DAY YEAR 9-13-97	3. DATE OF DEATH MONTH DAY YEAR 8-10-92	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 Mary Killens - Daughter 410 So. 58th Street San Diego, California 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragedale Mortuary 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon J. Nord</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 AUG 13 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames, M.D.</i>
90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 8522E.O. Box 85222 San Diego, CA 92138-5222	9E. 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	11B. DATE BURIED 8-14-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To Jorgensen</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal n/sealed	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42632

Date: 8-13, 1992

From: Ralph Smith Address: 965 Saticoy Ave Ventura, Ca

Seven Hundred Twenty Three Dollars (\$ 723.18)

In Payment of Interment of Mrs Mason

Lot 101 Grave 11 Row _____ Section 4 Division 4

Invoice No. _____

Acct. No. _____

W.O. E-10277

BALANCE DUE ✓

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 294

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	100	<u>350</u>	<u>W</u>
Burial Containers	100	<u>140</u>	<u>W</u>
Handling Fee	77182	<u>145</u>	<u>W</u>
Recording & Misc. Fees	100	<u>45</u>	<u>W</u>
Pre-Need Trust	77183		
Sales Tax	60101	<u>13</u>	<u>18</u>
	78390		
TOTAL PAID	\$	<u>723</u>	<u>18</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Pre-Need Trust for:

Date 8-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Olga Sutton

in a T.S. Vault Vault/Other 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 will be applied and billed to undersigned. War time veteran No.

Lot 84 Grave 11 Row _____ Section 16 Division/Block 7

Grave space & Care Fund Pre-Need (1974) Ø

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 17.44

PAID
AUG 13 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO

Total Due 822.44

Paid receipt number 42633 822.44

Balance due 0

I hereby certify I am the conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

William J. DeLuch
Signature
1303 Missouri St
Address
San Diego CA 92109
State Zip Code
272-6778
Telephone

Work Order # **E** 10278
PY-583 (REV. 8-86)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42633

Anthony Paluch

Date: 8-13, 1992

From: ~~Olga Section~~ Address: 1303 Mission St. SD

Eight Hundred Twenty Two Dollars (\$ 822.44)

In full Payment of Pre-Need Trust for Olga Section
(Ok, T.S. Vault, rec. fee)

Lot 84 Grave 11 Row _____ Section 16 Division 7

Invoice No. _____

Acct. No. _____

W.O. E-10278

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	<u>822.44</u>
Sales Tax	83033	<u>9022</u>
TOTAL PAID	80101	<u>822.44</u>
	78390	

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-13-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Henderson

in a None Vault/liner Funeral, date, time Tues, 8/18 11:00 AM

Church, Chapel, Graveside GRAVESIDE ONLY; Rosedale Mortuary. (MARK)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veterans

Lot 120 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund 695.-

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 140.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 13.18

Sales taxes 1418.18

PAID
SEP 18 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Paid receipt number 42637 354.55

Balance due 1063.63

42153 1063.63

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 _____

William Hudson
Signature
3230 Clay Ave
Address
San Diego Ca. 92113
State
236 9694 Zip Code
Telephone

Work Order # **E** 10279

PY-593 (REV. 8-85)

Invoice # _____

Acct. # _____

30 Day Note

MT. HOPE CEMETERY

W.O.# E 10279

NOTE

\$ 1063.63 San Diego, California August 18 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand sixty-three and 63/100 DOLLARS with interest from September 18, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME ELLA MAE HENDERSON SIGNATURE Ella Mae Henderson

ADDRESS 3230 Clay Ave San Diego Ca 92113

CALIFORNIA DRIVER LICENSE NUMBER G0081111 SSN # 546-50-4483

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10279

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Willie	1B. MIDDLE Lee	1C. LAST (FAMILY) Henderson	2. DATE OF BIRTH MONTH, DAY, YEAR 3-10-31	3. DATE OF DEATH MONTH, DAY, YEAR 8-13-92	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 Ella Henderson - Friend 3230 Clay Ave. San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Egsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Albette Wellman</i>			8B. DATE SIGNED 8-17-92

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7109 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 AUG 18 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Roman, M.D.</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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8-18-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy T. Tengul</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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42637

Date: 8-14- 1992

From: Ella Mae Henderson Address: 3230 Clay Ave, S.D. CA 92113
Three hundred Fifty-four and 55/100 Dollars (\$ 354.55)
In part Payment of Interment Services for Willie Henderson

Lot 120 Grave 5 Row _____ Section 3 Division 12
Block _____

Invoice No. _____

Acct. No. _____

W.O. E 10279

BALANCE DUE 1063.63

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY W. J. Tanager

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>354</u>	<u>55</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	76380		
TOTAL PAID	\$	<u>354</u>	<u>55</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42753

Date: 9-18, 1992

From: Ella Henderson Address: 3230 Clay Avenue, St
San Diego, California 92116

In Payment of Interment of Willie Henderson Dollars (\$ 1063.63)

Lot 120 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10279
 BALANCE DUE 4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J. Wait

CREDIT	87007	<u>139</u>	<u>00</u>
20% Sales Care	77184		
50% Sales of Lots	100	<u>201</u>	<u>45</u>
Opening/Closing	77184	<u>350</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
Handling Fee	77182	<u>145</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	77185		
Sales Tax	63083	<u>13</u>	<u>18</u>
	8022		
	80101		
	78380		
TOTAL PAID	\$	<u>1063</u>	<u>63</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 8004397363

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of HENRY BRADY
in a T.S. Vault Funeral, date, time Mon, 8/17 2:00 PM

Church, Chapel, Graveside Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 175 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 1517.44

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____ hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order #

E 10280

PR-583 (REV. 8-88)



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Henry Brady
in a Double Death Crypt Funeral, date, time Mon, 8/17 2:00 pm
Church, Chapel, Graveside Graveside Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No AMA

Lot 175 Grave 8 Row _____ Section 1 Division 12

Grave space & Care Fund	.....	<u>695.00</u>
Additional spaces and care fund	.....	.....
Opening/Closing & Setup	<u>one o/c</u>	<u>350.00</u>
Burial Container	.....	<u>360.00</u>
Handling Fees	.....	<u>320.00</u>
Flower vases - Marker setting fee	.....	.....
Recording and filing fee	<u>one rec. fee</u>	<u>45.00</u>
Sales taxes	.....	<u>27.90</u>
Total Due	.....	<u>1797.90</u>

30 Day Note

Paid receipt number _____

Balance due _____

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 1 hold under deed.

Signature of recorded holder of deed _____

Ophelia McDaniel
Signature
7436 Country Vistas LN
Address
Bonita Ca. 91907
City
421-2781 Zip Code
Telephone

Work Order # E 10281
PY-583 (REV. 8-86)

Invoice # 208267
Acct. # 074968

MT. HOPE CEMETERY

W.O. # E-10281

NOTE

\$ 1797.90 San Diego, California 8-14 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Seventeen Hundred Ninety Seven ⁹⁰/₁₀₀ DOLLARS with interest from September 17, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Ophelia McDaniel's SIGNATURE Ophelia B. McDaniel
ADDRESS 1436 County Vistas Lane, Bonita, CA, 91902
CALIFORNIA DRIVER LICENSE NUMBER N704114E SSN # 265-84-7582

TOM DERRICK

E 10281

Balance

\$ 159.⁶⁷

referral fees

Principal Amount
pd on

7-93

Pages
682-2913



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10281

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Henry	1B. MIDDLE —	1C. LAST (FAMILY) Brady, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 11/26/1945	3. DATE OF DEATH MONTH DAY YEAR 8/11/1992	4. SEX M
5A. CITY OF DEATH Atlanta		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Georgia		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Stephania McDaniels-Sister 1436 Country Vistas Lane Bonita, CA 91902	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 8/17/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 AUG 17 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA San Diego County P.O. Box 85222 San Diego, CA 92138-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" 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)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mc. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-17-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hazel Brady

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 145 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee Disinterment Fee 900.00

Recording and filing fee

Sales taxes

Total Due 900.00

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 dead.

Signatures of recorded holder of deed

Apphelia McSaurch
Signature
1436 Country Vista Ln
Address
Bonita, Ca. 91902
State
421-2781
Telephone

Work Order # E 10282
PR-893 (REV. 8-85)

Invoice # _____

Acct. # _____

E 10282

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-Need
Disinterment
+ Reinterment in same
grave.*

Date 8/14/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel Brady

in a _____ Vault/Urns _____ 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 will be applied and billed to undersigned. War time veteran 16

Lot 175 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Disinterment Fee 900.00

Recording and filing fee _____

Sales taxes _____

Total Due 900.00

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

Richard McEwen
Signature
1026 County 65th St
Address
San Diego, CA 91962
City State Zip Code
421-2781
Telephone

Work Order # E 10282
PY-593 (REV. 8-88)

Invoice # _____
Acct. # _____

*\$370.00
Credit on another lot at current prices*

E 10282

*Pre-Need Disinterment & Reinterment of Hazel
Brady In Deep Gravesite.*
AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 14 day of August, 1992, between Cedelia McAnis, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 115, Grave 7, Row —, Section 1, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$900.00, payable as follows: \$ 0 cash herewith, the receipt of which is hereby acknowledged; \$ 38.00 on the 10 day of November, 1992; and the balance in installments of \$ 38.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This Agreement described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS
ESTABLISHED FOR:

Ophelia McDaniel
Name

1436 Country Vistas Lane
Address

Bonita, Ca. 91902

23 @ 38.
1 @ 26.

PURCHASER

Ophelia McDaniel
Print Name

Sandra A. Moore
Signature

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: [Signature]

SLW:st(62-1)
1-23-90

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

HUSBAND

Date 8-14-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of LaVonne Fletcher B.F.

in a FS-Veroff Double Depth Crypt Funeral, date, time Tues 8/18 1 AM

Church, Chapel, Graveside Church, G.S.; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No B.F.

Lot 26 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund		_____
Opening/Closing & Setup		<u>350.00</u>
Burial Container	<u>B.F.</u> <u>360.00</u>	<u>225.00</u>
Handling Fees	<u>B.F.</u> <u>320.00</u>	<u>185.00</u>
Flower vases - Marker setting fee		_____
Recording and filing fee		<u>45.00</u>
Sales taxes	<u>B.F.</u> <u>27.90</u>	<u>17.44</u>
	<u>B.F.</u> Total Due <u>1897.90</u>	<u>1617.44</u>
	Paid receipt number <u>4264-47400</u>	

30 day note.

O.T. Fee Balance due 423.90
150.00

I hereby certify I am the HUSBAND of the above named deceased and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signatures of recorded holder of deed

Bernard L. Fletcher
Signature
5279 TOOLEY ST.
Address
CALIFORNIA 92114
State Zip Code
262-5978
Telephone

Work Order # E 10283

PC-603 (REV. 8-85)

Invoice # 208268
Acct. # 074969

*3:31 when coach
came thru gate
last car at 3:35*

MT. HOPE CEMETERY

W.O. # E-10283

NOTE

\$ 1423.⁹⁰ San Diego, California 8-17 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Fourteen Hundred Twenty Three ⁹⁰/₁₀₀ DOLLARS with interest from Sept 18, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME BERNARD FLETCHER SIGNATURE Bernard Fletcher
ADDRESS 5879 TOOLEY ST. SAN DIEGO, CA. 92114
CALIFORNIA DRIVER LICENSE NUMBER RO193325 SSN # 558-64-6203

MT. HOPE CEMETERY

W.O. # E10283

NOTE

\$ 1617.44 San Diego, California August 18 19 92

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Sixteen hundred seventeen and 44/100 DOLLARS with interest from SEPTEMBER 18, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME BERNARD L. FLETCHER SIGNATURE Bernard L. Fletcher

ADDRESS 5879 TOOLEY ST

CALIFORNIA DRIVER LICENSE NUMBER R0193325 SSN # 558-64-6203

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10283

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) La Vorne	1B. MIDDLE —	1C. LAST (FAMILY) Fletcher	2. DATE OF BIRTH MONTH DAY YEAR 10/25/1947	3. DATE OF DEATH MONTH DAY YEAR 8/13/1992	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 Richard Fletcher—Husband 5879 Tooley Street San Diego, CA 92114	
7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 McCaskey Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 8/17/92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED AUG 18 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA		9E. 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 St. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-18-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY — <i>metal w/sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42641

Date: 8-17, 1992

From: Bernard Flitner Address: 5179 Juley St, SA

In Four Hundred Seventy-four Dollars (\$ 474.⁰⁰)

Payment of Interest

Lot 26 Grave 11 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-10283

BALANCE DUE 1423.90

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY J. Witt

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>474.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>474.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/17/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Juanita Hayes, former Mrs. III

in Double Crypt Vault/Line 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 will be applied and billed to undersigned. War time veteran _____

Lot 11 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container Upgrade to D&C Crypt _____ 51.54

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____ 45.00

Total Due _____ 446.54

Paid receipt number 42642 _____ 446.54

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 _____

State _____ Zip Code _____

Telephone _____

Work Order # _____
PY-593 (REV. 8-86)

E 10284

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42642

Date: 8/17/92, 19__

From: Mrs. Mary Ann Lee Address: _____

Four hundred forty six and 54/100 Dollars (\$ 446.54)

In Full Payment of Burial Container & Services Prepaid

Lot 11 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 10284

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Robert J. Jasso

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>446</u>
	9022	<u>54</u>
TOTAL PAID	60101	
	78380	
		<u>446</u>
		<u>54</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CHARLES L. BRYANT
 in a T.S. Vault Vault/Line Funeral, date, time Fri, 8/21 1:00pm
 Church, Chapel, Graveside Church + grave Church Paragrade Paragrade Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
 and billed to undersigned. War time veteran YES Wing Honor Guard

Lot 15 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 795.-
 Additional spaces and care fund _____
 Opening/Closing & Setup 350.-
 Burial Container 225.-
 Handling Fees 185.-
 Flower vases - Marker setting fee Union Flower Vase 46.93
 _____ 45.-

Recording and filing fee
PAID
 SEP 25 1992

Sales taxes 17.44
 Total Due 1,664.37
 Paid receipt number 42643 41637

**MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.**

I hereby certify I am the son-in-law of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Kenneth S. Jones
 Signature
6601 CHARLES AVE
 Address
SAN DIEGO, CA. 92114
 City
(619) 582-0608 Zip Code
 Telephone

Work Order # **E** 10285
 PY-883 (REV. 8-86)

Invoice # _____
 Acct. # _____

MT. HOPE CEMETERY

W.O. # E-10285

NOTE

\$ 1248.00 San Diego, California 8-17 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Forty Eight ^{30/100} DOLLARS with interest from Sept 21, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME KENNETH S. JONES SIGNATURE Kenneth S. Jones
ADDRESS 6681 Charlene Ave San Diego, Ca. 92114
CALIFORNIA DRIVER LICENSE NUMBER N0894797 SSN # 565-92-3153

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10285

1A. NAME OF DECEDENT—FIRST (GIVEN) Charles	1B. MIDDLE Lewis	1C. LAST (FAMILY) Bryant, Sr.	2. DATE OF BIRTH MONTH, DAY, YEAR 12-1-23	3. DATE OF DEATH MONTH, DAY, YEAR 8-16-92	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 Kenneth Jones - Son-in-Law 6651 Charlene 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			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

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 AUG 20 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</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	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42643

Date: 8-17, 1992

From: Kenneth Jones Address: 681 Charleston Ave, St

In: Four Hundred and thirty seven Dollars (\$ 416.37)
 Payment of: Interment of Charles Dupont

Lot 15 Grave 1 Row _____ Section 001988 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10285

BALANCE DUE 81248.-

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 24 1992
001988

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>416.37</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID		<u>416.37</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42766

Date: 9-25, 1992

From: Kenneth J. Jiro Address: 6681 Warner Avenue, St
Diablo Hundred Forty-Eight 70/100

Dollars (\$ 1249.⁰⁰)

In _____ Payment of Interment of Charles Bergant

Lot 15 Grave 1 Row _____ Section 1 Division 11

Invoice No. _____
Acct. No. _____
W.O. E-10285
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. Jiro

CREDIT	67007		
20% Sales Tax	77184	159	00
80% Sales of Lots	100	219	63
Opening/Closing	100	350	00
Burial Containers	77181	225	00
Handling Fee	100	185	00
Recording & Misc. Fees	77185	91	93
Pre-Need Trust	63033		
Sales Tax	9022	17	44
	80101		
	78390		
TOTAL PAID		\$	1249 00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

808

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Munther Abu-Saud
in a Liner Funeral date, time Wed 8/19 1:00pm

Church, Chapel, Graveside Graveside Only Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 1174 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre-Paid _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 350.00

Burial Container _____ 170.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 13.18

Sales taxes _____ 723.18

Total Due _____

Paid receipt number 4264 72318

Balance due 0

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Santa Ana Akel
Address 9574 Caulinito Tueda
S.D., CA 92126
City State Zip Code
Telephone (619) 586-7584

Work Order # **E** 10286
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10286

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MUNTER	1B. MIDDLE -	1C. LAST (FAMILY) ABU-SAUD	2. DATE OF BIRTH MONTH DAY YEAR 1/20/1931	3. DATE OF DEATH MONTH DAY YEAR 8/16/1992	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 Soulafa Akel, niece 9574 Caminito Tireda 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 1083		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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>Amal Bando</i>	
				8B. DATE SIGNED 8-19-92	

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 AUG 19 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Roman, M.D.</i>
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		

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, San Diego, CA	11B. DATE BURIED 8-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</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.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42644

Date: 8-17, 1992

From: Soulaya Alil Address: 9574 Camino Tierras Ar

Seven Hundred Twenty Five Dollars (\$ 723.18)

In Payment of Interment of Mother Abu-Saud

Lot 1174 Grave _____ Row _____ Section 3 Division 8

Invoice No. _____

Acct. No. _____

W.O. E-10286

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

127

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100	<u>350</u>	<u>00</u>
Burial	100	<u>17000</u>	
Containers	77182		
	100	<u>145</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>13</u>	<u>18</u>
	78390		
TOTAL PAID	\$	<u>723</u>	<u>18</u>

*Transfer
to
SoulaFa AKel*

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ Vault/Urns 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 will be applied and billed to undersigned. War time veteran _____

Lot 1174 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 45.00

Paid receipt number 42645 45.00

Balance due 0

PAID
AUG 17 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of Record Holder of deed _____

Signature [Signature]
Address _____
State _____ Zip Code _____
Telephone _____



Work Order # E 10287

PY-593 (REV. 3-85)

Invoice # _____
Acct. # _____

THE CITY OF SAN DIEGO
PARK DEPARTMENT—CEMETERY DIVISION

\$35.00
transfer fee

Quitclaim Deed E10287

In consideration of Cemetery lot 1174, Sec 3,
Div 8 transfer of property

I/We Rosabell Allee

DO HEREBY REMISE, RELEASE AND QUITCLAIM TO THE CITY OF SAN DIEGO, a Municipal Corpora-
tion, all that Cemetery property situated in Mt Hope CEMETERY, in said City of San
Diego, County of San Diego, State of California, described as follows: Lot 1174
Sec 3 Div 8

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said THE CITY
OF SAN DIEGO, its successors and assigns forever.

WITNESS my/our hand this 31 day of December 1985

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

A. Bussing
Charles E. Dale
Witnesses.

Transfer to Skyline Wesleyan
Church
1355 Skyline Dr. Lemon Grove Ca
92045
X Rosabell Allee

STATE OF CALIFORNIA, }
COUNTY OF SAN DIEGO. } ss.

On this 31 day of December, 1985, before me Jayne M. Balk

, a Notary Public in and for said County and State,
residing therein, duly commissioned and sworn, personally appeared Rosabell Allee

known to be the person described in and whose



subscribed to the above instrument and acknowledged to me that she executed
HEREOF I have hereunto set my hand and affixed my official seal at my
San Diego, State of California, on the date first above written.

Jayne M. Balk
Notary Public in and for said County and State

My Commission expires 10-27-86

POWER OF ATTORNEY

SPECIAL

E10287

KNOW ALL MEN BY THESE PRESENTS: That I, STEPHEN BABBY for
SKYLINE WESLYAN CHURCH

the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. James A. March Associates, Inc. principal's true and lawful attorney to act for principal's name, place and stead and for principal's use and benefit:

- (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 1174, Section 3, Division 8, Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.
WITNESS my hand this 16th day of March, 1990.

X Stephen Babby

STATE OF CALIFORNIA } ss.
COUNTY OF San Diego

On this 16th day of March, in the year of 1990 before me, the undersigned, a Notary Public in and for said State, personally appeared Stephen F. Babby personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.

Barbara L. Brumagin
Notary Public in and for said State.



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42645

Date: 8-17- 1992

From: MARCH ASSOCIATES Address: 10894 Charing Cross Rd.
Forty-five and 1/100 Dollars (\$ 45.00)
In File Payment of Transfer fee to Soulata AKel

Lot 1174 Grave _____ Row _____ Section 3 Division 8

Invoice No. _____

Acct. No. _____

W.O. E10287

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

5456

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY W. J. Terzaghi

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	45 -
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	75390	
TOTAL PAID	\$	45 -

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/17/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY ANN Conroy

in a liner Funeral, date, time Fri, 8/21 11:00 AM

Church, Chapel, Graveside Chapel + Graveside, Rosedale (MARK) Mortuary.

All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 257 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 170.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 13.18

Total Due 1418.18

Paid receipt number 42661 500.00

Balance due 918.18

*Partial
Paid*

*30 Day Mort. 18
Mortuary to Burial
Check for 500.*

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 Betty M Conroy
5044 Holly Dr
Address SAN DIEGO 92113
State 262-6955 Zip Code
Telephone

Work Order # E 10288
PV-583 (REV. 9-86)

Invoice # 208273
Acct. # 074967

MT. HOPE CEMETERY

W.O. # E-10288

NOTE

\$ 918.18 San Diego, California 8-17 1992

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Nine Hundred Eighteen 18/100 DOLLARS with interest from Sept 21, 1992 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME DETTY M. CONLEY SIGNATURE Detty M Conley
ADDRESS 3044 Holly St SD, CA 92112
CALIFORNIA DRIVER LICENSE NUMBER N5675548 10/92 SSN # 545-11-3636

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10788

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE Ann	1C. LAST (FAMILY) Conley	2. DATE OF BIRTH MONTH, DAY, YEAR 1-30-15	3. DATE OF DEATH MONTH, DAY, YEAR 8-14-92	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 Betty Conley - Daughter 5044 Holly Dr. San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragadale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Alpha Williams</i>
			8B. DATE SIGNED 8-19-92		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 AUG 20 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186	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"/> 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)
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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	11B. DATE BURIED 8-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42661

Date: 7-24, 1992

From: Russell M. Murray Address: 5050 Federal Blvd, SD

Five Hundred ^{710/100} Dollars (\$ 500.-)

In part Payment of Interment of Mary Conley

Lot 257 Grave 12 Row _____ Section 7 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-1028

BALANCE DUE 8918.18

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 9926

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>500.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>500.00</u>

CITY OF SAN DIEGO
 AUDITOR & COMPTROLLER
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE
 PAID INVOICE REPORT BY DEPARTMENT
 AS OF 10/22/92

DATE: 10/22/92
 TIME: 223630
 PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
208273	10/09/92	074967	BETTY M. CONLEY				10/22/92			918.18	918.18	0.00
			100 072		77181	000072				350.00		PAID IN FULL
			100 072		77182	000072				170.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				56.00		
			100 072		77185	000072				145.00		
			60101		78390					13.18		
			67007		77184					139.00		

E-10288

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-17-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gayle Jenks PA#1132067 ^{3M}

in a Linear ^{Vault/Linear} Funeral, date, time Wed 8/19 12:30 p

Church, Chapel, Graveside Del Gully; Bergs-Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 121 Grave 10T Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.-

Additional spaces and care fund

Opening/Closing & Setup 115.-

Burial Container 50.-

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.-

Sales taxes

Total Due 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10289

FD-663 (REV. 6-86)

Invoice # 208284

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

EK0289

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) GAYLE	1B. MIDDLE LUCILLE	1C. LAST (FAMILY) JENKS	2. DATE OF BIRTH MONTH DAY YEAR 10/26/1947	3. DATE OF DEATH MONTH DAY YEAR 8/11/1992	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 S.D.Co. Public Administrator 5201-A Ruffin Road San Diego, CA. 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY NATIONAL CITY, CA 607 National City Blvd.		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ernest L. Melha</i>		8B. DATE SIGNED 8/11/92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 AUG 19 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW 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	11B. DATE BURIED 8-19-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

208284 10/12/92 000952

COUNTY OF SAN DIEGO

E 10289

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

11/10/92 CK 04-153014

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-18-92

*Pre-Need Lot
& Trust for:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joseph & Rosie Brown

in a Double Death Crypt Vault/Line 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 will be applied and billed to undersigned. War time veteran _____

Lot 4916 Grave _____ Row _____ Section _____ Division/~~Plot~~ 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup 2 o/c @ \$350.- 700.00

Burial Container 360.00

Handling Fees 300.00

Flower vases - Marker setting fee

Recording and filing fee 2 Rec. fee @ \$45.- 90.00

Sales taxes 27.90

Total Due 2492.90

Paid receipt number 42647 623.00

Balance due 1869.90

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Rosie D. Brown
Signature
5460 San Onofre Terr
Address
La Calif. 92114
State Zip Code
262-6780
Telephone

Invoice # _____

Acct. # _____

Work Order # **E** 10290
PY-583 (REV. 8-88)



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E 10290

11987

A F H A

OWNERSHIP AND INTERMENT PRIVILEGES

TO Joseph & Rosie Brown for the sum of \$ 995.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4916; Divison 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10290

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker is Upright Marker Only

Wendy Jo League

Cemetery Manager

J. T. Gerber

Property Director

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43873

From: Rosie Brown Address: 5460 San Diego Drive
San Diego City 710110 Dollars (\$ 78)
In _____ Payment of Pre-Need Trust - Trust

Date: 7-6, 1993

Lot 4916 Grave - Row - Section - Division Block 10

Invoice No. _____
Acct. No. _____
W.O. F-10290
BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

7528

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	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>78 w</u>
	9022	
Sales Tax	80101	
	78990	
TOTAL PAID	\$	<u>78 w</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43970

From: Theresa Brown Address: 5260 San Diego Terrace, #11 Date: 8-3 1993
San Diego - East 770/112 Dollars (\$ 78.00)
In Payment of Pre-Need Trust

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

17551

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

[Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>78.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3490

44116

Date: 9-17, 1993

From: John Beane Address: 5440 San Diego Trail, SD
Seventy-Eight Dollars (\$ 78.00)

In Payment of Pre-Need Lot & Trust

Lot 4914 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63003	<u>78.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

4597

ISSUED BY J. White

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44185

From: Joseph Brown Address: 540 San Diego Terrace Date: 10-4, 1993
Seventy-Eight 70/100 Dollars (\$ 78.-)
 In _____ Payment of Pre-Need Trust + Trust

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10290
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>78 00</u>
Trust	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>78 00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY Wait

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3480

44316

Date: 11-5, 1993

From: Jack Brown Address: 5460 San Diego Ave, Torrey Hills

Investig. Exp. 11/1/93 Dollars (\$ 78-)

In Payment of Pre-Need for 1 Trust

Lot 4916 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F-10290

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

7673

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		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>78</u>	<u>00</u>
	8022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>78</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

45306

Date: 8/4, 1994

From: Rosie Brown Address: 5460 San Onofre Ter 92114

Seventy - Five Dollars (\$ 75.00)

In part Payment of pre need lot & trust

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE 78.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

8500

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Nancy Baker

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>75 00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>75 00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

45199

From: Rose Brown Address: 5400 San Diego Hill St Date: 7-6 1994
County East 70/100 Dollars (\$ 78.)
 In _____ Payment of Pre Need Trust

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10290
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT	87007	
25% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>77 W</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>78 W</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 1-91) 946

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

45069

Date: 6-2, 1994

From: ROSIE BROWN Address: 4560 SAW ONO FRE TERRACE S.D. 92114

SEVENTY-EIGHT Dollars (\$ 78.00)

In PART Payment of PRE NEEDED LOT + TRUST

Lot 4916 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE 75.90

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

7970

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>78</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>78</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44914

From: Jack Brown Address: 5640 San Diego Trail, # 92114
San Diego, CA 92114
 Date: May 5, 1994
 In _____ Payment of Pre-Need Lot & Trust Dollars (\$ 78.-)

Lot 4916 Grave - Row - Section - Division 10
 Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

7927

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>78 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	
	9022	
	60101	
	76380	
		<u>78 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44804

Date: 4-4, 1994

From: Joseph Brown Address: 5460 San Diego Terry St

In Twenty Eight Dollars (\$ 28.00)
 Payment of Pre-Need Lot & Trust

Lot 4916 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10290
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	80033	<u>78.00</u>
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44701

From: Rosa Brown Address: 5460 San Brown Terrace St
San Diego Calif 92116 Date: 3-9, 1991
 In Payment of Pre Need Trust Dollars (\$ 78.-)

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1845

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	83033	<u>78 00</u>
	9022	
	80101	
	78390	
		<u>78 00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44583

Date: 2-4, 1994

From: Joseph Brown Address: 5460 San Onofre Terr S.D. 92114

Seventy-eight and 00/100 Dollars (\$ 78.00)

In Part Payment of Pre-need lot - Trust

Lot 102 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE 387.90

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AG-212 (Rev. 7-91)

7801

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	50.00
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>78.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

44507

Date: 1-5, 1994

From: JOSEPH BROWN Address: 5460 San Onofre Terr. S.D. 92114

SEVENTY-EIGHT 00/100 Dollars (\$ 78.00)

In Part Payment of PRE-NEED LOT / TRUST

Lot 49 1/2 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

#7764

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>78 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>78 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

44401

Date: Dec. 3, 1993

From: Trust - Rose Bruno Address: 5460 San Onofre Terr. S.D. 9214

Seventy-eight and 00/100 Dollars (\$ 78.00)

In Post Payment of Procees Trust

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE \$ 543.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

#7702

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	<u>73.00</u>
	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>73.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
827-3400

No 42647

From: Joseph & Rosie Brown Address: 5480 San Diego Ave., San Diego, CA 92114
Six Hundred Twenty Three Dollars (\$ 623.⁰⁰)
In _____ Payment of Pre-Need Plot & Trust

Date: 8-18, 1992

Lot 4916 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____
Acct. No. _____
W.O. E-10290
BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>623.⁰⁰</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>623.⁰⁰</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 7/16/92

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42735

From: Joseph + Rosie Brown Address: 5400 San Onofre Terr, San
Diego, Calif. 92110 Date: 9-16, 1992
in Payment of Pre-Need Rot + Trust Dollars (\$ 78.-)

Lot 4916 Grave _____ Row _____ Section _____ Division 10
Block _____

Invoice No. _____
Acct. No. _____
W.O. E-10290
BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

7194

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

W. J. W. J. W.

CREDIT	67007	
20% Sales Com	77184	
50% Sales of Lots	100	<u>78 W</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	80233	
Sales Tax	80101	
TOTAL PAID	78990	<u>78 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42907

From: Rosie Brown Date: 11-2, 1992
 Address: 444 W. San Diego Ave, Torrey Pines, CA
 In Secretary's Office Dollars (\$ 78.00)
 Payment of Pre-Need Lot & Trust

Lot 4916 Grave _____ Row _____ Section _____ Division 10
 Block 61

Invoice No. _____
 Acct. No. _____
 W.O. E-10270
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>61.00</u>
80% Sales of Lots	100	<u>17.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>78.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43059

From: Rosie Brown Date: 12-2, 19 92
 Address: 5460 San Diego Terrace, #10
Seventy-Eight Dollars (\$ 48.00)
 in Payment of Pre-Need Lot + Trust

Lot 4916 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10290
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>48</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	80101		
TOTAL PAID	78390		
		<u>48</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
4294

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43190

Date: 1-5, 1993

From: Jack Brown Address: 5460 San Diego Terr, SA
Security-Eight 710/10 Dollars (\$ 78.00)
In _____ Payment of Pre-Need Lot + Trust

Lot 4916 Grave - Row _____ Section _____ Division 10
Block 7800

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

4335

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. White

CREDIT	67007	
20% Sales Care	77184	<u>78.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43257

From: Pepp Brown Date: 1-20, 1993
Seventy Eight Address: 5460 San Diego Trail
77011W Dollars (\$) 48.⁰⁰
 In Payment of Pre Need Lot + Trust

Lot 4916 Grave - Row - Section - Division 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10290
 BALANCE DUE \$1401.90

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	67007		
20% Sales Carp	77184		
80% Sales of Lots	100	<u>48</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	83033		
	9022		
TOTAL PAID	60101	<u>48</u>	<u>00</u>
	76390		

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43414

Date: 3-3, 1973

From: Rosie Brown Address: 5460 San Onofre Ter. S.D. 92114

seventy-eight Dollars (\$ 78.00)

In part Payment of Pre Need Lot + Trust

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE \$ 1323.90

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61)

7397

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY N. Perquero

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100	<u>78</u>	<u>00</u>
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>78</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>78</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

00928043467

Date: 3/10, 19 93

From: Joseph Brown Address: 5420 San Diego Turn, St
San Diego 710 NW

In Payment of Pre-Need Lot & Trust Dollars (\$ 48.00)

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-10290
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 1-91)

7366

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 11 1993

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
20% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	<u>77.00</u>
Sales Tax	100	
TOTAL PAID	\$	<u>78.00</u>

43537

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-2, 1973

From: Rosie Brown Address: 5460 San Diego

Seventy-eight Dollars (\$ 78.00)

In part Payment of Pre Need Lot & Trust

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE \$ 1167.80

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

7425

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		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	28	00
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	28	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43649

Date: 5-3, 1973

From: Joseph Braun Address: 5460 San Onofre Terr. S.P. 92114

In part Payment of Pre Need Lot & Trust Dollars (\$ 78.00)

Lot 4916 Grave 1 Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE 1011.90

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-61)

7463

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY A. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	78	00
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	78	00

OFFICIAL RECEIPT

48752



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-2, 1993

From: George Joseph Brown Address: 5440 San Diego Terrace

Security East 710112 Dollars (\$ 78.00)

In _____ Payment of Pre-Need Trust

Lot 4916 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10290

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

7493

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	78	10
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	78	10

Send or bring one coupon with each remittance **COUPON**

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

Joseph & Rosie Brown E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before,
due date above.



\$ 78.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

Joseph & Rosie Brown

E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before,
due date above.

\$ 78.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot Trust

E-10290

Joseph & Rosie Brown
5460 San Onofre Terr.,
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								X			

Amount due when paid on, or before,
due date above



\$ 78.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

Joseph & Rosie Brown

E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before,
due date above.



\$ **78.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**

E-10290

Joseph & Rosie Brown
5460 San Onofre Terr.,
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								X			

Amount due when paid on, or before,
due date above



78.00

\$ _____

Amount due if paid more than _____ days
after due date above



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

Joseph & Rosie Brown

E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before,
due date above.



\$ **78.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON**

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**

E-10290

Joseph & Rosie Brown
5460 San Onofre Terr.,
San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								X			

Amount due when paid on, or before,
due date above.



78.00
\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Loan & Trust

Joseph & Rosie Brown

E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,
due date above

\$ **78.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**

E-10290

Joseph & Rosie Brown
5460 San Onofre Terr.,
San Diego, CA 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								X			

Amount due when paid on, or before,
due date above.



78.00
\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

Joseph & Ronnie Brown

E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before,
due date above

\$ **78.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**

E-10290

Joseph & Rosia Brown
5460 San Onofre Terr.,
San Diego, CA 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								X			

Amount due when paid on, or before,
due date above.

\$

78.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

Joseph & Rosie Brown

E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before,
due date above



\$ 78.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot & Trust**

E-10290

**Joseph & Roala Brown
5460 San Onofre Terr.,
San Diego, CA 92114**

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								X			

Amount due when paid on, or before,
due date above.



\$ **78.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Used Lot & Trust**

Joseph & Rosie Brown E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before,
due date above

\$ **78.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Seed Lot & Trust**

E-10290

Joseph & Rosie Brown
5460 San Geronimo Terr.,
San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								X			

Amount due when paid on, or before,
due date above.



78.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Ltd & Trust**

Joseph & Ronie Brown E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								10			

Amount due when paid on, or before,
due date above.



\$ **78.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Need Lot 8 Trust**

E-10290

Joseph & Rosie Brown
5460 San Onofre Terr.,
San Diego, CA 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								X			

Amount due when paid on, or before,
due date above.



78.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust

Joseph & Ronie Brown

E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before,
due date above



\$ 78.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Baed Lot & Trust**

E-10290

Joseph & Rosale Brown

4460 San Onofre Terr.,

San Diego, CA 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								X			

Amount due when paid on, or before,
due date above.



\$ **78.00** _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Seed Lot & Trust**

Joseph & Rosie Brown E-10290

5460 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,
due date above.



\$ **78.00** _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Paid Lot & Trust**

E-10290

**Joseph & Rozia Brown
5460 San Geronimo Ter.,
San Diego, CA 92114**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								X			

Amount due when paid on, or before,
due date above.



78.00

\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Ltd & Trust*

Joseph & Rosie Brown 5-10290

5480 San Onofre Terr.

San Diego, CA 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before,
due date above



78.00

\$ _____

Amount due if paid more than _____ days
after due date above



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON 24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Paid Vol V Trust**

2-10290

**Joseph & Rosie Brown
1460 San Onofre Terr.,
San Diego, CA 92114**

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								Σ			

Amount due when paid on, or before
due date above.



~~75.00~~ **75.00**
\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

~~75.00~~ **75.00**
\$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-18-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sandra Gresham
in a T.S. Vault Funeral, date, time Fri 8/21 11:00 AM

Church, Chapel, Graveside Church + Grave - Calif. Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran No

Lot 108 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 225.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 17.44

Total Due 1517.44

Paid receipt number 42630 1517.44

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 Joshua McCreary
Address 6733 RIO PLATO CT
San Diego Ca. 92114
State _____ Zip Code _____
Telephone 246-0257

Work Order # **E** 10291
PY-693 (REV. 3-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10291

1. NAME OF DECEDENT—FIRST (GIVEN) Sandra		1B. MIDDLE Joann	1C. LAST (FAMILY) Gresham	2. DATE OF BIRTH MONTH * DAY YEAR 9/12/1957	3. DATE OF DEATH MONTH DAY YEAR 8/15/1992	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 Tisha McElroy-Sister 6738 Rio Plato Court San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 21 Cajon Blvd. San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF APPLICANT KCC
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.				8B. DATE SIGNED 8/20/92		

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 AUG 20 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input checked="" type="checkbox"/> B. CREMATION		<input type="checkbox"/> F. DISINTERMENT			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA			
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 8-21-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ---	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42650

Date: 8-19, 1992

From Julia Graham Address: 146 3rd Ave #23 C.V. 92010
Fort San Diego Department Dollars (\$ 1517.44)
 In _____ Payment of INTEREST BY Sandra Graham

Lot 108 Grave 7 Row _____ Section 3 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10291
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>139</u>	<u>00</u>
80% Sales of Lots	100	<u>556</u>	<u>00</u>
Opening/Closing	100	<u>350</u>	<u>00</u>
Burial Containers	77181	<u>225</u>	<u>00</u>
Handling Fee	100	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	<u>17</u>	<u>44</u>
	78390		
TOTAL PAID	\$	<u>1517</u>	<u>44</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
155

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8-19-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Fidel Rojas PA# 1132318/ME# 92-1149

in a liner Funeral, date, time Wed, 8/19 3:00 PM

Church, Chapel, Graveside Del. Only Besse-Lobert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 107 Grave 10-B Row _____ Section 1 Division/12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Work Order # E 10292

PC-593 (REV. 8-86)

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 208285

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10292

1A. NAME OF DECEDENT—FIRST (GIVEN) Fidel	1B. MIDDLE —	1C. LAST (FAMILY) Rojas	2. DATE OF BIRTH MONTH, DAY, YEAR Unk.	3. DATE OF DEATH MONTH, DAY, YEAR 6/3/1992	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 INDEMNANT San Diego Co. Public Adm. Off. 5201-A Ruffin Rd. San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 607 NATIONAL CITY BLVD. BERGE-ROBERTS MORTUARY National City, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 8-19-92

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 AUG 19 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 San Diego, CA 92186-5222	9E. 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"/> BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 Market Street San Diego, CA	11B. DATE BURIED 8-19-92	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.

208285 10/12/92 000952 COUNTY OF SAN DIEGO
E10292 100 072
100 072
100 072
67007

77181 000072 11/10/92 CK 04-153014
77182 000072
77183 000072
77184

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

8/19/92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Solomon Worku

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____



Work Order # **E** 10293

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need Lot & Trust:

Date 8-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James Chadney

in a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 180 Grave 6 Row _____ Section 1 Division/12

Grave space & Care Fund 395.00

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 1107.25

Paid receipt number 42634 1107.25

Balance due 0

PAID
AUG 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*Pre-Need
County
SD*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Jo-anne ...
Signature _____

Address 844 Pyramid St.

San Diego, Ca. 92114

City (619) 262-5894 Zip Code

Telephone _____

Work Order # **E 10294**

PR-583 (REV. 8-88)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42654

Date: 8-20, 1992

From: County of SD Address: P.O. Box 2028, SD 92112-2028

Eleven Hundred Seven Dollars (\$ 1107.25)

In Payment of Pre-Need Lot + Trust for Jane Gladney
(o/c; T.S. Vault; rec. fee)

Lot 180 Grave 6 Row - Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-10254

BALANCE DUE ✓

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT	67007	<u>79</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>316</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033	<u>712</u>	<u>25</u>
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>1107</u>	<u>25</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42654

Date: 8-20 1992

From County of SD Address: P.O. Box 2028, SD 92112-2028

Eleven Hundred Seven Dollars (\$ 1107.25)

In Payment of Pre-Need Lot + Trust for Jane Gladway
(O/C; T.S. Vault; Rec-fee)

Lot 180 Grave 6 Row --- Section 1 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-10254
 BALANCE DUE u

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Wants

CREDIT	67007		
20% Sales Care	77184	<u>79</u>	<u>W</u>
80% Sales of Lots	100	<u>316</u>	<u>W</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	83033	<u>712.25</u>	
9022			
Sales Tax	80101		
78390			
TOTAL PAID	\$	<u>1107.25</u>	

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-20-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MAZON, Leo

in a Liner Vault/Liner Funeral, date, time MON, 9/24 11:00AM

Church, Chapel, Graveside GRAVESIDE; EL CAJON Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied (DAVE)

and billed to undersigned. War time veteran

Lot 4315 Grave Row Section Division/~~Block~~ 10

Grave space & Care Fund Pke Need 0

Additional spaces and care fund

Opening/Closing & Setup Pke Need (D-6053) 0

Burial Container Pke Need (D-6053) 0

Handling Fees Pke Need (D-6053) 0

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 0

Total Due 45.00

Paid receipt number 42663 45.00

Balance due 0

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 10295

PT-503 (REV. 8-88)

Invoice #

Acct. #

Old Pke Need

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E10295

1A. NAME OF DECEDENT—FIRST (GIVEN) Leo	1B. MIDDLE ---	1C. LAST (FAMILY) Mazon	2. DATE OF BIRTH MONTH, DAY, YEAR 6/8/1915	3. DATE OF DEATH MONTH, DAY, YEAR 8/19/1992	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 Arline Mazon- Wife 3524 Boundary Street, San Diego, CA 92104	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 S Holliston Ave- El Cajon, CA 92020			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10379 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>Arline Mazon</i> 8/21/92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 AUG 21 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramez M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> ---		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St-San Diego, CA 92102	11B. DATE BURIED 8-24-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED <i>both</i>	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42663

Date: 8-24, 1992

From El Capitan Mortuary Address: 684 S. Mission Ave, El Capitan

Party five Dollars (\$ 45.)

In Payment of Rec. fee for interment of Leo Mazon

Lot 4315 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-10295

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91) 3327

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Wait

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	45 10
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	45 10

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-21-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert Jamison

in a liner Funeral, date, time Mon, 8/24 2pm

Church, Chapel, Graveside Chapel - Calif. Burial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 1166 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Pre-Paid (E-9267) _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____

Reording 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 _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

COMPLETED

E 10296

Work Order # _____

PR-593 (REV. 9-85)

Invoice # _____

Acct. # _____

Fund Transferred

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 10296

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert	1B. MIDDLE ---	1C. LAST (FAMILY) Jackson	2. DATE OF BIRTH MONTH, DAY, YEAR 8/16/1904	3. DATE OF DEATH MONTH, DAY, YEAR 8/17/1992	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 Robert S. Hamed-Son 8379 Parkbrook Street San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 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 8/21/92		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 AUG 24 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA	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"/> 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)
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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 8-24-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Walter H/Scalco	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-21-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Laura D Siegrist
in a Ash Vault Funeral, date, time AYD Wed 8-26

Church, Chapel, Graveside Died Burial only; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no

✓ Lot 34 Grave 3 Row 2 Section 2 (Division) Block 6

Grave space & Care Fund 0

Additional spaces and care fund 105.00

Opening/Closing & Setup 55.00

Burial Container 60.00

Handling Fees 45.00

Flower vases - Marker setting fee 4.26

Recording and filing fee 4.26

Sales taxes 269.26

Total Due 269.26

Paid receipt number 42659 269.26

Balance due 0

PAID
AUG 20 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Laura D Siegrist
Signature
5 FAWN CREST DR
Address
NEW FAIRFIELD, CT 06812
State
(203) 746-1577 Zip Code
Telephone

Work Order # **E** 10297
PY-683 (REV. 8-88)

Invoice # _____
Acct. # _____

plu 00195

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

37365
E10297

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LAURA	1B. MIDDLE PEARL	1C. LAST (FAMILY) SIEGRIST	2. DATE OF BIRTH MONTH DAY YEAR 05/30/1894	3. DATE OF DEATH MONTH DAY YEAR 01/17/1991	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT TELOPHASE PRENEED 9380 ALTO DRIVE LA MESA, CA 91941	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 1545 HOTEL MIRACLE SOUTH, #190, SAN DIEGO, CA. The Telophase Society			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1272		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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—Funeral Director or Person Acting as Such <i>Free Estanauer</i>	8B. DATE SIGNED 01/18/1991
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- PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED JAN 18 1991	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Brown, M.D.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222, SAN DIEGO, CA.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED 8-26-92	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy J. Truesel</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY CREMAR CREMATORY 2299 MANCHESTER AVENUE, ANAHEIM	12B. DATE CREMATED 1-21-91	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Jack Bey</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Edward Siegrist (son) 5 Fawn Crest Dr, New Fairfield, CT	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION EDWARD SIEGRIST (son) 5 FAWN CREST DR., NEW FAIRFIELD, CT.	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.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42659

Date: 8-21-92, 1992

From: EDWARD A Siegrist Address: 5 Fawn Crest Dr New Fairfield Ct #6812

Two hundred and sixty nine Dollars (\$ 269.26)

In Full Payment of Laura D Siegrist Interment

Lot 3 1/2 Grave 3 Row _____ Section 2 Division 6 Block 6

Invoice No. _____

Acct. No. _____

W.O. E-10297

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1620

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

002195 AUDITOR

AUG 31 1992

ISSUED BY D. Carter

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	77182	55	00
Handling Fee	100	60	00
Recording & Misc. Fees	77183	45.	00
Pre-Need Trust	63033		
	5022		
Sales Tax	80101	4	26
	76390		
TOTAL PAID	\$	295	26

269.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Woodrow TOLT

in a LINER Vault/Liner Funeral, date, time Fri, 8/27 12:00 PM
Church, Chapel, Graveside Chapel + Service - GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No OPEN IMP. ST. GATES

Lot 3553 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund Per Need (E-6851) 0

Additional spaces and care fund _____

Opening/Closing & Setup 11 4 0

Burial Container 11 4 0

Handling Fees 11 4 0

Flower vases - Marker setting fee _____

Recording and filing fee 11 11 0

Sales-taxes 11 4 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 _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E** 10298

PY-883 (REV. 8-86)

Invoice # _____

Acct. # _____

Funds transferred

*MILITARY
Honor
Guard*

*Hoi TOLT - Wife
267-0697*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10298

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Woodrow		1B. MIDDLE Weaver	1C. LAST (FAMILY) Tout		2. DATE OF BIRTH MONTH, DAY, YEAR 03-22-1916	3. DATE OF DEATH MONTH, DAY, YEAR 08-21-1992	4. SEX M	
5A. COUNTY 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 Hoi Thi Tout: Wife 3724 Van Dyke Avenue San Diego, CA 92105			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon Hunter</i>		8B. DATE SIGNED 8-27-92
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 AUG 27 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Roman, M.D.</i>		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT			<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT						
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA						
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street San Diego, CA	11B. DATE BURIED 8-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To League</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	INTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10298

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Lillian	1B. MIDDLE Evans	1C. LAST (FAMILY) Tout	2. DATE OF BIRTH MONTH, DAY, YEAR 04-30-1897	3. DATE OF DEATH MONTH, DAY, YEAR 02-07-1974	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 Hbl Thi Tout: Friend 3724 Van Dyke Avenue San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary: I-805 & Imperial Avenue San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon L. 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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 AUG 28 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Brown M.D. DR</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input 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 Street San Diego, CA	11B. DATE BURIED 8-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Terzague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-24-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Audrey Wyoming Yost (X) 110

in a Ash vault Funeral, date, time TH 8-28-92, 11:00 AM

Church, Chapel, Graveside Church + Delivery; FAMILY will bring Mortuary. Balboa Crematory

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 11 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 0

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container Ash vault 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 142666 269.26

Balance due 0

PAID
AUG 24 1992
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

James M. Yost
12074 Pebble Beach Dr.
Address San Diego, Cal 92071
State 948-4468 Zip Code _____
Telephone _____

Work Order # **E 10299**

W-093 (REV. 8-88)

Invoice # _____

Acct. # _____

CA # 3518

CDL H0415522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E1B299

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

found

1A. NAME OF DECEDENT—FIRST (GIVEN) Audrey	1B. MIDDLE Wynne	1C. LAST (FAMILY) Yost	2. DATE OF BIRTH MONTH, DAY, YEAR 7-31-17	3. DATE OF DEATH MONTH, DAY, YEAR 8-22-92	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 M. Yost, Son 10074 Pebble Beach Drive Santee, CA 92071			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Balboa Cremation Services 4658 30th St; San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1370	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Thomas M. Yost</i>			8B. DATE SIGNED 8-25-92
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	THIS PERMIT 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 AUG 25 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Parnell, M.D.</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		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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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 8-28-92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy To Trague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc. 14065 Olde Hwy. 80; El Cajon, CA 92021	12B. DATE CREMATED 8/25/92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Ray Stevens</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
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COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

ch# 3518

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42666



WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

Date: 8-24, 19 92

From: Yost Thomas Address: 10074 Pebble Beach Dr. San Jose, CA

two hundred sixty nine and 26/100 Dollars (\$ 269.26) 9207

In full Payment of VRN added to adult grave

Interment of Audrey Yost

Lot 11 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E10299

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

COL # 4045522

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY J. Baloklu

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>105</u>	<u>00</u>
Burial Containers	100	<u>55</u>	<u>00</u>
Handling Fee	77185	<u>60</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>4</u>	<u>26</u>
	78390		
TOTAL PAID	\$	<u>269</u>	<u>26</u>