

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-24-97

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

of Nina Gregorayan
 in a liner Funeral, date, time Thur 6-26 10:00
Type of Burial Container
 Church, Chapel, Graveside Church/Graveside Mayer Mortuary fun
 All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150
 will be applied and billed to undersigned. X O M

Lot 5125 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Interment E-13664 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees paid in full 145.00

Flower vases - Marker setting fee 7/17/97 _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due 769.73

Paid receipt number visa 192.00

Balance due 577.73

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. OK

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

Signature of recorded holder of deed _____

X Aganave
 Signature X 14245 Luca St
 Address X San D 92129
 City X 672-0650 Zip Code
 Telephone

Work Order # **E 13700**

Invoice # 280461
 Acct # 092754

MT. HOPE CEMETERY

W.O.# E-13700

NOTE

\$ 577.73 San Diego, California June 24 1997

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 five hundred seventy seven ¹³/₁₀₀ DOLLARS with interest from July 24, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Oganova, Marina SIGNATURE X Oganova
ADDRESS X 14245 Cuca St # C S-D 92129
CALIFORNIA DRIVER LICENSE NUMBER X B 5219702 SSN # X 611-52-2095

E-13700
92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Nina	1B. MIDDLE S.	1C. LAST (FAMILY) Grigoryan	2. DATE OF BIRTH MONTH, DAY, YEAR 01/11/1905	3. DATE OF DEATH MONTH, DAY, YEAR 06/23/1997	4. SEX F	
5A. CITY OF DEATH Poway		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marina Oganova - Granddaughter 14245 Cuca St. # C San Diego, CA. 92129			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Laura Smith</i>			8B. DATE SIGNED 06/24/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/24/1997 <i>Laura Smith</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9708879
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED <i>6/26/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

13700

286461 06/26/97 092754 MARINA OGANOVA

E-13700

100 072
100 072
100 072
100 072
60101

77181 000072
77182 000072
77183 000072
77185 000072
78390
07/17/97 CK 1019

577.73
183.00
190.00
45.00
145.00
14.73

577.73 U.UU
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/25/97

*Do Not Bill
sending check*

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

of Barbara C. Haynie PA 1217976
in a winee Funeral, date, time Tues July 1 11:00am

Church, Chapel, Graveside delivery only ; Maver Mortuary,
Laura

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

Lot 72 Grave 11 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

*paid in full
8-4-97*

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 380.00

Paid receipt number R-48829 380.00

Balance due 0

*Rebecca
Bulw
K694
K3987
FAX*

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability 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 13701

Invoice # _____

Acct. # _____

THE FACE OF THIS DOCUMENT HAS A MULTI-TONE COLOR BACKGROUND - WARRANT SERIAL NUMBER PENETRATES TO BACKSIDE

DATE OF ISSUE FUND ACCT
07/24/97 590000 0530

E-13701

WARRANT NUMBER
04-400028

BANK OF AMERICA
COMMUNITY DEVELOPMENT BANK
1500 NEWELL AVE., STE 200
WALNUT CREEK, CA 94596

COUNTY OF SAN DIEGO
1600 PACIFIC HIGHWAY
SAN DIEGO, CALIFORNIA 92101-2478

THE TREASURER WILL PAY

DD-4182
1211

TO

MT HOPE CEMETERY
3751 MARKET ST
SAN DIEGO

CA 92103



AMOUNT

*****1,158.00*

VOID IF NOT PRESENTED TO COUNTY TREASURER
WITHIN 6 MONTHS FROM DATE OF ISSUE
GOV'T CODE SECT 29602
CHIEF FINANCIAL OFFICER/AUDITOR AND CONTROLLER

Robert Cower

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈04400028⑈ 1211418221 7313200986⑈

E - 13701

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

59

1A. NAME OF DECEDENT—FIRST (GIVEN) Barbara		1B. MIDDLE C.	1C. LAST (FAMILY) Haynie	2. DATE OF BIRTH MONTH, DAY, YEAR 03/23/1938	3. DATE OF DEATH MONTH, DAY, YEAR 06/21/1997	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 R. Barr-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 FD1424		8A. SIGNATURE OF APPLICANT— <i>Person taking permit</i> <i>Laura Smith</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 07/01/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/30/1997 <i>Laura Smith</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709107
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

~~43-39~~ 43-29



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-4, 1997

From: County of San Diego Address: 1000 Pacific Hwy San Diego 92101 -
Three hundred eighty six and 10/100

In full Payment of interment of Barbara C. Haynie Dollars (\$ 386.00), 2478

PA 1217976

Lot 72 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13701
 BALANCE DUE _____

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

ISSUED BY C. Jungm - Avaline

CREDIT	67007	25	20
20% Sales Care	77184		
80% Sales of Lots	100	100	80
Opening/Closing	77184		
Burial Containers	100	105	00
	77181		
	100	50	00
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	100		
Sales Tax	77183		
	63035		
	9022		
	80101		
	78390		
TOTAL PAID		\$ 386	00

Pre-Need Lot At Need On Acct.
 Pre-need Trust Cash Check
400028

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-25-97

4 CHAIRS
2 TABLE
FAMILY WILL BRING
PERMIT + ASHES

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

of Lucille Klopovic

In a Ash Vault Type of Burial Container Funeral, date, time WED 7-9 11:30

Church, Chapel, Graveside Graveside : Family Mortuary.

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

Lot 52 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund pre-need D-3542

Additional spaces and care fund _____

Opening/Closing & Setup pre-need E-6106

Burial Container 8-20-86 pre-need E-6106

Handling Fees pre-need E-6106

Flower vases - Marker setting fee _____

Recording and filing fee Pre-need E-6106

Sales taxes pre-need E-6106

JOY Fite (714) 840-4447 Total Due

Paid receipt number _____ Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 13702**

Invoice # _____

Acct. # _____

E-13702

38944

90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Lucille	1B. MIDDLE Vera	1C. LAST (FAMILY) Klopceic	2. DATE OF BIRTH MONTH DAY YEAR 02/15/1907	3. DATE OF DEATH MONTH DAY YEAR 06/07/1997	4. SEX Female	
5A. CITY OF DEATH Huntington Beach	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Orange	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Joye Fite-Daughter 16381 Forest Hills Lane Huntington Beach, Ca. 92649				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Dilday-Mottell's Mortuary 3936 Woodruff Avenue Long Beach, Ca. 90808		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-887	6A. SIGNATURE OF APPLICANT— <i>Don taking permit</i> <i>Don Mottell</i>			6B. DATE SIGNED 06/09/1997

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/12/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donna S. Sipes MD DA</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 6128 Santa Ana, Ca. 92706	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego, Ca. 92138-5222			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street—San Diego, Ca.	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Donna S. Sipes MD DA</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LIVE OAK CREMATORY 200 EAST DUARTE ROAD MONROVIA, CA 91016	12B. DATE CREMATED 6-12-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Gloria Van Vleet</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-25-97

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

of Katherine Brown

in a Ash Vault Funeral, date, time Wed. July 2 2:00

Church, Chapel, Graveside Chapel Grounds Pacific Beach Mortuary, Ed

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

will be applied and billed to undersigned X

Lot 772 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund pre-need D-7901 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 _____ 2.69

Total Due _____ 2109.210

attached Paid receipt number VISA 269.26

see fax copy for signatures Balance due 0

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

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

Signature of recorded holder of deed _____

X Jennifer LeMon
Signature
1731 Danasturwa
Address
Centennial CA 92243
City Zip Code
766-353-0383
Telephone

Work Order # E 13703

Invoice # _____

Acct. # _____

INTERMENT ORDER

E-13703

12-25-97

Funeral home to be used for interment of deceased person named herein shall be the funeral home of the decedent or his family.

NAME OF DECEASED KATHERINE BROWN

LAST NAME ASH VAULT FIRST NAME Mrs. VALLI

DECEASED'S HOME ADDRESS 150 CITY Richmond

DECEASED'S HOME PHONE NO. 150

DECEASED'S HOME ZIP CODE 23131

DECEASED'S HOME COUNTRY USA

DECEASED'S HOME STATE VA

DECEASED'S HOME COUNTY Richmond

DECEASED'S HOME CITY Richmond

DECEASED'S HOME ZIP CODE 23131

DECEASED'S HOME COUNTRY USA

DECEASED'S HOME STATE VA

DECEASED'S HOME COUNTY Richmond

DECEASED'S HOME CITY Richmond

DECEASED'S HOME ZIP CODE 23131

DECEASED'S HOME COUNTRY USA

DECEASED'S HOME STATE VA

DECEASED'S HOME COUNTY Richmond

DECEASED'S HOME CITY Richmond

DECEASED'S HOME ZIP CODE 23131

DECEASED'S HOME COUNTRY USA

DECEASED'S HOME STATE VA

DECEASED'S HOME COUNTY Richmond

DECEASED'S HOME CITY Richmond

DECEASED'S HOME ZIP CODE 23131

DECEASED'S HOME COUNTRY USA

DECEASED'S HOME STATE VA

DECEASED'S HOME COUNTY Richmond

E 13703

E-13703 #91-00356

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Katherine	1B. MIDDLE K.	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH DAY YEAR 05/20/1911	3. DATE OF DEATH MONTH DAY YEAR 06/24/1997	4. SEX F
5A. CITY OF DEATH El Centro	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Imperial		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jennefer Lehton Daughter 1731 Sandalwood El Centro, CA 92243		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Hems Brothers Mortuary 1975 So. 4th St. Centro, CA 92243		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1025	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 06/27/1997

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/27/1997	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 935 Broadway, El Centro, CA 92243	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"/> 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 SCIENTIFIC USE	<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 3850 Imperial Ave San Diego, CA 92101	11B. DATE BURIED 7/2/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Hems Brothers Crematory 1975 So. 4th St. El Centro, CA 92243	12B. DATE CREMATED 06/27/1997	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

#97-00356
E-13703

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Katherine	1B. MIDDLE K.	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH, DAY, YEAR 05/20/1911	3. DATE OF DEATH MONTH, DAY, YEAR 06/24/1997	4. SEX F
5A. CITY OF DEATH El Centro		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Imperial		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jennifer Lehton Daughter 1731 Sandalwood El Centro, CA 92243	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Hens Brothers Mortuary 1975 So. 4th St/ El Centro, CA 92243			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1025		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 06/27/1997		

9. KNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 \$ 7.00FD	9B. DATE PERMIT ISSUED 06/27/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
10. PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN 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.		11. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 935 Broadway, El Centro, CA 92243	
12. ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		13. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 1700 Pacific Hwy, San Diego, CA 92201	

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3850 Imperial Ave San Diego, CA 92101	11B. DATE BURIED 7/2/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Hens Brothers Crematory 1975 So. 4th St. El Centro, CA 92243	12B. DATE CREMATED 06/27/1997	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.

COMPLETE ALL APPLICABLE ITEMS

(2)
Pre-need
Trusts
lot paid

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl M. and Pauline J. Hardy

in a T.S. vaults Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 129 Grave 142 Row _____ Section GAR Division/Block 2

Grave space & Care Fund pre-need A-4985 2

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ \$ 375.00 750.00

Burial Container 2 @ \$ 250.00 500.00

Handling Fees 2 @ \$ 185.00 370.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ \$ 45.00 90.00

Sales taxes 2 @ \$ 19.38 38.76

PAID
NOV 5 2007

Total Due 1,748.76

Paid receipt number R-48728 437.00

Balance due 1,311.76

Visa 06214A 1,311.76

I hereby authorize Mt. Hope Cemetery and its agents to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Pauline J Hardy
Address 516 Rutherford Ave
City Spring Valley CA 91977
Telephone 449-5219
Zip Code

Work Order # **E 13704**

Invoice # _____
Acct. # _____

HARDY, EARL & PAULINE 516 Ruxton Avenue Spring Valley, CA 91977

06-26	97	Pre-need Trust Opened (for 129-1&2-GAR-2) Trust includes: (2) Openings/Closings, (2) T.S. Vaults, (2) Handling Fees, (2) Recording Fees, and Tax on T.S. Vaults.	1,748.76		
06-26	97	Receipt# 48728		437.00	1311.76
11-5-07		VISA AP 06214A		\$1311.76	⊗

PAID

NOV 5 2007

MOUNT HOPE CEMETERY

HARDY, EARL + PAULINE

PRE-NEED TRUSTS

43723

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-26 19 97From: Pauline J. Hardy Address: 516 Ruxton Avenue Spring Valley 91977
Four hundred thirty seven and no/100 Dollars (\$) 437.00
In part Payment of pre-need trusts forEarl M. and Pauline J. HardyLot 129 Grave 1A 2 Row _____ Section GAK Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-13704BALANCE DUE 1311.76Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1470

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

ISSUED BY

Catrina M T Avalon

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77161	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>437.00</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>437.00</u>

(2)
pre-need
Trusts
lot paid

Steele

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl M. and Pauline J. Hardy

in a T.S. vaults Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

Lot 129 Grave 142 Row _____ Section GAR Division/Block 2

Grave space & Care Fund pre-need A-4985 2

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ \$375.00 750.00

Burial Container 2 @ 250.00 500.00

Handling Fees 2 @ 185.00 370.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ 45.00 90.00

Sales taxes 2 @ 19.38 38.76

Total Due 1,748.76

Paid receipt number R-48728 437.00

Balance due 1,311.76

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

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

Signature of recorded holder of deed _____

Pauline J. Hardy
Signature

316 Rutherford Ave
Address

Spring Valley CA 91977
City Zip Code

449-5219
Telephone

Work Order # E 13704

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

(2)
Pre-need Trusts
lot paid

E-13704

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 20 day of June, 1997, between Earl M. & Pauline J. Hardy 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 129, Grave 142, Row —, Section GAR, Block/Division 2, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$1748.70, payable as follows: \$437.00 cash herewith, the receipt of which is hereby acknowledged; \$55.00 on the 10 day of JULY, 1997; and the balance in installments of \$55.00 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.

E-13704

WITNESS our hands, this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

\$ 1748.76 total
- 437.00 25% down payment
\$ 1311.76 balance

X SAME
Name

X AS
Address

X BELOW

23 payments @ \$ 55.00
1 payment @ \$ 46.76

PURCHASER

X EARL M / PAULINE J. HARDY
Print Name

X Pauline J. Hardy / Earl M. Hardy
Signature

X 516 RUXTON AVE.
Street Address (Mail)

X SPRING VALLEY CA 91977
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catrina M.T. Avallone

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

Pre-need Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-26-97

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

of TOKUKO SASE

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4717 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund pre-need D-9378 ~~5~~

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 27 1997 _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-48729 769.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Florence Smecker
Signature
X 7836 Flight Ave. #201
Address
X Los Angeles, CA 90045
City Zip Code
X (310) 645-5246
Telephone

Work Order # E 13705

Invoice # _____

Acct. # _____

43729

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 6-26 1997

From: Florence S Mesker Address: 7836 Flight Avenue #201 Los Angeles 90045

seven hundred sixty nine and 73/100

Dollars (\$) 769.73

In Full Payment of Pre-need trust for Tokuko Sase

Lot 4714 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13705

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

506

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

ISSUED BY Catrina Alvarez

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	63033	<u>769.73</u>
TOTAL PAID	9022	
	60101	
	78390	
		<u>769.73</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6/27/97

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

of Manuel Hidalgo Pompa

in a Linea Funeral, date, time Tues, July 1, 9:00am

Church, Chapel, Graveside Church/Graveside Guadalupe Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. X JHM

Lot 111 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 159 80-245 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number 48730 391.00

Balance due 1173.73

*30 day
adv
note*

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

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

Signature of recorded holder of deed _____

X Rafael Martinez
Signature
1967 Piedra St
Address
San Diego, Ca 92154
City Zip Code
425-4573
Telephone

Work Order # **E 13706**

Invoice # 287002
Acct. # 092825

MT. HOPE CEMETERY

W.O. # E-13706

NOTE

\$ 1173.73 San Diego, California June 27 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 One thousand one hundred seventy three DOLLARS with interest from July 28, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Maria Hidalgo SIGNATURE X Maria Hidalgo
ADDRESS X 325 E Brady El Cajon 92021
CALIFORNIA DRIVER LICENSE NUMBER X N9587259 SSN # X 564-11-3310

E-13706

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

61

1A. NAME OF DECEDENT—FIRST (GIVEN) MANUEL	1B. MIDDLE -	1C. LAST (FAMILY) HIDALGO-POMPA	2. DATE OF BIRTH MONTH DAY YEAR 11/25/1935	3. DATE OF DEATH MONTH DAY YEAR 06/25/1997	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 MARIA DE LOS ANGELES C. HIDALGO-WIFE 325 E. BRADLEY AVE., APT. #150 EL CAJON, CA 92021			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Nancy Lopez</i>			8B. DATE SIGNED 06/27/1997

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 06/27/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT NANCY LOPEZ	9709054
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O., BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48730

Date: 6/97 19 97

From: Luisa Sofia Martinez Address: 1467 Piedra St S.D. CA 92154

In Part Payment of Three hundred ninety one ^{00/100} Dollars (\$ 391.00)
Interment of Manuel Hidalgo Panga

Lot 111 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13706
 BALANCE DUE 1173.73

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>391</u>	<u>00</u>
Opening/Closing	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>391</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-27-97

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

of Mattie Angle

in a liner Funeral, date, time TUES, July 1 10:00

Church, Chapel, Graveside delivery only : Maver Mortuary,
LAURA

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

Lot 14 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 245.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 1000.00

Paid receipt number R-49172 1000.00

Balance due 0

*Kim White - Padden Chain
694-2326
creditors claim*

*PAID 1,000.00
11-13-97
R-4917.3*

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability 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 13707 ✓

Invoice # _____

Acct. # _____

E-13707

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

86

1A. NAME OF DECEDENT—FIRST (GIVEN) Mattie	1B. MIDDLE Lou	1C. LAST (FAMILY) Angle	2. DATE OF BIRTH MONTH, DAY, YEAR 01/31/1911	3. DATE OF DEATH MONTH, DAY, YEAR 06/26/1997	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-K. White 5201-A Ruffin Rd., San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT— <i>Laura Smith</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/30/1997 <i>Laura Smith</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709103
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49172

Date: 11-13, 1997

From: Public Administrator Address: 5201-A Ruffin Rd San Diego 92123

One thousand Dollars (\$ 1,000.00)

In full Payment of Interment of Mattie Angle

Lot 14 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13707

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

167790

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

ISSUED BY J. Schell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	245	00
Opening/Closing	77181	375	00
Burial Containers	100	190	00
Handling Fee	77182	145	00
Recording & Misc. Fees	100	45	00
Pre-Need Trust	83033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	1000	00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 6-27-97

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

of Abbron Ward Jr.

in a Double Death Crypt Funeral, date, time Tues 7-1 11:00

Church, Chapel, Graveside Church Graveside Co Burial Mortuary.

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

will be applied and billed to undersigned. X Viola Ward

Lot 120 Grave 9 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 20=159 80=150 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container paid in full 380.00

Handling Fees 7-31-97 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 29.45

30 day note Total Due 1944.45

Paid receipt number R-48732 486.00

Balance due 1458.45
INVOICE 1458.45

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 Viola Ward
Signature
X 5820 Old Mandy Ln
Address
X San Diego Ca 92114
City Zip Code
X 764-2931 (work) 258-3216
Telephone

Work Order # **E 13708**

Invoice # 286988

Acct. # 092827

13708

286988 07/10/97 092827 VIOLA WARD

E-13708

100	072
100	072
100	072
100	072
100	072
60101	
67007	

77181	000072
77182	000072
77183	000072
77184	000072
77185	000072
78390	
77184	

07/31/97 CK 1501

1,458.45
375.00
380.00
45.00
150.00
320.00
29.45
159.00

1,458.45	0.00
PAID IN FULL	

MT. HOPE CEMETERY

W.O. # E-13708

NOTE

\$ 1458.45

San Diego, California June 27

19 97

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 four hundred fifty eight & 45/100 DOLLARS with interest from August 1, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Viola Ward

SIGNATURE X Viola Ward

ADDRESS X 5820 Old Memory Ln.

CALIFORNIA DRIVER LICENSE NUMBER X 50466 937

SSN # X 555-56-3887

E-13708

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

58

1A. NAME OF DECEDENT—FIRST (GIVEN) ABRON	1B. MIDDLE -	1C. LAST (FAMILY) WARD, JR.	2. DATE OF BIRTH MONTH DAY YEAR 03/05/1939	3. DATE OF DEATH MONTH DAY YEAR 06/23/1997	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 VIOLA WARD-WIFE 5820 OLD MEMORY LANE SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED <i>[Signature]</i> 06/25/1997		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 06/25/1997	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—PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL B	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 11/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

48733

Date: 10-27, 1997

From: Viola Ward Address: 5820 Old Memory Ln. San Diego 92114

Four hundred eighty six and no/100 Dollars (\$ 486.00)

In part Payment of Interment of Apron Ward Jr.

Lot 120 Grave 9 Row 1 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13708

BALANCE DUE 1458

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

5414

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

ISSUED BY Carina Avallone

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>486</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>486</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/30/97

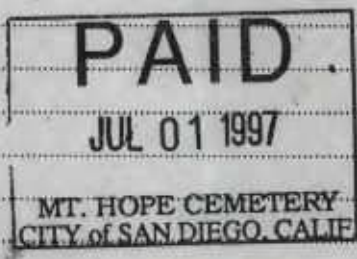
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frostie Carter

In a liner Funeral, date, time Tues, July 1, 1997 2:00 pm
Type of Burial Container
 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 of \$ 150 will be applied and billed to undersigned.

Lot 82 Grave 7 Row _____ Section 3 Division/Block 12

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



Total Due 1564.73

Paid receipt number 1248737 1564.73

Balance due 0

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

for signature

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

Signature of record holder of deed _____

Signature
 Address
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 13709**

Invoice # _____
 Acct. # _____

(Dobbie)
Per Raysdale cemetery to pick grave
6/30/97

STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE
DIVISION OF TAX SERVICES
ALBANY, N.Y. 12242-0001
6/30/97
PAID

MT. HOPE CEMETERY
INTERMENT ORDER

E-13709

6/30/97

You are hereby authorized and obligated to give permission and consent to inter the remains

of Fredrick Porter

was WIFE

born July 24 1912 at St. Louis, Mo.

Obituary, Obituary, Funeral Home

All funeral services to be held at St. Luke's Church, 4500 S. St. Louis, St. Louis, MO 63111

will be held on July 1 1997 at 10:30 AM

Lot 82 Grave 7 Section 3 Description 12

Gravestone & Marker 75.00

Additional markers and accessories

Cleaning, Coloring & Polishing 15.00

Burner, Candles 10.00

Flowers 10.00

Flowers, Urns, Monuments 10.00

Removal and other fees 10.00

Contingency 10.00

Total 145.00

I hereby certify that the Nephew

William C. Campbell
5625 Division St.
San Diego, CA 92114
619 475-1207

Work Order # **E 13709**

REA 1111-111

4973 P22

TEL 101

1-800-877-7011

The interment is subject to the availability of space in the cemetery.

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48737

Date: 7-1, 1997

From: Anderson - Ragsdale Mort. Address: 5050 Federal Blvd. San Diego 92102
one thousand five hundred sixty four & 73/100 Dollars (\$ 1,504.73)

In full Payment of interment of Frostie Carter

Lot 82 Grave 7 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13709

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

10152

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

ISSUED BY

Catrina M. T-Avalos

CREDIT	67007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	77184	<u>036</u>	<u>00</u>
Opening/Closing	100	<u>375</u>	<u>00</u>
Burial Containers	77181		
	100	<u>190</u>	<u>00</u>
Handling Fee	77182		
	100	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77185		
	100	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	8022		
Sales Tax	80101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1,504</u>	<u>73</u>

E-13709

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

97

1A. NAME OF DECEDENT—FIRST (GIVEN) Frostie	1B. MIDDLE -	1C. LAST (FAMILY) Carter	2. DATE OF BIRTH MONTH DAY YEAR 05/25/1901	3. DATE OF DEATH MONTH DAY YEAR 06/20/1997	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 Holland Campbell, Nephew 5625 Division St. 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 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.

8B. DATE SIGNED: **06/30/1997**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/30/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9D. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709120
	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"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN-TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-30-97

Transfer of lot

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

of Orlin W. Edwards

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 9 Grave B Row _____ Section MA S Division/Block R

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 _____

*Transfer To
 Kenneth R. Edwards #3
 4352 Grand St.
 92104*

PAID
 JUN 30 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 45.00

Paid receipt number R-48733 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.

Orlin W. Edwards
 Signature _____
 Address 10894 CHAPMAN CROSS RD
SPRING VALLEY CA 92178
 City _____ Zip Code _____
602-6475
 Telephone _____

Signature of recorded holder of deed _____

Work Order # **E 13710**

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

April 16, 1997

12164

E-13710

M H C A

OWNERSHIP AND INTERMENT PRIVILEGES

TO ORLIN W. EDWARDS for the sum of \$ _____ (DOLLARS)

LEGAL DESCRIPTION Lot 9, Grave B, Section Mas, Division R

AS DESCRIBED ON PURCHASE ORDER NUMBER E-13490

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:

J. Lisa Waite
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

1/24/1967

2880

DEED

E-13710

OWNERSHIP AND INTERMENT PRIVILEGES

TO Elizabeth J. Edwards for the sum of \$ 145.00 (DOLLARS)

LEGAL DESCRIPTION Lot 9 Grave B MASONIC Division R

AS DESCRIBED ON PURCHASE ORDER NUMBER C-4061

- 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:

2' X 1' FLUSH MARKER ONLY

R. W. Dehne
Cemetery Manager

Eric Quast
Public Works Director

E-13710

POWER OF ATTORNEY SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Orlin W. Edwards the undersigned (jointly and severally if more than one, hereinafter collectively "principal") hereby make, constitute and appoint James A. March, Jr. D.b.a. James A. March Associates, Inc. principal's true and lawful attorney to act for principal's name, place and stead for 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 9, Grave B, Masonic Division R, Mount Hope Cemetery

This listing and Power of Attorney may be canceled at any time by giving ten (10) days written notice to James A. March, Jr., provided no sale is in progress at the 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 21 day of APRIL, 1997.

Orlin W. Edwards

STATE OF CALIFORNIA

COUNTY OF Sacramento } ss.

on this 21st day of April, in the year of 1997, before me, the undersigned, a Notary in and for the said State, personally appeared

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

WITNESS my hand and official seal.

Colleen Bybee
Notary Public in and for said State



43733

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

From:

March Associates

Address:

10894 Charing Cross Rd Spring Valley 91978

Date:

6-30-97

19

In

Twenty Five

Payment of

Transfer of lot from Orlean Edward
to Wernice Rae

Dollars (\$

45.00

Lot

9

Grave

B

Row

Section

MAS

Division

R

Invoice No. _____

Acct. No. _____

W.O. _____

E-13710

BALANCE DUE _____

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

CREDIT 87007

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

100

Handling Fee 77185

Recording & 100

Misc. Fees 77183

Pre-Need 83033

Trust 9022

Sales Tax 80101

78390

TOTAL PAID \$

45 00

45 00

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

4856

ISSUED BY

J. Schellert

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6/30/97

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

of Maria Gaberan

in a _____ Funeral, date, time At Home 7-10

Church, Chapel, Graveside Delivery Only: Humphrey Mortuary.

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

will be applied and billed to undersigned. _____

Lot Ash Niche Grave 5 Row 2 Section 2 Division/Block 9

Grave space & Care Fund Pre Need E 11152

Additional spaces and care fund _____

Opening/Closing & Setup Pre Need E 11152

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Engraving Fee E 11152

Recording and filing fee _____

Sales taxes _____

Total Due E

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 _____

Maria Gaberan
Signature
16883 Mesquite Dr
Address
San Diego, Ca 92115
City
(619) 582-0429
Telephone
Zip Code

Work Order # **E 13711**

Invoice # _____

Acct. # _____

Name of Mortuary _____

31708

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

E-13711

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: _____

Maria Galceran

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 9th day of July 1997

Address: _____

Street

City

State

Zip

Signature: _____

Authorized Representative

Relationship to Deceased

Signature: _____

Authorized Representative

Relationship to Deceased

E-13711

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

100

1A. NAME OF DECEDENT—FIRST (GIVEN) MARIA	1B. MIDDLE -	1C. LAST (FAMILY) GALCERAN	2. DATE OF BIRTH MONTH DAY YEAR 09/02/1896	3. DATE OF DEATH MONTH DAY YEAR 06/27/1997	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Anna Galceran - Daughter 6883 Marlowe Drive San Diego CA 92115		
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>Judith King</i>		

ACKNOWLEDGMENT OF APPLICANT

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

07/01/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/02/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<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 type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 7/10/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium, Inc. 571-J Crane St Lake Elsinore CA 92530	12B. DATE CREMATED 7-2-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-30-97

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

of BERTHA LEE TUCKER

in a T.S. Vault Funeral, date, time Mon 7-11 1:30

Church, Chapel, Graveside Church/Graveside: Regisole Mortuary

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

will be applied and billed to undersigned.

Lot 84 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number R-48754 1769.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Lee attached
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 13712**

Invoice # _____

Acct. # _____

MELBORNE CEMETERY
INTERMENT ORDER

City of San Diego

Case # 6-30-97

You are hereby authorized and instructed, in accordance with local and regulations, to inter the remains of MARTHA LEE TUCKER

in a J.S. Vault Final San Diego 1130

Chapel, Crematorium, Funeral Home Funeral Home Mortuary

All funeral services will be held within 72 hours of registration and will be held at 150.00
will be required and return undelivered

On 09 June 1997 at San Diego California 13

Gravesite & Vault Fee	875.00
Additional services and care fee	
Transportation & Setup	75.00
Basic Services	250.00
Funeral Home	0.00
Transfer to Mortuary	
Accounting and Reporting	95.00
Taxes	77.38
Total	1277.38

Payment in full

Balance due

I hereby certify that Lula Poole (Daughter) is the above named decedent and that it is her lawful right to make registration of her remains, to be interred, buried and reposed and that I have the right to make this authorization and apply to all Melbourn Cemeteries business from any cemetery or crematorium of which authorization may be required.

Lula Poole

265 Los Reyes Dr.

San Diego, CA 92114

263-1564

No. 104

Mail Order #

E 13712

Invoice #

Page 1

E-13712

12-29-35

61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Bertha	1B. MIDDLE Lee	1C. LAST (FAMILY) Tucker	2. DATE OF BIRTH MONTH, DAY, YEAR 12/20/1935	3. DATE OF DEATH MONTH, DAY, YEAR 06/27/1997	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 Lula Poole, Daughter 265 Los Reyes Dr. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

8B. DATE SIGNED
07/01/1997

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 07/03/1997 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709355
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/7/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

43751



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

MOUNT HOPE CEMETERY
527-3400

From: Anderson Regsdale Address: 5050 Federal Blvd San Diego Ca 92102 Date: 7-7, 1997
One thousand Seven Hundred Sixty Nine & 38/100 Dollars (\$ 1769.38)
 In full Payment of Interment of Bertha Lee Tucker

Lot 84 Grave 12 Row _____ Section 1 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13712
 BALANCE DUE _____

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

ISSUED BY J. Schilton

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	77184	716	00
Opening/Closing	100	375	00
Burial Containers	77182	250	00
Handling Fee	77185	185	00
Recording & Misc. Fees	77183	43	00
Pre-Need Trust	83033		
Sales Tax	9022	19	38
TOTAL PAID	78390	1769	38

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 10181

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-1-97

*Pre-Need
 lot - trust*

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

of Alfonso and Dolores Gonzalez

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 87 Grave 6 Row _____ Section 7 Division/Block 13

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup... 2 opening/closing 750.00

Burial Container..... 380.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee... 2 Recording Fee 90.00

Sales taxes PAID IN FULL 7-6-99 29.45

Total Due 2464.45

Paid receipt number R-48739 1000.00

Balance due 1464.45

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

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

Signature of recorded holder of deed _____

X Alfonso Gonzalez
 Signature
 Y 2436 Res DR.
 Address
 Y SAN DIEGO CA, 92139-3026
 City Zip Code
 Y 475-1707
 Telephone

Work Order # **E 13713**

Invoice # _____

Acct. # _____

deed# 12337
 7/8/99

GONZALEZ, ALFONSO & DOLORES

		Debit	Credit	Balance
07-01-97	Pre-need Lot & Trust	LOT # 895.00 Trust \$	1509.45	
	Lot 87, Gr 6, Sec 2, Div 12 - Trust includes 2 Opening/closings, Double Depth Crypt, Handling Fee, 2 Recording Fees & tax.	2,464.45		
07-01-97	R-48739		1,000.00	1,464.45
8-4-97	R-48832 cpn#1		61.00	1403.45
9-3-97	48927 cpn#2		61.00	1342.45
10-2-97	R-49032 cpn#3		61.00	1281.45
11/3-97	R-49123 cpn#4		61.00	1220.45
12/3-97	R-49234 cpn#5		61.00	1159.45
1-5-98	R-49353 cpn#6		61.00	1098.45
2-5-98	R-49613 cpn#7		61.00	1037.45
3-9-98	R-49733 cpn#8		61.00	976.45
4-10-98	R-49821 cpn#9		61.00	915.45
5-11-98	R-49941 cpn#10		61.00	854.45
6-5-98	R-50053 cpn#11		61.00	793.45
7-8-98	R-50149 cpn#12		61.00	732.45
8-13-98	R-50297 cpn#13		61.00	671.45
9-8-98	R-50364 cpn#14		61.00	610.45
10-5-98	R-50444 cpn#15		61.00	549.45
11-9-98	R-50550 cpn#16		61.00	488.45

GONZALEZ, ALFONSO & DOLORES

Pre-need Lot & Trust

87-6-2-12 Preneed lot + trust

E 13713

488.45

12-8 98	R 50624	Cpn 17
1-6 99	R 50716	Cpn 18
2-5 99	R 50814	Cpn 19
3-29 99	R-50976	" 20
4-7 99	R 51015	21
5-7 99	R 51119	22
6-7	R 51220	23
7-6 99	R 51314	24

all to Trust

101.00	427.45
61.00	366.45
101.00	305.45
61.00	244.45
61.00	183.45
61.00	122.45
101.00	61.45
61.45	0

paid in full
7/6/99

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust E-13713

Alfonso & Dolores Gonzalez

2436 Reo Dr.

San Diego, CA 92139-3026

Lot 87 Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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 & Trust E-13713

Alfonso & Dolores Gonzalez

2436 Reo Dr.

San Diego, CA 92139-3026

Lot 84, Gr 6, Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-need Lot & Trust E-13713**

Alfonso & Dolores Gonzalez

2436 Reo Dr.

San Diego, CA 92139-3026

Lot 87 Gr 6 Sec 2 Div 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:



\$ 61.00

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-13713

Alfonso & Dolores Gonzalez

2436 Reo Dr.

San Diego, CA 92139-3026

Lot 84, Gr 6, Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Attaching one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~EX-1000~~ **LOT & TRUST E-13/13**

Alfonso & Dolores Gonzalez

2436 Reo Dr.

San Diego, CA 92139-3026

Lot 87 Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME ALFONSO GONZALEZ

ADDRESS 2436 Reo DR.

CITY SAN DIEGO STATE CA ZIP 92139

check (✓) if this is new address

3026

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. **Pre-Need LOC & Trust E-13713**

Alfonso & Dolores Gonzalez

2436 Reo Dr.

San Diego, CA 92139-3026

Lot 84, Gr 6, Sec 2 Div 12

Month and Day Due Indicated Below

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

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

\$ 61.00

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

\$ _____

\$ _____

Amount Received \$ _____

NAME ALF

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. *FEW-1000 LOT 6 TRUST 4-13/13*

Alfonso & Dolores Gonzalez

2436 Res Dr.

San Diego, CA 92139-3026

Lot 87 Gr 6 Sec 7 Div 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME ALFONSO GONZALEZ

ADDRESS 2436 Res Dr.

CITY SAN DIEGO STATE CA. ZIP 92139

check (✓) if this is new address 3026

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Pre-Paid~~ Loc & Trust E-13713

Alfonso & Dolores Gonzalez

2436 Reo Dr.

San Diego, CA 92139-3026

Lot 84, Gr 6, Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME ALFONSO GONZALEZ

ADDRESS 2436 Reo DR.

CITY SAN DIEGO STATE CA. ZIP 92139

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-used Lot & Trust E-13713*

Alfonso & Dolores Gonzalez

2436 Roo Dr.

San Diego, CA 92139-3026

Lot B7 Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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



\$ _____

\$ _____

Amount Received \$ 61.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. *Pre-Paid LOR & Trust E-13713*

Alfonso & Dolores Gonzalez

2436 Res Dr.

San Diego, CA 92139-3026

Lot B4, Gr 6, Sec 2 Div 13

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.



\$ 61.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME ALFONSO GONZALEZ

ADDRESS 2436 Res DR.

CITY SAN DIEGO STATE CA. ZIP 92139

check (✓) if this is new address

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

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot & Trust E-13713

Allonzo & Dolores Gonzalez

2436 Neo Dr.

San Diego, CA 92139-3026

Lot 87 Gr 6 Sec 2 Blk 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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 Int. & Trust E-13711*

Alfonso & Dolores Gonzalez

2436 Neo Dr.

San Diego, CA 92139-3026

Lot 84, Gr 4, Sec 1 Div 12

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							15				

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



\$ 61.00

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-owned Lot 6 Trust E-13713

Alfonso & Dolores Gonzalez

2436 Ken Dr.

San Diego, CA 92139-3076

Lot 37 Gr 6 Sec 2 Div 11

Month and Day Due Indicated Below

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

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



\$ 61.00

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. *Pay-Order - Bk & Trust C-13712*

Alfonso & Dolores Gonzalez

2436 Neo Dr.

San Diego, CA 92139-3026

Lot 84, Gr 6, Sec 1 Bly LL

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.



\$ 81.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

check box if applicable

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

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *774-Grand Ltd & Trust 8-13711*

Alfonso & Melissa Gonzalez

1456 San Dr.

San Diego, CA 92139-3016

Lot 84, Gr 6, Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ *61.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

on with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. _____

Formed Lot & Trust 5-1371

Account & Address Substituted

1438 Ave. Dr.

San Diego, CA 92119-3026

Lot 57 Gr & Sec 2 Blk 11

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above



\$ 61.00

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 LOC & Trust B-13711*

Williams & Morrow Lumber

2436 Bee Dr.

San Diego, CA 92139-3026

Loc 54, Or 6, Sec 2 Div 12

Month and Day Due Indicated Below

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

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



\$ 61.00

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 us bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

STANDARD LIFE & TRUST N-43711

Atlanta & Delaware Companies

2436 Ave. Dy.

San Diego, CA 92139-3016

Lot 87 Gr 6 Sec 2 Div 11

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
		.					19				

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



\$ 81.00

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50976



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

MOUNT HOPE CEMETERY
527-3400

Date: 3-29, 1999

From: Alfonzo Gonzalez Address: 2438 Peo Dr., San Diego 92139
Sixty One Dollars (\$ 61.00)

In paid Payment of Pre-Need Lot & Trust

Lot 87 Grave 6 Row _____ Section 2 Division 17
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 244.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

763

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

ISSUED BY S. Shults

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
Burial	77181	
Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	63033	61 00
	9022	
	60101	
	78390	
TOTAL PAID	\$	61 00

OFFICIAL RECEIPT

50364



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

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

Date: 9-8, 1998

From: Alfonso Gonzalez Address: 2438 Reo Dr. SD 92139

Sixty one & no/100 Dollars (\$ 61.00)

In part Payment of pre need lot & trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 610.45

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

AC-212 (Rev. 5-94)

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

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	93033	<u>61</u>	<u>00</u>
6022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>01</u>	<u>00</u>

ISSUED BY Catrina Avalle

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50297



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

MOUNT HOPE CEMETERY
527-3400

Date: 8-13, 1998

From: Alfonso Gonzalez Address: 2438 Rev Dr. SD 92139

Sixty One + no/100 Dollars (\$ 61.00)

In part Payment of pre need lot + trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 671.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY: Katrina Avallone

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>01</u>
Trust	9022	<u>00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>61</u> <u>00</u>

6087

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50149



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-8 1998

From Antonio Gonzalez Address: 2438 RED DRIVE SD 92139

sixty one & no/100 Dollars (\$ 61.00)

In part Payment of pre need lot + trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 13713

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

677

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

ISSUED BY Catrina Avallone

CREDIT	67007	
20% Sales Care	77184	
30% Sales of Lots	100	
Opening/ Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	<u>61 00</u>
Sales Tax	100	
TOTAL PAID	60101	<u>61 00</u>
	78380	

OFFICIAL RECEIPT

48739



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-2, 1997

From: Alfonso Gonzalez Address: 2438 Res Dr San Diego 92131
One thousand Dollars (\$ 1000.00)

In part Payment of Pre Need Lot + Trust
Alfonso + Dolores Gonzalez

Lot 57 Grave 6 Row _____ Section _____ Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 1464.45

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

AC-212 (Rev. 5-84)

101

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

ISSUED BY

J. Shekelton

CREDIT	67007		
20% Sales Care	77184	<u>179</u>	<u>00</u>
80% Sales of Lots	100	<u>716</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>105</u>	<u>00</u>
Sales Tax	80101		
TOTAL PAID	78390	\$	<u>1000 00</u>

OFFICIAL RECEIPT

48832



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-4, 1997

From: WILMPO + PLORES ECHIZQUIZ 2438 RIV DRIVE SAN DIEGO 92139
Address: Sixty one and no 1100

In part Payment of pre-need lot and trust Dollars (\$ 61.00)

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 1403.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

547

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	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	63033	<u>01</u>
Sales Tax	9022	<u>01</u>
	80101	
	78360	
TOTAL PAID	\$	<u>61 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

48927



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

MOUNT HOPE CEMETERY

527-3400

Date: 9-3, 1997

From: Alfonso Gonzalez Address: 2438 Red Drive San Diego 92137

sixty one and 110/100 Dollars (\$ 61 00)

In part Payment of pre-need lot # 1151

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 1342.45

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.

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>61</u>	<u>00</u>
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>61</u>	<u>00</u>

ISSUED BY C. Jurgent-Arredondo

49032

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10-2, 1997

From: Afonso Gonzalez Address: 2438 Red Drive San Diego 92139

Sixty one and no/100

Dollars (\$ 61.00)

In part Payment of pre need lot and trust for Afonso and Dolores Gonzalez

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 1281.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

571

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

ISSUED BY _____

CREDIT	87007		
20% Sales Cars	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>61</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>61</u>	<u>00</u>

49123

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 11/3, 19 97From: ALFONSO GONZALEZ Address: 2438 RED DRIVE SANDRIDGE 92139
Sixty one and 10/100 Dollars (\$ 61.00)
In part Payment of pre need lot + trust
 Lot 87 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713BALANCE DUE 1220.45Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>61</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>61</u>	<u>00</u>

ISSUED BY C. J. Ingram - Auditor

584

49234

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 12/2, 1997

From: Alfonso Gonzalez Address: 2438 KEO DRIVE SAN DIEGO 92139

sixty one and no/100 Dollars (\$ 61.00)

In part Payment of pre need lot and trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 1159.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

594

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

Patricia Aragona

ISSUED BY _____

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	77183		
Sales Tax	63033	<u>61</u>	<u>00</u>
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>61</u>	<u>00</u>

49353

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 1-5, 1998

From: ALFONSO GONZALEZ Address: 2438 PEO DRIVE SAN DIEGO 92139

sixty one & 110/100 Dollars (\$ 61.00)

In part Payment of pre need lot & trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 1098.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

604

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

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>61</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>61 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

49613

MOUNT HOPE CEMETERY

527-3400

Date: 2-5 1998

From: ALFONZO GONZALEZ Address: 2438 RED DR. SAN DIEGO 92137
SIXTY ONE AND 10/100 Dollars (\$ 61.00)

In part Payment of pre need lot & trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 1037.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

618

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

Catrina AVALLONE
ISSUED BY _____

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		
Pre-Need Trust	63033	<u>61</u>	<u>00</u>
Sales Tax	9022		
	50101		
	78390		
TOTAL PAID	\$	<u>61</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49733

Date: 3-9, 1998

From: Alfonso Gonzalez Address: 2438 Red Drive SD 92139

Sixty one and 10/100 Dollars (\$ 61.00)

In part Payment of pre need lot and trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 976.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

631

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

Catrina Avallone

ISSUED BY _____

CREDIT	67007		
20% Sales Comm	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	<u>61</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>61</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49821

Date: 4-6 1998

From: Alfonso Gonzalez Address: 2438 Reo Drive SD 92139

SIXTY ONE & 10/100 Dollars (\$ 61 00)

In part Payment of pre need lot and trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13713
 BALANCE DUE 915.45

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

ISSUED BY Maureen Avalon

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>61 00</u>
	9022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	<u>61 00</u>

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

638

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50053



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-5, 1998

From: Alfonso Gonzalez Address: 2438 Reo Dr. SD 92139

sixty one and no/100 Dollars (\$ 61.00)

In part Payment of pre need lot & trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-13713
BALANCE DUE 793.45

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>61 00</u>
9022		
Sales Tax	60101	
78360		
TOTAL PAID	\$	<u>61 00</u>

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

ISSUED BY Catrina Avallone

6605

OFFICIAL RECEIPT

49941

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-11, 1998

From: Alfonzo Gonzalez Address: 2438 Leo Drive San Diego 92139

sixty one and no/100 Dollars (\$ 61.00)

In part Payment of pre need lot and trust

Lot 87 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13713

BALANCE DUE 854.45

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

Catrina Vallone

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>61.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>61.00</u>

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

655

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51119



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

MOUNT HOPE CEMETERY
527-3400

From: Alfonzo Gonzalez Address: 2438 Reo Dr. SD 92139 Date: 5-7 1999
Sixty one Dollars (\$ 61.00)
In part Payment of pre need lot # trust

Lot 87 Grave 0 Row _____ Section 2 Division 12
Block _____

Invoice No. _____
Acct. No. _____
W.O. E13713
BALANCE DUE 122.45

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

ISSUED BY Catrina Avalone

CREDIT	67007	
20% Sales Care	77184	
90% 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>61 00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>61 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
786

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51220

From: Alfonzo Gonzalez Address: 2438 Reo Dr. SD 92134 Date: 6-7 1999
Sixty one Dollars (\$ 61.00)
 In part Payment of preneed lot & trust

Lot 87 Grave 6 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E13713
 BALANCE DUE 61.45

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

792
 ISSUED BY Catalina Avallone

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>61.00</u>
	9022	
Sales Tax	00101	
	78390	
TOTAL PAID	\$	<u>61.00</u>

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

OFFICIAL RECEIPT

51015



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

From: Alfonzo Gonzalez Address: 2438 Rev Dr. San Diego 92131
sixty one
 In part Payment of prepaid lot + trust Date: 4-7, 1999
 Dollars (\$ 101.00)

Lot 87 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E13713
 BALANCE DUE 183.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 ISSUED BY Oratino Avallone
769

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>101</u>
	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>101 00</u>

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date July 3, 97

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

of Norris Brewer PA# 1218190 2:00

In a Liner Funeral, date, time TUES JULY 8 10:00

Church, Chapel, Graveside delivery only : Merkley-Mitchell Mortuary.
SCOTT

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

Lot 26 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup..... 105.00

Burial Container..... 50.00

Handling Fees PAID IN FULL

Flower vases - Marker setting fee 8-29-97

Recording and filing fee..... 45.00

Sales taxes.....

Lee Jaime

Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 13714 ✓

Invoice # 287216

Acct. # 000952

13714

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

86

1A. NAME OF DECEDENT—FIRST (GIVEN) NORRIS	1B. MIDDLE ALLEN	1C. LAST (FAMILY) BREMER	2. DATE OF BIRTH MONTH DAY YEAR 07/16/1910	3. DATE OF DEATH MONTH DAY YEAR 06/21/1997	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 LEE JANNE - PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria A. Mitchell</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10426 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/07/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/07/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709397 V.I. MITCHELL
		10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		
	<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
	10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY		
		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 7/2/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-13714

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

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

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 8-29-97

BY: CA (CK) IF

PAYMENT REF NO 04-417209

AMT PAID: 386.00

INVOICE DATE 07/16/97

PAYMENT DUE 08/15/97

PERIOD COVERED JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13714
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES AMOUNT

NORRIS BREWER PA#1218190	126.00
LOT 26 GR 7 SEC 1 DIV 12	165.00
OPENING/CLOSING	50.00
LINER	45.00
RECORDING FEE	

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SH RETURN WITH PAYMENT TO THE CONTACT LISTED ABOVE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-3-97

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

of Becky Ann Shimamoto
in a infant Liner OOA Funeral, date, time MON. JULY 14 10:30

Church, Chapel, Graveside delivery only. Family Mortuary.

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

Lot 5054 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need E-10986

Additional spaces and care fund _____

Opening/Closing & Setup pre-need E-10986

Burial Container pre-need E-10986

Handling Fees pre-need E-10986

Flower vases - Marker setting fee _____

Recording and filing fee pre-need E-10986

Sales taxes pre-need E-10986

Total Due

Gene Shimamoto
(760) 352-7433

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Elsie Shimamoto
Signature
2147 W. Helix Rd.
Address
Imperial CA 92511
City
619-352-7433
Telephone Zip Code

Invoice # _____

Acct. # _____

Work Order # E 13715

per Gene Shimamoto

7-7-97

1:00 pm

aware that this will be the only set of
cremains buried in grave. Purchased a
infant liner. OK per JoAnn for burial.
Chose lot 5054 - DIV for this burial.

E-13715

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

39 1997

1A. NAME OF DECEDENT—FIRST (GIVEN) Becky	1B. MIDDLE Ann	1C. LAST (FAMILY) Shimamoto	2. DATE OF BIRTH MONTH DAY YEAR 05/20/1958	3. DATE OF DEATH MONTH DAY YEAR 05/23/98	4. SEX 5days
5A. CITY OF DEATH El Centro		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Imperial	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Elsie Shimamoto -Mother 2147 W. Hetzel Rd. Imperial, CA 92251		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Elsie Shimamoto - 21 W. Hetzel Rd. E.C., CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE -	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED Elsie Shimamoto 07/01/1997		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/01/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Benjamin [Signature]
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 935 Highway, El Centro, CA		
AUTHORIZATION OF LOCAL REGISTRAR	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 checked="" 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 7/14/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-7-97

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

In a Liner Type of Burial Container Funeral, date, time Tues. July 8 10:00

Church, Chapel, Graveside delivery only; Featheringill Mortuary

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

Lot 47 Grave 2 Row _____ Section 7 Division/Block 6

Grave space & Care Fund Pre-need B-7032

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes _____

Total Due 769.73

Paid receipt number 48746 769.73

Balance due 0

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

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

Signature of recorded holder of dead _____

Margaret E. Mickelson
Signature
23764 Tanner Lane
Address
San Diego 92111
City Zip Code
619-279-7042
Telephone

Work Order # E 13716

Invoice # _____

Acct. # _____

E-13716
92
7-9-97

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Juanita	1B. MIDDLE Fletcher	1C. LAST (FAMILY) Jones	2. DATE OF BIRTH MONTH DAY YEAR 08/07/1904	3. DATE OF DEATH MONTH DAY YEAR 07/08/1997	4. SEX F
6A. CITY OF DEATH Escondido		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Elaine Mickelson, Dau. 3764 Tanner Lane San Diego, CA 92111	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 07/08/1997

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/08/1997 Edward Pezall	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709434
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 PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7/8/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48846

Date: 7-7 1997

From: Margaret Mickelson Address: 3704 Talmer Ln. San Diego 92111-4244
Seven hundred sixty nine and 13/100 Dollars (\$ 709.73)

In full Payment of Interment of Juanita Jones

Lot 47 Grave 2 Row _____ Section 7 Division Block 4

Invoice No. _____

Acct. No. _____

W.O. E-13716

BALANCE DUE 0

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

Atina Avalon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/ Closing	100	<u>375</u>	<u>00</u>
77181			
Burial Containers	100	<u>140</u>	<u>00</u>
77182			
Handling Fee	100	<u>145</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	60101	<u>14</u>	<u>73</u>
78390			
TOTAL PAID	\$	<u>709</u>	<u>73</u>

482

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-7-97

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

in a liner Funeral, date, time Thur July 10 1:00

Church Chapel Graveside Chapel or graveside CA Burial Mortuary 6ury

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

will be applied and billed to undersigned. X A.C.

Lot 146 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1504.73

30 day note

PAID
 AUG 14 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Paid receipt number R-48770 391.00

Balance due 1173.73

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 Antonia Connelly
 Signature
X 34160 Mission Ave
 Address
X San Diego, Ca 92113
 City Zip Code
X 619 232-5076
 Telephone

Work Order # **E 13717**

Invoice # 287215
 Acct. # 092867

7-7-97 per Gary at CA Burial
mortuary to bring check for 25070.
Family to sign 30 day note for
balance.

7-21-97 1:10 pm.

per Gary, CA Burial will be
bringing the check to pay the
balance for service, family
was invoiced already.

Wed Aug 7-21-11
7:10 pm CA BUND
will bring the
check for balance
\$ 1173.73

1 family has been involved

MT. HOPE CEMETERY

W.O. # E-1317

NOTE

\$ 1173.73 San Diego, California JULY 7 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of ONE THOUSAND ONE HUNDRED SEVENTY THREE & 73/100 DOLLARS with interest from August 11, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Anthony Connelley SIGNATURE X [Signature]
ADDRESS X 34160 NEWTON ave
CALIFORNIA DRIVER LICENSE NUMBER X C6543854 SSN # X 556-23-8839

E-13717.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

72

1A. NAME OF DECEDENT—FIRST (GIVEN) IDA	1B. MIDDLE B.	1C. LAST (FAMILY) CONNELLY	2. DATE OF BIRTH MONTH, DAY, YEAR 11/16/1924	3. DATE OF DEATH MONTH, DAY, YEAR 07/03/1997	4. SEX FEMALE
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 ANTHONY CONNELLY-SON 3460 NEWTON AVENUE SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person filing permit <i>Sam Walker</i>		8B. DATE SIGNED 07/10/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100725 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 07/10/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9709596
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7/10/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

E-13717

48770

MOUNT HOPE CEMETERY

527-3400

Date: 7-10, 1997

From: La Bural Address: 5880 El Cayan Blvd. San Diego 92115

In part Payment of interment of Ida Connelly Dollars (\$ 391.00)

Lot 140 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13713 E-13717
 BALANCE DUE 173.73

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

3513

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

Catrina Avacena

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	391	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	391	00

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E-13717

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 092867

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-4-97 (H.D. to
MT. Hope)
PAID BY (CIRCLE ONE): CA CK NF
PAYMENT REFERENCE NUMBER 3025

AMOUNT PAID 1173.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Anthony Connelly
PAYOR NAME CA Burial
(IF OTHER THAN CUSTOMER ACCOUNT NAME)
CUSTOMER (PAYOR) ADDRESS 5880 El Cajon Blvd.
San Diego, CA 92115

REMARKS Calma in. Jurgon-Avallone
MS 72

CASHIER _____

INV. NO. 287215

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-97

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

of Freddie Cieplenski MON 14 10:00

in a Double Depth Crypt Funeral, date, time Fri. July # 9:00

Church, Chapel, Graveside, Church & graveside Lewis Colonial Mortuary.

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

will be applied and billed to undersigned. X a & m.

Lot 122 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2044.45

Paid receipt number 48755 2044.45

Balance due 0

ALICE
296-4832

PAID
JUL 8 1997
paid in full
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

X Alice L. McHessa
Signature
X 4622 Louisiana St.
Address
X San Diego, CA 92116
City Zip Code
X 619-296-4832
Telephone

Signature of recorded holder of deed _____

Work Order # E 13718

Invoice # _____
Acct. # _____

7-8-97

Max from Lewis Colonial notified us that
burial date changed from Fri. July 11, to
Monday July 14, 1997.



E-13718

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

71

1A. NAME OF DECEDENT—FIRST (GIVEN) FREDDIE		1B. MIDDLE -	1C. LAST (FAMILY) CIEPLENSKI	2. DATE OF BIRTH MONTH DAY YEAR 07/23/1925	3. DATE OF DEATH MONTH DAY YEAR 07/07/1997	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ALICE MCKENNA - FRIEND 4622 LOUISIANA STREET SAN DIEGO, CA 92116		
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 7180 of the Health and Safety Code.				8B. DATE SIGNED 07/09/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/09/1997	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 -		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A 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 EL CAMINO MEMORIAL PARK, 5600 CARROLL CANYON RD., SAN DIEGO, CA 92121	11B. DATE BURIED 7/11/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

45755

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 7-8, 1997

From: Alice McKenna Address: 4022 Louisiana St. San Diego 92116

Two thousand forty four & 45/100 Dollars (\$ 2044.45)

In full Payment of Interment of Freddie Cieplenski

Lot 122 Grave 60 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13718

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	100	710	00
77184			
Opening/Closing	100	375	00
77181			
Burial Containers	100	380	00
77182			
100		320	00
77185			
Handling Fee	100	45	00
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
9022			
Sales Tax	80101	29	45
78390			
TOTAL PAID		\$ 2044	45

ISSUED BY Catrina Avalon

1075

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-8-97

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

of Gail Ann Bailey Tues 15

in a Liner Funeral, date, time MON. 7-14 1:00 PM

Church, Chapel, Graveside delivery only: CA Burial Mortuary, Gary/Jeanette

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

will be applied and billed to undersigned. _____

✓ Lot 131 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 20-159 245 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

30 day note

Total Due 1564.73

Paid receipt number R-48785 391.00

Balance due 1173.73

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

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

X Sharon Bailey
Signature

X 615 Moss St. #4
Address

X Chula Vista 91911
City Zip Code

X (619) 425-5442
Telephone

Signature of recorded holder of deed _____

Invoice # 287285

Work Order # E 13719

Acct. # 092880

per Gary
moruany to bring check for 2590
family to sign/pay 30 day note balance.

MT. HOPE CEMETERY

W.O. # E-13719

NOTE

\$ 1173.73 San Diego, California July 8 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred seventy three DOLLARS 73/100 with interest from August 11, 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 X Sharon Bailey SIGNATURE X Sharon Bailey

ADDRESS X 615 MOSS ST. # 4

CALIFORNIA DRIVER LICENSE NUMBER X E0779386 SSN # X 406-78-3918

E-13719

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GAIL	1B. MIDDLE ANN	1C. LAST (FAMILY) BAILEY	2. DATE OF BIRTH MONTH DAY YEAR 06/13/1959	3. DATE OF DEATH MONTH DAY YEAR 07/03/1997	4. SEX FEMALE
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 TERRY HARMON—BROTHER 398 N. WILLETT MEMPHIS, TN 38112		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>		8B. DATE SIGNED 07/11/1997
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 07/11/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9709676
		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 BEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/4/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48785

Date: 7-15, 1997

From: La Burial Chapel Address: 5880 El Cajon Blvd San Diego 92115

Three hundred ninety one and no/100 - Dollars (\$ 391.00)

In part Payment of Interment of Paul Ann Bailey

Lot 131 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13719

BALANCE DUE 1173.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

3524

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

ISSUED BY Patricia Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	391	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	63033		
	6022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	391	00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-97

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

of HERMAN E. LANGE

In a Ash Vault Funeral, date, time Fri 8-1 10:00

Church, Chapel, Graveside Graveside; FAMILY Mortuary.

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

will be applied and billed to undersigned.

Lot 22 Grave _____ Row 4 Section 3 Division/Block 2

Grave space & Care Fund Pre-Paid P-255

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee JUL 21 1997

Recording and filing fee 45.00

Sales taxes 4.26

PAID
 JUL 21 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number R-48798 269.26

Balance due 0

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

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

X Klara J. Luc (und)
 Signature

X P.O. Box 271
 Address

X Taos, NM 87571
 City

X (505) 751-0452
 Telephone

Signature of recorded holder of deed _____

Invoice # _____

Work Order # E 13720

Acct. # _____

SET-UP
4 CHAIRS and TABLE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-97

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

of HERMAN E. LANGE

in a Ash Vault Funeral, date, time FRI 8-1 10:00

Church, Chapel Graveside : FAMILY Mortuary.

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

Lot 22 Grave _____ Row 4 Section 3 Division/Block 2

Grave space & Care Fund Pre-Paid D-255 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

Total Due _____ 269.26

Paid receipt number _____

Balance due _____

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

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

Signature of recorder holder of deed _____

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

Invoice # _____

Work Order # E 13720

Acct. # _____



THE CITY OF

SAN DIEGO

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

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

E-13720

July 10, 1997

505-751-0452

Klara McCurdy
P.O. Box 271
Taos, New Mexico

Re: Interment of Herbert E. Lange
Lot 22, Row 4, Sec 3, Div 2

Dear Ms. McCurdy:

To follow up our phone conversation, enclosed is the original of the Interment Order for the cremains of Herbert E. Lange.

I have red check marks where you need to complete the form. Please make your check out for \$269.26 payable to Mt. Hope Cemetery and send that along with this original Interment Order to us as soon as possible.

ABBA Cremation Center will be sending us the ashes and burial permit.

If you have any questions, please do not hesitate to call us.

Very truly yours,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Enclosure



DIVERSITY
BRINGS US ALL TOGETHER

E-13720

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

90

1A. NAME OF DECEDENT—FIRST (GIVEN) HERMANN	1B. MIDDLE ERNST	1C. LAST (FAMILY) LANGE	2. DATE OF BIRTH MONTH DAY YEAR 10/23/1906	3. DATE OF DEATH MONTH DAY YEAR 07/03/1997	4. SEX MALE
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 KLARA McCURDY - DAUGHTER P.O. BOX 271 TAOS, NM 87571		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ABBA CREMATION CENTRE, 800 GRAND AVE. #AG12 CARLESEAD, CA 92008		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1554	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
				8B. DATE SIGNED 07/07/1997	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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.

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 E. DIAZ 07/07/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT E. DIAZ 9709424
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92166-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/19/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES, INC. 2570 FORTUNE WAY, VISTA, CA 92083	12B. DATE CREMATED 7/19/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

48793

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 7-21, 1997

From: Klara McCurdy Address: PO Box 271 Lasos New Mexico 87571

Two Hundred Sixty Nine & 26/100 Dollars (\$ 269.26)

In full Payment of Interment of Herman E. Lange

Lot 22 Grave _____ Row 4 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-13720

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1023

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

ISSUED BY S. M. Hillier

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	10 5 00
77181		
Bural Containers	100	55 00
77182		
Handling Fee	100	60 00
77185		
Recording & Misc. Fees	100	45 00
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	80101	4 26
78390		
TOTAL PAID	\$	269 26

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-9-97

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

of Clyde Killough

in a ash vault Funeral, date, time MON JULY 21 3:00

Church, Chapel, Graveside WITNESS ONLY : Humphreys Mortuary.
MARIE

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

Lot 3 Grave 9 Row _____ Section 3 Division/Block 6

Grave space & Care Fund Pre-need A-7996 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

PAID
JUL 14 1997
in full
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number R-48774 269.26

Balance due 0

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

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

Signature of recorded holder of deed _____

X Clyde Killough Sr.
Signature PO Box 9884
Address S.D. CA 92169
City 291-5567 Zip Code
Telephone

Work Order # E 13721

Invoice # _____
Acct. # _____

Name of Mortuary _____

31747

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

E-13721

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:

Clyde Killough (Mt. Hope)

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 _____ day of _____, 19____.

Address: _____
Street City State Zip

Signature: *Maria ...* _____
Authorized Representative Relationship to Deceased

Signature: _____
Authorized Representative Relationship to Deceased

E-13721

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

38

1A. NAME OF DECEDENT—FIRST (GIVEN) CLYDE	1B. MIDDLE PATON	1C. LAST (FAMILY) KILLOUGH, JR.	2. DATE OF BIRTH MONTH, DAY, YEAR 03/12/1959	3. DATE OF DEATH MONTH, DAY, YEAR 07/09/1997	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 Clyde P. Killough, Sr. - Father P.O. Box 9884 San Diego CA 92169		
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>Quint E King</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/15/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/15/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 7/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium, Inc. 571-J Crane St. Lake Elsinore CA 92530	12B. DATE CREMATED 7-17-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

43774

From: Clyde P. Killough Address: PO Box 9884 San Diego, CA 92169 Date: 7-14, 1997

TWO hundred sixty nine and 20/100 Dollars (\$ 269.20)

In Full Payment of Interment of Clyde Killough

Lot 3 Grave A Row _____ Section 3 Division Block U

Invoice No. _____

Acct. No. _____

W.O. E-13721

BALANCE DUE 5001

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: Catrina Avallone

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	77182	<u>(00)</u>	<u>(00)</u>
Recording & Misc. Fees	100	<u>45</u>	<u>(00)</u>
Pre-Need Trust	83033		
Sales Tax	9022	<u>4</u>	<u>20</u>
TOTAL PAID	60101	<u>\$ 269</u>	<u>20</u>
	78380		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

SET UP
 8 CHAIRS & TABLE

Date 7-10-97

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

of Robert Rene VanDeventer
 in a ash vault Funeral, date, time Wed 7-16 11:00
Type of Burial Container
 Church, Chapel, Graveside Witness Only; SD Memorial Mortuary mark
 All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned. _____

Lot 297a Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 55 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

Total Due _____ 269.26

Paid receipt number R-42768 _____ 50.00

Balance due 219.26

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

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

Signature of recorded holder of deed _____

X Guy A. Seggie
 Signature
X 44 Glencair DR
 Address
X San Diego CA 92114
 City Zip Code
X 442 5035
 Telephone

Invoice # 287290

Work Order # E 13722 Acct. # 092882

8-1-97 PD AUX INVOICE
219.26

E-13722

287290 07/18/97 092882 GUY SEGGIE
E-13722
100 072
100 072
100 072
100 072
60101

08/01/97 CA
77181 000072
77182 000072
77183 000072
77185 000072
78390

219.26
55.00
55.00
45.00
60.00
4.26

219.26

0.00
PAID IN FULL

MT. HOPE CEMETERY

W.O.# E-13722

NOTE

\$ 219.26 San Diego, California July 10 1997

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 nineteen & ²⁶/₁₀₀ DOLLARS with interest from August 15, 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 X SEGGIE GUY SIGNATURE X Guy A Seggie
ADDRESS X 744 Glencoe DR San Diego CA 92114
CALIFORNIA DRIVER LICENSE NUMBER X N0093473 SSN # X 489-18 3404

E-13722

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

60

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert	1B. MIDDLE Gene	1C. LAST (FAMILY) VanDeventer	2. DATE OF BIRTH MONTH, DAY, YEAR 07/11/1936	3. DATE OF DEATH MONTH, DAY, YEAR 07/08/1997	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 Judy L. VanDeventer - Wife 4165 Menlo Ave. San Diego, CA 92105			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 07/11/1997	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/11/1997 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709668
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 7/16/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 571-J Crane Street Lake Elsinore, CA 92530	12B. DATE CREMATED 7/14/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48763

Date: 7-10, 1997

From: Buy Leggie Address: 744 Glencoe Dr. San Diego 92114

50.00 Dollars (\$ 50.00)

In part Payment of Interment of Robert Gene Van Deventer

Lot 2972 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13722

BALANCE DUE 219.26

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY S. Schellert

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



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE-

E-13722
WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

GUY SEGGIE
744 GLENCOE DRIVE
SAN DIEGO CA 92114

ACCT NO
092882

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

PAYMENT DATE 8-1-97

BY: CA CK IF HD

PAYMENT REF NO _____

AMT PAID: 219.26

INVOICE DATE
07/18/97

PAYMENT DUE
08/17/97

PERIOD COVERED
JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T-AVALLONE REF NO: E-13722
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

ROBERT VAN DEVENTER SVCS	
LOT 2972 DIV 10 PRE-NEED	
OPENING/CLOSING	105.00
ASH VAULT	55.00
HANDLING FEE	60.00
RECORDING FEE	45.00
TAX ON ASH VAULT	4.26
LESS PAYMENT R-48768	50.00-

TOTAL DUE 219.26

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

AC-2 (REV. 11/96) ABOVE.

CUSTOMER COPY

INV NO. 287290

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13722

48823

Date: 8-1, 1997

From: Guy Leggie Address: 744 Glencoe Dr. San Diego 92114

Twenty three ⁷⁸/₁₀₀ Dollars (\$ 23.78)

In full Payment of advanced flash vase

Lot 2972 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-13722
 BALANCE DUE _____

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

AC-212 (Rev. 5-84)

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

ISSUED BY D. Shields

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100	10	00
Handling Fee	77182	13	00
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	83033		
	9022		
	60101		78
	78390		
TOTAL PAID	\$	23	78

MT. HOPE C.

INTERMENT ORDER

City of San Diego

Date 7-11-97

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

of Gerald Bell
in a liner Funeral, date, time Wed July 16 11:00

Church, Chapel, Graveside Chapel graveside Chapel Mortuary.

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

Lot 101 Grave 8 Row _____ Section 3 Division/Block 17

Grave space & Care Fund 20 159 80 236 795.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 1564.73

Paid receipt number R-48771 400.00

Balance due 1164.73

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

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

Signature of recorded holder of deed _____

X. Lawrence Lewis Jr
Signature
1734 San Miguel
Address
San Diego, CA 92113
City Zip Code
262-8352
Telephone

Work Order # E 13723

Invoice # 287288
Acct. # 092881

MT. HOPE CEMETERY

W.O. # E-13723

NOTE

\$ 1164.73 San Diego, California July 11 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand One hundred sixty four DOLLARS with interest from August 18, 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 obligations contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

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

PRINT NAME X CLARENCE DAVIS, JR. SIGNATURE X Clarence Davis Jr
ADDRESS X 734 San Miguel S.D CA 92113
CALIFORNIA DRIVER LICENSE NUMBER X N9834552 SSN # X 551-47-3024

E-13723

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

44

1A. NAME OF DECEDENT—FIRST (GIVEN) Gerard	1B. MIDDLE Epps	1C. LAST (FAMILY) Bell	2. DATE OF BIRTH MONTH DAY YEAR 04/06/1953	3. DATE OF DEATH MONTH DAY YEAR 07/10/1997	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 Nonie Magadia, Mother 4828 Logan Ave. Apt. 101 San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Lagadale Mortuary; 3050 Federal Blvd.; San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE V-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Williams</i>			8B. DATE SIGNED 07/15/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 07/15/1997 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709812	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --			

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/16/97	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 0	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY --	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED --	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER --	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

49985



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5/21, 1998

From: None Magadia Address: 4828 Logan Ave San Diego, CA 92113

Twenty three 75/10 Dollars (\$ 23.78)

In Full Payment of Herald Bell Super Vault Galvanized

Lot 101 Grave 8 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-135720

BALANCE DUE 0

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

[Handwritten Signature]

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100	<u>10</u>	<u>00</u>
Handling Fee	77185	<u>10</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		<u>78</u>
	78390		
TOTAL PAID	\$	<u>23</u>	<u>78</u>

1177

OFFICIAL RECEIPT

48771



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-11, 1997

From: Clarence Davis Address: 734 San Miguel San Diego 92113

Four hundred Dollars (\$ 400.00)

In part Payment of Interment of Gerald Bell

Lot 101 Grave 8 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13723

BALANCE DUE 1164.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

415

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

ISSUED BY J. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>400</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>400</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-11-97

*Pre-Need
Lot*

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

in a _____ Funeral, date, time _____
Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 5032 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 1095.00

Paid receipt number R-48772 200.00

Balance due 895.00

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 _____

Stellara
X Signature 4626 Ohio St, ap. 15
X Address San Diego, CA 92116
X City (619) 563-8221 Zip Code
X Telephone

Work Order # E 13724

Invoice # _____
Acct. # _____

ZABELINSKIY, MARK & MAISA 4626 Ohio St. Apt 15, San Diego 92116

07-11-97		Opened Pre-need Lot. Lot 5032 Division 10		DEBIT	CREDIT	BALANCE
				1095.00		
1-97		Receipt R-48772			200.00	895.00
9/1/97		48954	CPN # 1		37.00	858.00
10/6/97	R	49046	CPN # 2		37.00	821.00
11/4/97	R	49132	3		37.00	784.00
12/8/97	R	49260	4		37.00	747.00
1-13/98	R -	49385	5		37.00	710.00
2-5/98	R -	49611	6		37.00	674.00
3-6/98	R -	49724	7		37.00	637.00
4-6/98	R -	49824	8		37.00	600.00
5-5/98	R -	49919	9		37.00	563.00
6-5/98	R -	50052	10		37.00	526.00
7-9/98	R	50157	11		37.00	489.00
8-5/98	R -	50266	12		37.00	452.00
9-1/98	R -	50349	13		37.00	415.00
10-1/98	R	50440	14		37.00	378.00
11-9/98			15		37.00	341.00
12-7/98	R	50615	16		37.00	304.00

1-6	99	R 50714	Coupon #17	37.00	267.00
2-3	99	R 50804	Coupon #18	37.00	230.00
3-8	99	R 50918	19	37.00	192.00
4-6	99	R 51005	20	37.00	150.00
5-6	99	R 51110	21	37.00	119.00
6-4	99	R 51211	22	37.00	82.00
7-13	99	R 51342		37.00	45.00
8-4	99	R 51400		44.00	0

PAID IN FULL
8/4/99

deed # 12322

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51342

Date: 7-13, 1999

From: Mark & Masha Zabelinskaya Address: 4626 Ohio St. #15 SD 92116

Thirty Seven and 00/100 Dollars (\$ 37.00)

In part Payment of preneed lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E13724

BALANCE DUE 45.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY Lynda

CREDIT	67007	
20% Sales Care	77184	<u>37.00</u>
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>37.00</u>

901

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50349

Date: 9/4, 1998

From: Mikhailava Zabelinska Address: 4626 Ohio St # 15 San Diego Ca 92116

Truly sorry 9/4/98

Dollars (\$ 37.00)

In Part Payment of Pre Need Lot

Lot 5032 Grave _____ Row _____ Section _____ Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10724

BALANCE DUE \$ 415.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>37.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	

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

ISSUED BY [Signature]

TOTAL PAID \$ 37.00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50266



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

MOUNT HOPE CEMETERY
 527-3400

Date: 8-5 1998

From: Mark Zabelinski Address: 4026 Ohio St. #15 SD 92116

thirty seven & 101/100 Dollars (\$ 37.00)

In part Payment of pre need lot

Ltd 5032 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 452.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

800

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

ISSUED BY Catrina Avalone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>37 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>37 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

50157

MOUNT HOPE CEMETERY
527-3400

From: Mark Zabelinski Address: 4026 Ohu Pt. #15 SD 92116 Date: 7-9 1998
Shurty seven and no/100 Dollars (\$ 37.00)
In part Payment of pu held lot

Lot 5032 Grave _____ Row _____ Section _____ Division 10
Block _____

Invoice No. _____
Acct. No. _____
W.O. E-13724
BALANCE DUE 489.00

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

Catrina Avallone
ISSUED BY _____

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>37 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID		<u>\$ 37 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
791

OFFICIAL RECEIPT

50052



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 10-5 1998

From: Marsa Zabelinsky Address: 4626 Ohwist St. #15 SD 92116

Thirty seven and no/100 Dollars (\$ 37.00)

In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 5210.00

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

ISSUED BY Catrina Avallone

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>37</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>37</u>	<u>00</u>

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

784

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49919

Date: 5-5 1998

From: Mark Zabelinsky Address: 4626 Ohio St. #15 SD 92116

thirty seven & no/100 Dollars (\$ 37.00)

In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 503.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>37 00</u>
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-need Trust	63033	
Sales Tax	9022	
	60101	
	78390	

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY Catrina Avallone

TOTAL PAID \$ 37 00

773

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49824



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

MOUNT HOPE CEMETERY
527-3400

Date: 4-6, 1998

From: MARK ZABELINSKIY Address: 4020 OHIO ST #15 SD 92116

thirty seven and no/100 Dollars (\$ 37.00)

In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 600.00

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

ISSUED BY Catrina Avalos

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>37</u>	<u>00</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>37 00</u>
	78290		

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

7006

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49724



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

MOUNT HOPE CEMETERY

527-3400

Date: 3-6 1998

From: MARK ZABELINSKY Address: 4626 Ohio Street Apt 15 SD 92116

thirty seven and 10/100 Dollars (\$ 37.00)

In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 437.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>37</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>37</u>	<u>00</u>

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

Carina Avalon

ISSUED BY _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49611



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 2-5, 1998

From: Mark Zabelinskiy Address: 4026 Ohio St. Apt. 15 SD 92114

Thirty seven and 110/100

Dollars (\$ 37.00)

In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 674.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>37</u>	<u>00</u>
Opening/Closing	100		
Burial Containers	77181		
	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
TOTAL PAID	60101	<u>37</u>	<u>00</u>
	78390		

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

Catrina A. Valcone
ISSUED BY

755

49385

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 1-13, 1998

From: mark zabelinskiy Address: 4026 Ohio Street apt. 15 SD 92110

Thirty Seven and no/100 Dollars (\$ 37 00)

In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 710.00

Pre-Need Lot All Need On Acct

Pre-need Trust Cash Check

748

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

Catrina Avaccone

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>37</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	50101		
78390			
TOTAL PAID	\$	<u>37</u>	<u>00</u>

OFFICIAL RECEIPT

49200



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

CITY OF SAN DIEGO, CALIFORNIA.

MOUNT HOPE CEMETERY

527-3400

Date: 12/8, 19 97

From: Mark Zabelinskiy Address: 4024 Ohm St. Apt 15 SD 92116
Thirty seven and no/100 Dollars (\$ 37 00)

In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 747.00

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

Catrina Avallone
ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>37</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>37</u>	<u>00</u>

49132

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 11/4 1997

From: Mark Zabelinsky Address: 4626 Ohio Street San Diego 92116

Thirty seven and no/100 Dollars (\$ 37 00)

In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-15724

BALANCE DUE 784.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

Catrina Avalone
ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>37</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	100		
	63033		
	8022		
	80101		
	78390		
TOTAL PAID	\$	<u>37</u>	<u>00</u>

733

49046

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

 MOUNT HOPE CEMETERY
 527-3400
Date: 10/6, 1997From: Mark Zabelinsky Address: 4624 Ohio St. Apt #15 SD 92116
Shirley Ruth and 110110
 In part Payment of pre held lot Dollars (\$ 37.00)

 Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13724BALANCE DUE 821.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

728

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY C. Durigan - Avalone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>37</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>37</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48954

From: Mark Zabelinsky Address: 4026 Ohio Street #15 San Diego 92116
thirty seven and 1/10 Dollars (\$ 37.00)
 In part Payment of pre need lot

Date: 9-9, 1977

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-13724
 BALANCE DUE 858.00

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

ISSUED BY C. SWIGGOT - AVAC

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>37</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>37</u>	<u>00</u>

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

719

OFFICIAL RECEIPT

48772



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-11, 1997

From: Marat Gabelensky Address: 4626 Ohio St Apt 15 San Diego CA 92116

Two Hundred Dollars (\$ 200.00)

In part Payment of Pre-Need Lot for Mark & Maria Gabelensky

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13724

BALANCE DUE 895.00

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. Shultz

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	200	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	53033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	200	00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51005

Date: 4-6 1999

From: Mark Zabulinsky Address: 4620 CHILOT #15 SD 12116

thirty seven Dollars (\$ 37.00)

in part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 13724

BALANCE DUE 156.00

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

CREDIT	67007	
20% Sales Care	77184	<u>37.00</u>
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>37.00</u>

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

ISSUED BY Kathina Avaline

871

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51211

From: Mark Zabelinskiy Address: 4024 Ohio St. #15 SD 92116 Date: 6-4 1999
thirty seven Dollars (\$ 37.00)
 In part Payment of pre need lot

Lot 5032 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E13724
 BALANCE DUE 82.00

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

Catrina Avallone
 ISSUED BY _____

CREDIT	67007	37	00
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		
Sales Tax	8022		
TOTAL PAID	60101	37	00
	78390		

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

AC-212 (Rev. 5-94) 891

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51110



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

MOUNT HOPE CEMETERY
527-3400

From: Maisa Zabelinskaya Address: #240 Olive St. #15, San Diego 92116
thirty seven Dollars (\$ 37.00)
 In part Payment of pre need lot

Date: 5-6 1979

Lot 5032 Grave _____ Row _____ Section _____ Division 10 Block 37

Invoice No. _____
 Acct. No. _____
 W.O. E13724
 BALANCE DUE 119.00

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

CREDIT	67007	
20% Sales Care	77184	<u>37</u>
80% Sales of Lots	77184	<u>00</u>
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>37 00</u>

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

ISSUED BY Mauna Aralome

881

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13724 Pre-need Lot

Mark & Maisa Zabelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 10

Month and Day Due Indicated Below

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

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



\$ 37.00

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



\$ _____

\$ _____

Amount Received

\$ 37.00

NAME Mark Maisa Zabelinskaya

ADDRESS 4626 Ohio St. apt 15

CITY San Diego STATE CA ZIP 92116

check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13724 Pre-need Lot

Mark & Maisa Zabelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 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



\$ 37.00

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



\$ _____

\$ _____

Amount Received

\$

37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-13724 Pre-used Lot**

Mark & Maisa Zabelinskaya.

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 10

Month and Day Due Indicated Below

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

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

\$ 37.00

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

\$ _____

\$ _____

Amount Received

\$ 37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-13724 Pre-need Lot**

Mark & Maise Zabelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 10

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR
								15			

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



\$ 37.

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



\$ _____

\$ _____

Amount Received

\$ 37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8-13724 Pre-need Lot

Mark & Maica Zabelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5037 Division 19

Month and Day Due Indicated Below

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

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



\$ 37.00

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



\$ _____

\$ _____

Amount Received

\$ 37.00

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. **E-13724 Pre-paid Lot**

Mark & Maiss Zabelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 10

Month and Day Due Indicated below

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

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



\$ **37.00**

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



\$ _____

\$ _____

Amount Received

\$ **37.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

7

DO NOT MAIL ENTIRE BOOK . . .

ACCOUNT No.

E-13724 Pre-read Lot

Mark & Maisa Labelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 10

37.00

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.



\$ 37.00

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



\$ _____

\$ 37.00

Amount Received

\$ 37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-13724 Pre-need Lot**

Mark & Maisa Zabelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 10

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								13			

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

\$ 37.00

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

\$ _____

\$ _____

Amount Received

\$ 37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **W-13714 Pre-used Lot**

Mark & Marina Lubelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 18

37.00

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above



\$ **37.00**

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



\$ _____

\$ _____

Amount Received

\$ **37.00**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

B-13714 Pre-used lot

Work 6 Maina Zebelluchaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5032 Division 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



\$ 37.00

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



\$ _____

\$ _____

Amount Received

\$ 37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

226 W 06/04/95

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

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-13716 Pre-used Lot

Mark & Helen Zabelinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5037 Division 18

37.00

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.



\$ 37.00

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



\$ _____

\$ _____

Amount Received

\$ 37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8-13726 Pre-used Lot

Wark & Haina Zabolinskaya

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 5097 Division 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

\$ 37.00

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

\$ _____

\$ _____

Amount Received

\$ 37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

6-13724 Pre-owned Lot

Mark & Melissa Zabelinskaya

4626 Ohio St., Apt 15

San Diego, CA 92116

Lot 5031, Division 10

Month and Day Due Indicated Below

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

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



\$ 37.00

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



\$ _____

\$ _____

Amount Received

\$

37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check {✓} if this is new address

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

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-13714

Book & Music Exchange
4826 Ohio St., apt 25
San Diego, CA 92116
Lot 3032 Division 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.



\$ 37.00

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



\$

\$

\$ 37.00

Amount Received \$

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

COUP. 20

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 13714 Pre-paid Int.

Wark & Sales Enterprises

4876 Ohio St. Apt. 15

San Diego, CA 92116

Ext. 5037, Division 10

Month and Day Due Indicated Below

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

Amount due when patron, or before,
due date above

\$

37.00

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

\$

\$

37.00

Amount Received \$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-13726 Pre-owned Int

Book & Helen Zabell/Bookco

4626 Ohio St. Apt 15

San Diego, CA 92116

Lot 3032 Division 10

Month and Day Due Indicated Below

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

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



\$

37.00

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



\$

\$

Amount Received

\$

37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 2-13714

Mark & Elaine Zebellinsky

4516 Ohio St., Apt 13

San Diego, CA 92116

Doc 303, Division 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.



\$

37.00

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



\$

\$

Amount Received

\$

37.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-14-97

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

of Vernon Lantz
 in a double depth crypt Funeral, date, time Thur. July 17 10:00am

Church, Chapel Graveside chapel + delivery; Beardsley-Mitchell Mortuary.
Type of Burial Container Arthur

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

Lot 97 Grave 8 Row _____ Section 100F Division/Block 43

Grave space & Care Fund pre-need E-11089 0

Additional spaces and care fund _____ —

Opening/Closing & Setup _____ 375.00

Burial Container _____ 380.00

Handling Fees _____ 320.00

Flower vases - Marker setting fee _____ —

Recording and filing fee _____ 45.00

Sales taxes _____ 29.45

PAID
JUL 14 1997
in full
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1,149.45

Paid receipt number M/C 1149.45

Balance due 0

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

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

Signature of recorded holder of deed _____

X Charline E. Rontz
 Signature
X 3450 Lowell Way
 Address
X San Diego, CA 92106
 City Zip Code
X (619) 222-2615
 Telephone

Invoice # _____

Work Order # **E 13725**

Acct. # _____

E-13725

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

52

1A. NAME OF DECEDENT—FIRST (GIVEN) VERNON	1B. MIDDLE EDWARD	1C. LAST (FAMILY) LORTZ	2. DATE OF BIRTH MONTH DAY YEAR 04/29/1915	3. DATE OF DEATH MONTH DAY YEAR 07/12/1997	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 CHARLINE E. LORTZ - WIFE 3450 LOWELL WAY SAN DIEGO, CA 92106		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-816	8A. SIGNATURE OF APPLICANT—Person taking permit <i>T.C. Mitchell</i>		8B. DATE SIGNED 07/16/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/16/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709852
		10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/17/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OTHER ASHES
WILL BE PLACED
IN GRAVE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

SET up chairs -
& TABLES -
FAMILY WILL BRING
PERMIT & ASHES

Date 7-14-97

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

In a ASH VAULT Funeral, date, time TUE 7-22 10:00

Church, Chapel, Graveside GRAVESIDE; OWENS / FANLEY Mortuary

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

Lot 2 Grave 4 Row _____ Section 100F Division/Block H

Grave space & Care Fund PRE-NEED A-2407

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container PAID 55.00

Handling Fees 7-17-97 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number VISA 269.26

Balance due 0

JUDY MILL 7058
520-537-7058

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

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

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

Signature of recorded holder of deed _____

Work Order # E 13726

REA-104 (7-96)

This info

9-11-97 E-13726
PER KAREN & COURT
& SON MARKER WAS
INSTALLED WITH 2
NAMES -
BARBARA SCHNURR
and SYRIL BILL SCHNURR

SET UP chairs
& TABLES -
FAMILY WILL BRING
REPAINT & ASKS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-14-97

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

In a ASH VAULT Type of Burial Container Funeral date, time TUE 7-22 1:00
Church, Chapel, Graveside GRAVESIDE OWENS Mortuary.

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

Lot 2 Grave 4 Row Section 100F Division/Block H

Grave space & Care Fund PRE-NEED A-2407

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

JUDY MILL
520-537-7858

Paid receipt number

Balance due

I hereby certify I am the X Executor/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 to be
held under deed.

Signature of recorded holder of deed

X Judy P. Mill
P.O. Box 3006
Show Low, AZ 85901
520-537-7858

Invoice #

Work Order # E 13726 Acct. #

E-13720

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

84

1. NAME OF DECEDENT—FIRST (GIVEN) Barbara		1B. MIDDLE Lee		1C. LAST (FAMILY) Schnurr		2. DATE OF BIRTH MONTH DAY YEAR 12/06/1912		3. DATE OF DEATH MONTH DAY YEAR 07/11/1997		4. SEX F	
5A. CITY OF DEATH Show Low			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Arizona			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Judy Lee Gill PO Box 3006 Show Low, AZ 85901					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 S Mollison Avenue El Cajon, CA 92020						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 07/11/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/17/1997 CD Hardesty	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9709922				
CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA			9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA. P.O. Box 85222 San Diego, CA 92186-5222					

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery/3751 Market St/ San Diego, CA 92101		11B. DATE BURIED 7/25/97	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.



THE CITY OF

SAN DIEGO

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

E-13726
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

July 14, 1997

Judy Hill
P.O. Box 3006
Show Low, AZ 85901

Re: Interment of Barbara Schnurr

Dear Ms. Hill:

To follow up our phone conversation, enclosed is the faxed copy of the Interment Order for the cremains of Barbara Schnurr.

I have red check marks where you need to complete the form. Please make your check out for \$269.26 payable to Mt. Hope Cemetery and send that along with this original Interment Order to us as soon as possible. Please put attention: Sue Shackelton.

I want to take this time to remind you that we will require a California Burial Permit.

If you have any questions, please do not hesitate to call us.

Sincerely,

Sue Shackelton
Clerical Assistant II

Enclosure



DIVERSITY
BRINGS US ALL TOGETHER

LOTS 1-2 IOOF BLK. H

E-13726

DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REMARKS
Lot-1 HYMAN, Ella B. HYMAN, John B	Hyman, John	\$75.00	2/27/52 3/5/29 (date of death)	A-6042	
Gr.1 HYMAN, Ethel			2-16-1906		
		50.00	7-1-1918		
		50.00	12-1-1906		
		100.00	6-14-1924		Care pd.
			4-15-1910		"
			7-25-1932		"
		7-1937	35.00	3-31-1941	Deed #2304
			35.00	8-6-1938	Deed #2304
3 HEMPHILL, Stephen A.	Hemphill, Curtis R.	5/19/1951	35.00	5/22/1951	A-2989 over
grave empty	Campbell, Lydia	12/28/1950	35.00	A-2407	Deed #7007
5 CAMPBELL, Oliver J.	" "	12/28/1950	35.00	1/2/1951	A-2407 Deed #7007
6 GOODWIN, Glenn R.	Goodwin, Mrs. Nellie	4/22/1950	35.00	4/24/1950	A-1496

37-A-2407

Name CAMPBELL Oliver J.
Last First Middle Ashes

Buried 2 5 IOOF H
Lot Grave Row Section Blk. Div.

12/28/50 1/2/51 Age 75
Date of Death Date of Burial Yrs. Mos. Days

San Diego
Place of Death Race Sex

Removed _____

Remarks _____

per.#4609

~~grave empty~~ ashes 269.26

E 13726

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-97

Transfer of
Pre-need Lot

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of To: Catherine D. Fulton

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 103 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund Fr: Raymond Smith

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

~~Flower vases~~ ~~Marker setting fee~~ Transfer Fee 45.00

Recording and filling fee _____

Sales taxes _____

Catherine Fulton
9912 Ironwood Pl.
San Diego, CA 92131

Total Due 45.00

Paid receipt number R-48788 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.

609-506-1477

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

Signature of recorded holder of deed _____

X Raymond E Smith
Signature
X 4995 Farwell St.
Address
X San Diego, CA. 92109
City Zip Code
X 619-488-0830
Telephone

Work Order # E 13727

Invoice # _____

Acct. # _____

48783

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-16, 1997
 From: Raymond Smith Address: 4995 Fairuel Street San Diego 92109
Forty five and 10/100 Dollars (\$ 45.00)

 In full Payment of Transfer of Lot to
Catherine D. Fulton

 Lot 103 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13727BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

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	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	60033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>45</u>	<u>00</u>

ISSUED BY Catrina Avalone



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

E-13727

QUITCLAIM DEED

In consideration of _____

I/we Raymond Smith

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Catherine D. Fulton

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 103 Grave 7 Row _____ Section 1 Division/~~Block~~ 11

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 10 day of JULY 19 97

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Catrina M. Jurgem-Avallone

Sue Shelton

Witnesses

X Raymond E. Smith

X 4995 Zanuel St.

X San Diego CA. 92109

X 619-488-0830

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-97

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

of LUCRES HAQUE PA # 1218816

in a urn Type of Burial Container Funeral, date, time Aug. 1 Fri 10:00

Church, Chapel, Graveside Delway : Greenwood Mortuary Jim Wilder

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

Lot 15 Grave 4 Row Section 1 Division/Block 12

Grave space & Care Fund	<u>126.00</u>
Additional spaces and care fund	<u> </u>
Opening/Closing & Setup	<u>165.00</u>
Burial Container	<u>50.00</u>
Handling Fees	<u> </u>
Flower vases - Marker setting fee	<u> </u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u> </u>

PAID IN FULL
9-22-97

Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due

Rebecca Barr
694-3506

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13728**

Invoice # 288022
 Acct. # 000952

E-13728

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

35

1A. NAME OF DECEDENT—FIRST (GIVEN) LUCRES	1B. MIDDLE ALLARD CADET	1C. LAST (FAMILY) HAQUE	2. DATE OF BIRTH MONTH DAY YEAR 09/22/1961	3. DATE OF DEATH MONTH DAY YEAR 07/08/1997	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 REBECCA BARR - PUBLIC ADMIN. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sister Mary</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.

9. PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/31/1997	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 type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

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

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



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

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

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-13728

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

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 9-22-97 | E-13728
BY: CA (CK) IF | LUCRES HAQUE
PAYMENT REF NO 04-433210 | AMT PAID: \$386.00

INVOICE DATE 08/06/97 PAYMENT DUE 09/05/97 PERIOD COVERED JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T-AVALLONE REF NO: E-13728
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES AMOUNT

LUCRES HAQUE PA#1218816 SVC
LOT 15 GR 4 SEC 1 DIV 12 126.00
OPENING/CLOSING 165.00
LINER 50.00
RECORDING FEE 45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT

INV NO. 288022

79

ashes are interred 15 inches down from baseline of stone place by side

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-16-97

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

of Tella M. McCoy (X)

FRI 12-5 2:00

In a Ash vault

Funeral, date, time Fri, Nov 28th 2:00

Church, Chapel, Graveside W. Hall

Family

Mortuary

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

✓ Lot 14 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund pre-need E-3037 (X)

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

Total Due 269.26

Paid receipt number R-48839 269.26

Balance due (X)

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 reported holder of deed _____

(X) Signature See attached
(X) Address _____
(X) City _____
(X) Telephone _____

Zip Code _____

Work Order # **E 13729**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY
INTERMENT ORDER E-13729

City of San Diego

Date 7-10-97

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

of Dorothy M. McCloy (X)

in a ASH VAULT Funeral, date, time _____

Church, Chapel, Graveside Home Family Mortuary _____

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

Lot 14 Grave 4 Row _____ Section 2 Division/Street 12

Grave space & Care Fund pre-need E-3037 ⊕

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 100.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.20

Total Due 2109.20

Paid receipt number _____

Balance due _____

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

I hereby authorize the interment in lot I hold under deed

Signature of requested holder of deed _____

X Jerry L. McCloy
 Signature
1300 Penite Rd # 216
 Address
Louisville Ky 40272
 City
502-364-0279
 Telephone

Invoice # _____

Work Order # E 13730

Acct. # _____

REA-104 (7-86)

This information is available in alternative formats upon request.

® Printed on recycled paper

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-16-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tella M. McCoy (X)

in a Ash Vault

Funeral date, time

Church, Chapel, Grave site Wdow

Family

Mortuary

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

Lot 14 Grave 4 Row Section 2 Division/Block 12

Grave space & Care Fund	<u>Pre-need E-3037</u>	<u>6</u>
Additional spaces and care fund		<u> </u>
Opening/Closing & Setup		<u>105.00</u>
Burial Container		<u>55.00</u>
Handling Fees		<u>60.00</u>
Flower vases - Marker setting fee		<u> </u>
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>4.20</u>
	Total Due	<u>269.20</u>

Paid receipt number

Balance due

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

I hereby authorize the interment in lot I hold under deed

Signature of registered holder of deed

X Tella M. McCoy
 Signature
X 1350 Fenwick Rd #216
 Address
X Louisville, Ky 40272
 City
X 502-364-0279
 Telephone

Work Order # E 13729

Invoice #

Acct. #

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper



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-13729

July 22, 1997

Jerry McCoy
1300 Penile Road #26
Lobo, Kentucky 40272

Re: Interment of Tella & Dorothy McCoy

Dear Mr. McCoy:

Enclosed is your check for \$580.26. Please issue a new check in the amount of \$538.52 Payable to Mt. Hope Cemetery.

If you have any additional questions, please do not hesitate to call us.

Very truly yours,

Sue Shackelton
Clerical Assistant II

Enclosure



DIVERSITY
BRINGS US ALL TOGETHER

E-13729

July 18, 97
Jerry L. McCoy
1300 Fenite Rd # 216
Louisville, Ky 40272
502-364-0279

Sue,

Thank you for your help with the burial
of my Dad & Mom. Karen & Patrick McCoy
will call you to make final arrangements.

Thank you,
Jerry L McCoy

E-13729



THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARNEY STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
597.3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

July 21, 1997

Fran McCoy
1300 Penile Road #216
Lobo, Kentucky 40277

Re: Interment of Tella & Dorothy McCoy

Dear Ms. McCoy:

To follow up your phone call, enclosed is the original of the Interment Orders for the remains of Tella & Dorothy McCoy.

I have red check marks where you need to complete the form. Please make your check out for \$538.52 payable to Mt. Hope Cemetery and send that along with the faxed copies of the Interment Orders to us as soon as possible.

I want to take this time to remind you that we will need a 48 hour notice of when the remains will arrive.

We will also require a California Burial Permit.

If you have any questions, please do not hesitate to call us.

Sincerely,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Enclosures

Sue - The check was put in the mail on Sat, July 19th in the amount of \$580.26 - we overpaid by 41.74 - included Calif State Tax. Please issue check to Jerry McCoy. Thank you



DIVERSITY
BRINGS US ALL TOGETHER

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48839

Date: 8-5 1997

From: Frances McCoy Address: 1300 Penile Rd # 216 Louisville Ky

Two Hundred Sixty Nine & 26/100 Dollars (\$ 269.26)

In full Payment of Interment of John M. McCoy

Lot 14 Grave 4 Row 1 Section 2 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E-13729

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5378

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

ISSUED BY J. Shultz

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	100	55	00
	77182	60	00
Handling Fee	100		
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	63033		
	8022		
Sales Tax	60101	4	26
	78390		
TOTAL PAID	\$	269	26

E-13729

San Diego Crem.
70615

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Tella	1B. MIDDLE Milton	1C. LAST (FAMILY) McCoy	2. DATE OF BIRTH MONTH, DAY, YEAR 10/02/1916	3. DATE OF DEATH MONTH, DAY, YEAR 09/24/1996	4. SEX M
5A. CITY OF DEATH Spring Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Dorothy McCoy - Wife 4110 N. Bonita St. Spring Valley, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Cremation Service 4135 Taylor St. #6 San Diego, CA 92110		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1481	8A. SIGNATURE OF APPLICANT—Person taking permit Kenneth W. Davidson		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.		8B. DATE SIGNED 10/01/1996			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/01/1996	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Kenneth W. Davidson
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 10/02/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cypress View Crematory 3953 Imperial Ave. San Diego, CA	12B. DATE CREMATED 10/02/96	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 3 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.

*ashes are
1.5 inches
down
from baseline
65 plume
side
side*

MT. HOPE CEMETERY
INTERMENT ORDER

76

City of San Diego

Date 7-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy M. McCoy (X) **FRI 12-5 2:00**

In a Ash Vault Type of Burial Container Funeral, date, time ~~Fri Nov 28th~~ 2:00

Church, Chapel, Graveside witness ; family Mortuary.

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

✓ Lot 14 Grave 4 Row _____ Section 2 Division/Block 12
Grave space & Care Fund pre-need E-3037 ⊕

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ -

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

PAID
AUG n 6 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due _____ 269.26

Paid receipt number R-48840 269.26

Balance due ⊕

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

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

Signature of recorded holder of deed _____

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

Work Order # **E 13730**

Invoice # _____
Acct. # _____

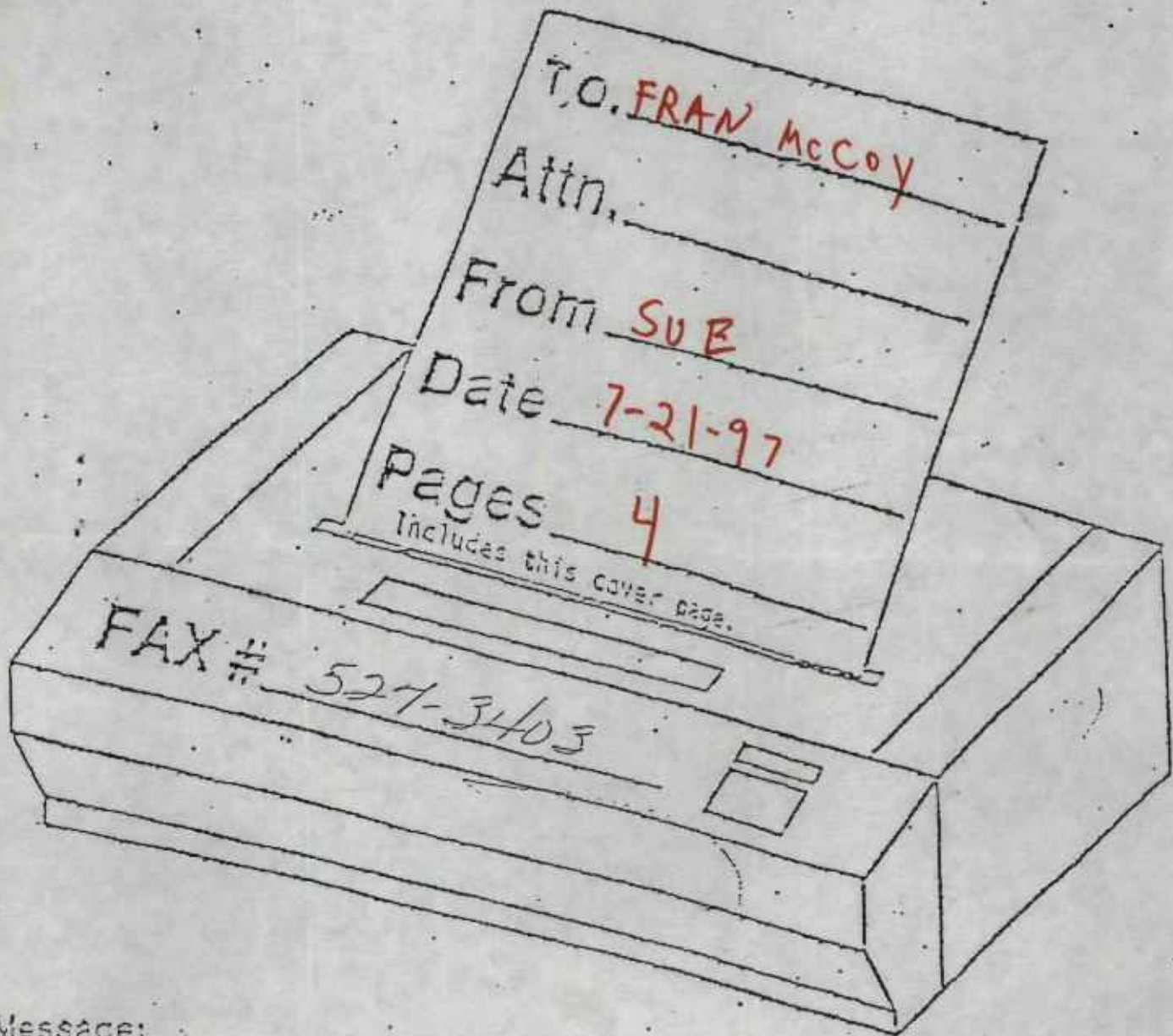


SAN DIEGO

E-13730

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

TELEFAX COVER LETTER



Message:

If all pages are not received, please call (619) 527-3400.

E-13730



THE CITY OF
SAN DIEGO

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

July 21, 1997

Fran McCoy
1300 Penile Road #216
Lobo, Kentucky 40272

Re: Interment of Tella & Dorothy McCoy

Dear Ms. McCoy:

To follow up your phone call, enclosed is the original of the Interment Orders for the cremains of Tella & Dorothy McCoy.

I have red check marks where you need to complete the form. Please make your check out for \$538.52 payable to Mt. Hope Cemetery and send that along with the faxed copies of the Interment Orders to us as soon as possible.

I want to take this time to remind you that we will need a 48 hour notice of when the remains will arrive.

We will also require a California Burial Permit.

If you have any questions, please do not hesitate to call us.

Sincerely,

Sue Shackelton
Clerical Assistant II

Enclosures



DIVERSITY
BRINGS US ALL TOGETHER

E-13730

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-16-97

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

of Tella M. McCoy

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

Church, Chapel, Graveside W. Smith : Family Mortuary.

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

Lot 14 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund pre-need E-3037

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 100.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number _____

Balance due _____

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13729

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

♻️ Printed on recycled paper

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-10-97

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

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

Church, Chapel, Graveside Witness ; Family Mortuary _____

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

Lot 14 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund pre-need E-3037

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 209.26

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Invoice # _____

Work Order # **E 13730**

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48840

Date: 8-5, 1977

From: Frances Mc Coy Address: 1300 Penile Rd #216 Louisville Ky

two hundred sixty nine Dollars (\$ 269.26)

In full Payment of Interment of Dorothy Mc Coy

Lot 14 Grave 9 Row _____ Section 2 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13730

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5370

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

ISSUED BY J. Schell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184	105	00
Burial Containers	100	55	00
Handling Fee	77182	60	00
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	63033		
Sales Tax	9022	4	26
	80101		
	78390		
TOTAL PAID	\$	269	26

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHY	1B. MIDDLE MAE	1C. LAST (FAMILY) McCOY	2. DATE OF BIRTH MONTH DAY YEAR 10/16/1920	3. DATE OF DEATH MONTH DAY YEAR 10/24/1996	4. SEX F
5A. CITY OF DEATH SPRING VALLEY		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PATRICK M. McGOY, SON 1717 PEPPER VILLA DR. EL CAJON, CA 92021	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO CREMATION SERVICE 4135 TAYLOR ST, SAN DIEGO, CA 92110			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1481		
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 7309 of the Health and Safety Code		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
				8B. DATE SIGNED 10/29/1996	

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 10/29/1996	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA	11B. DATE BURIED 10/29/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY SAN DIEGO, CA	12B. DATE CREMATED 10/31/1996	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E-13731 is not included
in this spindle

E-13700 to E-13799

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-17-97

Per deed
Interment *changing to*
double depth crypt

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

of Ruth Breuninger

in a Double Depth Crypt Funeral, date, time Mon. July 21 10:00

Church, Chapel, Graveside Graveside Mortuary Seatheringill

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

will be applied and billed to undersigned.

✓ Lot 2366 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need E-4198 _____

Additional spaces and care fund _____

Opening/Closing & Setup 375.00 pd 265.00 110.00

Burial Container 380.00 pd 230 150.00

Handling Fees _____ 320.00

Flower vases - Marker setting fee _____

Recording and filling fee 92.60 pd 35.00 10.00

Sales taxes 29.45 15.65

PAID
JUL 17 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 605.65

paid receipt number R-48790 605.65

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.

E.P. Breuninger
Signature

Signature of recorded holder of deed _____

Address 3856 - Loma Alta Dr
City San Diego Zip Code _____

Telephone 582-4611

Work Order # E 13732

Invoice # _____

Acct. # _____

E-13732

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

75

1A. NAME OF DECEDENT—FIRST (GIVEN) Ruth	1B. MIDDLE -	1C. LAST (FAMILY) Breuninger	2. DATE OF BIRTH MONTH DAY YEAR 04/28/1922	3. DATE OF DEATH MONTH DAY YEAR 07/17/1997	4. SEX F
5A. CITY OF DEATH Lemon Grove		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Edward Breuninger, brother 3856 Loma Alta Dr. San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 07/17/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/10/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Candice Miggard
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

48750

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 7-17, 1997

From: Edward Breuninger Address: 3856 Lone Alta Dr San Diego 92115

Six hundred five ⁶⁵/₁₀₀ Dollars (\$ 605.65)

In full Payment of Pre-Need Trust for Ruth Breuninger
1 charge to double depth crypt

Lot 2366 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13732

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

583

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

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
77184		
Opening/Closing	100	110.00
77181		
Burial	100	150.00
Containers	77182	
100		320.00
Handling Fee	77185	
Recording & Misc. Fees	100	10.00
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	15.65
78390		
TOTAL PAID	\$	605.65

ISSUED BY S. Schellin

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-17-97

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

of Sherry Jean Gagnon (X)
in a Ash Vault Funeral, date, time Tues. July 22 1:00
Church, Chapel, Graveside witness only : SD Cremation Mortuary.

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

✓ Lot 202 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund pre-need E-3598 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 4.20

Sales taxes _____ 4.20

PAID
in full
JUL 17 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 269.20

Paid receipt number R-48791 269.20

Balance due ~~0~~

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

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

Signature of recorded holder of deed _____

X Maury & Colby
Signature
10922 Collinwood Dr
Address
Santee CA 92071
City Zip Code
7619 449-3532
Telephone

Work Order # E 13733 ✓

Invoice # _____
Acct. # _____

E-13733

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

58

1A. NAME OF DECEDENT—FIRST (GIVEN) SHERRY	1B. MIDDLE JEAN	1C. LAST (FAMILY) GAGNON	2. DATE OF BIRTH MONTH DAY YEAR 12/15/1938	3. DATE OF DEATH MONTH DAY YEAR 07/16/1997	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 MARY E. COLEY, SISTER IN LAW 10922 COLLINWOOD DRIVE SANTEE, CA 92071		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO CREMATION SERVICE 4135 TAYLOR ST, SAN DIEGO, CA 92110		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1481	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 07/17/1997		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/17/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— P.O. BOX 85222 SAN DIEGO, CA 92186-522	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"/> 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 7/22/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICE INC. VISTA, CA 92083	12B. DATE CREMATED 7/18/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION S. W. Schock
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

48791

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-17, 1997

From: Mary Culey Address: 10922 Collinwood Drive Santee 92071

Two hundred sixty nine and 26/100 Dollars (\$ 269.26)

In full Payment of Interment of Sherry Jean Eagon

Lot 202 Grave 1 Row 1 Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13733

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

30560

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

ISSUED BY

Catrina Vallejo

CREDIT	67007		
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		
	100	<u>00</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>4</u>	<u>26</u>
	78390		
TOTAL PAID	\$	<u>269</u>	<u>26</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-21-97

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

In a liner Funeral, date, time wed. July 23 11:00

Church, Chapel, Graveside graveside; Humphrey Mortuary.
Theresa

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

will be applied and billed to undersigned. X

Lot	Grave	Row	Section	Division/Block
<u>2037</u>				<u>10</u>
Grave space & Care Fund <u>1980 pre-need E-1202</u> <u>0</u>				
Additional spaces and care fund <u>0</u>				
Opening/Closing & Setup <u>pre-need E-1202</u> <u>0</u>				
Burial Container <u>pre-need E-1202</u> <u>0</u>				
Handling Fees <u>pre-need E-1202</u> <u>0</u>				
Flower vases - Marker setting fee <u>0</u>				
Recording and filing fee <u>pre-need E-1202</u> <u>0</u>				
Sales taxes <u>pre-need E-1202</u> <u>0</u>				
Total Due				<u>0</u>

Paid receipt number _____

Balance due _____

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

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

X [Signature]
Signature
Address 2912Y ILEX AV.
City X 4293716 Zip Code
Telephone

Signature of recorded holder of deed _____

Work Order # E 13734

Invoice # _____

Acct. # _____

E-13734

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

78

1A. NAME OF DECEDENT—FIRST (GIVEN) FELIPE		1B. MIDDLE -	1C. LAST (FAMILY) MALLUQUIZA		2. DATE OF BIRTH MONTH DAY YEAR 05/01/1919	3. DATE OF DEATH MONTH DAY YEAR 07/18/1997	4. SEX M	
5A. CITY OF DEATH Chula Vista			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jose I. Otazua - Nephew 2124 Ilex Avenue San Diego CA 92154			
7A. TYPE, 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>Judith E. King</i>		8B. DATE SIGNED 07/22/1997

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/22/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 7/23/97	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 -

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-21-97

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

of John Pounds

in a liner Funeral, date, time Tue 7-25 11:00

Church, Chapel, Graveside Church graveside Nagsdale Mortuary W.P. Ragsdale

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

Lot 65 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Paid E-6782 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-48806 769.73

Balance due 0

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

Nagsdale Signact to family

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

[Signature]
Signature

Signature of recorded holder of deed _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Work Order # **E 13735**

Invoice # _____

Acct. # _____

over ->

MR. Ragsdale notified us that this burial will be done in a liner, not in a double crypt.

7-22-97 2:45 pm

also Mr. Ragsdale instructed that John Pounds be buried on the left, which is grave # 1.

3:45 pm

Skipper Ragsdale said that the mortuary would be paying for the service by check, and will sign the interment order.

E-13735

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

76

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE Henry	1C. LAST (FAMILY) Pounds, Sr.	2. DATE OF BIRTH MONTH DAY YEAR 04/13/1921	3. DATE OF DEATH MONTH DAY YEAR 07/18/1997	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 Syrdella Pounds, Wife 5930 Division St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Herb Williams</i>		8B. DATE SIGNED 07/22/1997
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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.	8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED 07/23/1997 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710158
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 7/25/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

48806

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 7/24, 19 97

From: Ragsdale Address: 5050 Federal Blvd S.D. Cal 92102

Seven hundred sixty nine 00/100 Dollars (\$ 769.73)

In Full Payment of Toleration of John Pounds

Lot 65 Grave 1 Row — Section 2 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13735

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY [Signature]

CREDIT	62007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/Closing	100	<u>375</u>	<u>00</u>
77181			
Burial Containers	100	<u>790</u>	<u>00</u>
77182			
Handling Fee	100	<u>145</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	<u>14</u>	<u>73</u>
78390			
TOTAL PAID	\$	<u>769</u>	<u>73</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49908



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

MOUNT HOPE CEMETERY
527-3400

From: House of David Address: 5930 Division Pt. San Diego 92114 Date: 5-4 19 98
one hundred twenty five & no/100 Dollars (\$ 125.00)
 In full Payment of marker setting fee for
John H. Pounds Pt.
 Lot 05 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-13735
 BALANCE DUE 2

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	<u>125 00</u>
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78990	
TOTAL PAID	\$	<u>125 00</u>

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

1021

ISSUED BY Catrina Avalone

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-22-97

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

of Aida Goldman 9:00

in a liner Funeral, date, time Fri July 25 10:00

Church, Chapel, Graveside delivery only: La Bural Mortuary.

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

will be applied and billed to undersigned.

Lot 410 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

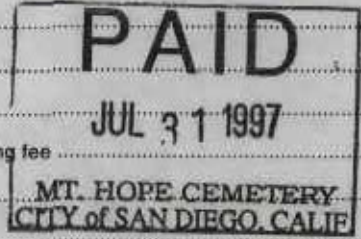
Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73



Total Due 1,504.73

Paid receipt number R-48820 1504.73

Balance due 0

*Greg Brown
694-3508
creditor's claim*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13736**

Invoice # _____

Acct. # _____

over

494-3987

7-22-97

Greg Brown from PA's office paid to fax copy of Underment Order and Creditor's claim to him. also mailed a copy of both to him.

PAID
JUL 23 1997
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

6

85781

E-13736

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

90

1A. NAME OF DECEDENT—FIRST (GIVEN) IDA	1B. MIDDLE —	1C. LAST (FAMILY) GOLDMAN	2. DATE OF BIRTH MONTH, DAY, YEAR 10/27/1906	3. DATE OF DEATH MONTH, DAY, YEAR 07/19/1997	4. SEX FEMALE
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 GREGORY BROWN—DEPUTY PUBLIC GUARDIAN 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 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kim Walker</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/23/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/24/1997 K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710228
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7/25/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48820

Public Administrator / Guardian

Date: 7-31, 1997

From: County of SD, P.A. / P.G. Address: 5201-A Ruffin Rd San Diego 92123

one thousand five hundred sixty four (1,504.73), Dollars (\$)

In full Payment of Interment of Aida Goldman

Lot 40 Grave 7 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13736

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

160428

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

ISSUED BY C. Jurgens - Avacome

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100	636	00
77184			
Opening/Closing	100	375	00
77181			
Burial Containers	100	190	00
77182			
Handling Fee	100	145	00
77185			
Recording & Misc. Fees	100	45	00
77183			
Pre-Need Trust	60053		
9022			
Sales Tax	60101	14	73
78390			
TOTAL PAID	\$	1504	73

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-22-97

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

in a liner Type of Burial Container Funeral, date, time Thur 7/24 1:30

Church, Chapel, Graveside graveside only conrad Mortuary

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

✓ Lot 203 Grave 2 Row _____ Section GAR Division/Block 2

Grave space & Care Fund pre-need

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

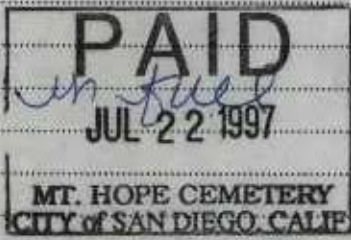
Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.73

Recording and filing fee 709.73

Sales taxes 709.73



Total Due 709.73
Paid receipt number R-48870

Balance due 0

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

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

Signature of recorded holder of deed _____

X [Signature]
Signature

X 501 21st St
Address

X Rowland City, NV 89405
City Zip Code

X (702) 293-6409
Telephone

Work Order # E 13737

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13737

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

95

1A. NAME OF DECEDENT—FIRST (GIVEN) ELSIE	1B. MIDDLE MAY	1C. LAST (FAMILY) ERNST	2. DATE OF BIRTH MONTH DAY YEAR 10/24/1901	3. DATE OF DEATH MONTH DAY YEAR 07/20/1997	4. SEX F
5A. CITY OF DEATH BOULDER CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE NV		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BETTY M. PARKIS - DAUGHTER 501 UTAH STREET BOULDER CITY, NV 89005	
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.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Donna J. Conrad</i>		
			8B. DATE SIGNED 07/23/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/23/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donna J. Conrad 9710176
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 CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES/VITAL RECORDS P.O. BOX 85222 - SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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)
---	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7/24/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY _____	12B. DATE CREMATED _____	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION _____
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS _____	13B. DATE RECEIVED _____	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY _____
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED _____	14B. DATE SHIPPED _____	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER _____
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION _____	15B. DATE OF DISPOSITION _____	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION _____

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

49280

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 12/15, 19 97

From: Conrad Mortuary Address: 7387 Broadway Lenox Grove 91946

One hundred thirty five & 10/100 Dollars (\$ 135.00)

in full Payment of VA marker setting fee for EISE ERNST

Lot 203 Grave 2 Row Section GAR Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-13737

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

30959

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

Catrina Avallone

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	135 00
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	135 00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-22-97

*Pre-paid
Trust*

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

of Mary Crawford

in a _____ Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 93 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marked as in use _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due _____ 769.73

Paid receipt number R-48802 769.73

Balance due 0

PAID
JUL 22 1997
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 _____

Mary B. Crawford
 Signature
2260 Harrison Ave
 Address
S.D. Ca 92113
 City Zip Code
239-4013
 Telephone

Work Order # **E 13738**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48802

Date: 7-22, 1997

From: Mary Crawford Address: 2260 Harrison Ave San Diego 92113
Seven Hundred Sixty Nine ⁷³/₁₀₀ Dollars (\$ 769.73)

In full Payment of Pre-Need Trust

Lot 93 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13738

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 D. Shelton

CREDIT	67007	
20% Sales Com	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	83033	<u>769 73</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>769 73</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-97

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

of Clarence Crosby

In a TS Vault Funeral, date, time Fri 11:00 July 25 1997

Church, Chapel, Graveside Chapel / Graveside: La Bural Mortuary Bernette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$50.00 will be applied and billed to undersigned. X M.H.

✓ Lot 28 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>375.00</u>
Burial Container	<u>paid in full</u> <u>250.00</u>
Handling Fees	<u>7-25-97</u> <u>185.00</u>
Flower vases - Marker setting fee	<u>4</u> <u>75.00</u>
Recording and filing fee	_____
Sales taxes	<u>19.38</u>
Total Due	<u>1769.38</u>
Paid receipt number <u>48804</u>	<u>1600.00</u>
<u>Visa</u> Balance due	<u>169.38</u>

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

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

Signature of recorded holder of deed _____

X Mary Handy
 Signature
X 5054 LAPAZ Dr
 Address
X SAN DIEGO CA 92113
 City Zip Code
X (619) 263-7450
 Telephone

Work Order # **E 13739**

Invoice # _____
 Acct. # _____

E-13739

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

62

1A. NAME OF DECEDENT—FIRST (GIVEN) CLARENCE	1B. MIDDLE WILLIAM	1C. LAST (FAMILY) CROSSY	2. DATE OF BIRTH MONTH DAY YEAR 12/07/1934	3. DATE OF DEATH MONTH DAY YEAR 07/12/1997	4. SEX MALE
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 MARY RANDY-SISTER 5034 LA PAZ DRIVE SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	6A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 07/25/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/25/1997	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 -

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE—ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/25/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

48004

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Mary Hardy Address: 5034 Lufaz Dr San Diego Ca 92113
Sixteen hundred One thousand six hundred Dollars (\$ 1600.00)
 In Full Payment of Interment of Clarence Crosby

Lot 28 Grave 8 Row — Section 1 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-13734BALANCE DUE 16938Pre-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

CREDIT	57007		
20% Sales Care	77184	<u>179</u>	<u>00</u>
80% Sales of Lots	100	<u>716</u>	<u>00</u>
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>250</u>	<u>00</u>
Handling Fee	77182	<u>80</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>1600</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50049



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

MOUNT HOPE CEMETERY
527-3400

Date: 6/5, 1998

From: Mary Handy Address: 5034 La Paz Blvd. S.W. '9 93113

One hundred forty eight 7/10 Dollars (\$ 148.78)

in Full Payment of Marker Setting Fee - Advance Payment
for Clarence William Crosby

Lot 38 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13739

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 Mary Handy

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
	77182	<u>10</u>	<u>00</u>
Handling Fee	100	<u>13</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>125</u>	<u>00</u>
Pre-Need Trust	83833		
	9022		
Sales Tax	80101		<u>78</u>
	78350		
TOTAL PAID	\$	<u>148</u>	<u>78</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-97

* free body burial already in grave

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

of Sarah Best (X)

in a Ash vault Funeral, date, time Fri. July 25AYD

Church, Chapel, Graveside delivery only Goodbody Mortuary.

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

will be applied and billed to undersigned.

Lot C014 Grave _____ Row _____ Section 3 Division Block 8

Grave space & Care Fund pre-need C-66633

Additional spaces and care fund _____

Opening/Closing & Setup pre-need D-83604

Burial Container pre-need D-83604

Handling Fees pre-need D-83604

Flower vases - Marker setting fee _____

Recording and filing fee pre-need D-83604

Sales taxes pre-need D-83604

Total Due _____

Marge Johnson
3511 Washburn Ave
Minneapolis, MS 55412

Paid receipt number _____

see attached Balance due X

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. for signature

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

Signature of recorded holder of deed _____

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

Work Order # E 13740

Invoice # _____
Acct. # _____

582-7740
Mokwang fax

family to bring the
permit and ashes to
us. On 7-24-97

husband buried in
grave Clifford Best no
full body burial

E-13740

MT. HOPE CEMETERY
INTERMENT ORDER

City of Oak Ridge

Date 7-23-97

These terms apply to the interment of the deceased in the cemetery and are subject to the rules and regulations of the cemetery.

Name Sarah Pest (X)
Type of Interment ASH VAULT Final Resting Place AYD
Casket, Crypt, Gravesite Delivery Only Gravestone
All funeral services must be held before 2:00 p.m. of regular business days unless otherwise specified.
All fees apply and listed as underlined.

Gravestone	<u>cell 4</u>	Price	<u>3</u>	Quantity	<u>8</u>
Gravestone & Case Fund	<u>pre-need</u>	<u>6-46-33</u>			
Applying, setting and leveling	<u>pre-need</u>	<u>D-53104</u>			
Cleaning, closing & sealing	<u>pre-need</u>	<u>D-83104</u>			
Burial Container	<u>pre-need</u>	<u>D-83104</u>			
Viewing Fees					
Flower Vases - Market selling fee	<u>pre-need</u>	<u>D-53104</u>			
Remitting and filing fee	<u>pre-need</u>	<u>D-83104</u>			
Burial Taxes					

Marge Johnson
3511 Washburn Ave
Memphis, TN 38112

I hereby certify that the deceased is the owner of the above named interment and that he or she has authorized the above named person to execute this order and to make the above named person the owner of the interment and to make the above named person the owner of the interment in all respects.

I hereby authorize the interment to be made in the above named interment.

Therese A. Hunt
3511 Washburn Ave
Memphis, TN 38112
612-222-7135

E 13740

Interment No. E 13740
The information is subject to verification by the cemetery.

E-13740

GOODBODY MORTUARY FAX



5027 El Cajon Boulevard
San Diego, CA 92116

A TRUSTED NAME SINCE 1920

TO: Catina

Number of pages including cover sheet: 2

COMPANY:

TODAY'S DATE: 7-23-97

LOCATION:

TIME:

PHONE #: 527-3403

FROM: Alan

PHONE #:

LOCATION:

PHONE #: 619/582-1700 FAX #: 619/582-7740

Remarks: For your review Urgent Reply ASAP Comments

Catina - The Best family
will be in Thursday pm
with the permit & ashes

Thanks, for your help?

Alan



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-13740
4088

DEED

12/31/1968

OWNERSHIP AND INTERMENT PRIVILEGES

TO Sara F. Best for the sum of \$ 120.00 (DOLLARS)

LEGAL DESCRIPTION Lot 614 Section 3 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER 0-6633

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:

2 x 1 FLUSH MARKER ONLY

R. W. Helms, Sr.
Cemetery Manager

Eric Quast
Public Works Director

E-13740

Certificate of Cremation

Name SARA FRANCES BEST

Date of Birth April 8, 1913

Date of Death June 23, 1997

Age 84 Sex Female

Place of Death Minneapolis, Minnesota

Metropolitan Crematory
Minneapolis, Minnesota

by *Sally J. Fish*

E-13740

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

84

1A. NAME OF DECEDENT—FIRST (GIVEN) SARA	1B. MIDDLE FRANCES	1C. LAST (FAMILY) BEST	2. DATE OF BIRTH MONTH DAY YEAR 04/08/1913	3. DATE OF DEATH MONTH DAY YEAR 06/23/1997	4. SEX F
5A. CITY OF DEATH MINNEAPOLIS		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE MN	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGE JOHNSON - NIECE 3511 WASHBURN AVENUE NORTH MINNEAPOLIS, MN 55412		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODEBODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-790	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		8B. DATE SIGNED 07/23/1997

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed use stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 07/23/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9710169
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA -		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED <i>7/25/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

Pre-need
Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-97

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 1357 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

*purchase cancelled
4/10/03*

Total Due 995.00

Paid/receipt number R-48805 250.00

Balance due 745.00

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

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

Signature of recorded holder of deed _____

X Ray Stephen Jr
Signature
X P.O. Box EG
Address
X Kerman Grove, CA 91946
City Zip Code
X 619 668-0868
Telephone

Work Order # **E 13741**

Invoice # _____

Acct. # _____

49662

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 MOUNT HOPE CEMETERY
 527-3400

 Date: 2-17 1998

 From: Troy Stephens Address: PO Box EG Lemon Grove 91946
Three hundred seventy-two & 10/100 Dollars (\$ 372 00)
 In part Payment of pre need lot

 Lot 1357 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13741BALANCE DUE 373.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

4131

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

ISSUED BY

Patrina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>372</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID		\$ <u>372</u>	<u>00</u>

Stephens, Troy P.O. Box E.G. Lemon Grove, CA 91946

7-23	97	Opened Pre-need Lot (for Tierra & Tasha Stephens) Lot 1357 Division 10	995.00		
7-23	97	Receipt #48805		250.00	745.00
2-17	98	R-491002		372.00	373.00
2-27	03	Mailed delinquent notice			
4-10	03	lot purchase cancelled all monies absorbed by the City			

STEPHENS, TROY

PRE-NEED LOT 1357-10

mailed coupon book 7-24-97

Pre-need
Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-97

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1357 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 995.00

Paid receipt number E-48805 250.00

Balance due 745.00

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

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

Signature of recorded holder of deed _____

X Roy Stephen Jr
Signature

X P.O. Box EG
Address

X Lemon Grove, CA 91946
City Zip Code

X 619 668-0868
Telephone

Work Order # E 13741

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 23 day of JULY, 1997, between TROY STEPHENS, 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 1356, Grave —, Row —, Section —, Block/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$995.00, payable as follows: \$250.00 cash herewith, the receipt of which is hereby acknowledged; \$31.00 on the 10 day of AUGUST, 1997; and the balance in installments of \$31.00 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

WITNESS our hands this day and year above written.

Deed to be issued to:

\$ 995.00 total
- 250.00 downpayment 25%
\$ 745.00 balance

X Troy Stephens Jr.
Name

X P.O. Box E.G
Address

X Lemon Grove, CA 91946

23 payments at \$ 31.00
1 payment at \$ 32.00

PURCHASER

X Troy Stephens Jr.
Print Name

X Troy Stephens Jr.
Signature

X P.O. Box E.G
Street Address (Mail)

X Lemon Grove, CA 91946
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catrina Durgon-Avallone

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

mailed coupon book 7-24-97

E-13741

Pre-need
Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Troy Stephens III and Taj Andre Stephens

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 1356 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 995.00

Paid receipt number R-48805 250.00

Balance due 745.00

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

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

Signature of recorded holder of deed _____

X Ukrayshah G
Signature

X P.O. Box EG
Address

X Lemon Grove, CA 91946
City Zip Code

X 619 668-0868
Telephone

Work Order # E 13742

Invoice # _____
Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

coupon book E-13741
legal description
~~lot owner~~
ledger card
mark map
lot inventory
file folder

E-13741

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 23 day of JULY, 1997, between TRU STEPHENS, 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 1357, Grave -, Row -, Section -, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$995.00, payable as follows: \$250.00 cash herewith, the receipt of which is hereby acknowledged; \$31.00 on the 10 day of AUGUST, 1997; and the balance in installments of \$31.00 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

E-13741

WITNESS our hands this day and year above written.

Deed to be issued to:

\$ 995.00 total
- 250.00 downpayment 25%
\$ 745.00 balance

X Troy Stephens Jr.
Name

X P.O. Box E.G
Address

X Lemon Grove, CA 91946

23 payments at \$ 31.00
1 payment at \$ 32.00

PURCHASER

X Troy Stephens Jr.
Print Name

X Troy Stephens Jr.
Signature

X P.O. Box E.G
Street Address (Mail)

X Lemon Grove, CA 91946
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catrina Durgon-Avallone

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

Pre-need
Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-23-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Troy Stephens III and Taj Andre Stephens

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 1356/1357 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fees

Recording and filing fees

Sales taxes

purchase cancelled 4/10/03

Total Due 995.00

Paid receipt number R-48805 250.00

Balance due 745.00

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

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

Signature of recorded holder of deed _____

Theresa L. G.
Signature
 P.O. Box EG
Address
 Lemon Grove, CA 91946
City Zip Code
 619 662-0868
Telephone

Work Order # **E 13742**

Invoice # _____

Acct. # _____

48005

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-23, 1997
 From: Joy Stephens, Jr. Address: 3206 Meadowlane Simon Blvd 91945
Five hundred and no/100 Dollars (\$ 500.00)

 In part Payment of pre-need lots for
Joy III, Jay, Jenna and Sasha Stephens

 Lot 1356 & 1357 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13741 & E-13742BALANCE DUE 1490.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3032

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

ISSUED BY

C. Jurgon Avalon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>500</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	80101		
	78390		
TOTAL PAID	\$	<u>500</u>	<u>00</u>

49661

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 2-17 1998

From: Troy Stephens Address: PO BOX EG Lemon Grove 91940

three hundred seventy two & no/100 Dollars (\$ 372.00)

In part Payment of pre need lot

Lot 1350 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13742

BALANCE DUE 373.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>372</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	100		
77182	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
9022	9022		
Sales Tax	60101		
78390	78390		
TOTAL PAID	\$	<u>372</u>	<u>00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

4131

ISSUED BY Catrina Avallone

Stephens, Troy P.O. Box E.G. Lemon Grove, CA 91946

7-23	97	Opened Pre-need Lot (for Troy III & Taj Stephens) Lot 1356, Division 10	995.00		
7-23	97	R-48805		250.00	745.00
2-17	98	R-496661		372.00	373.00
2-27	03	Mailed delinquent notice			
4-10	03	Lot purchase cancelled all monies absorbed by the city			



E-13742

THE CITY OF SAN DIEGO

February 28, 2003

Mr. Troy Stephens
PO Box EG
Lemon Grove, CA. 91946

Reference: Customer Contract

Dear Mr. Stephens,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was February 17, 1998 leaving a balance of \$746.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-13741 & E-13742 date issued July 23, 1997 cemetery location, Division 10, Lot 1356 & 1357, Grave 1.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contractual obligation at (619) 527-3400.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file



Mt. Hope Cemetery

Community Parks • Park and Recreation • 3753 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Please return

One Need Trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7/24/97

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

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

Grave space & Care Fund 795.00

Additional spaces and care fund..... _____

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees..... 145.00

Flower vases - Marker setting fee..... _____

Recording and filing fee..... 45.00

Sales taxes..... 14.73

Total Due..... 1564.73

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X
Signature _____

X
Address _____

X
City _____ Zip Code _____

X
Telephone _____

Invoice # _____

Work Order # **E 13743**

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-24-97

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

in a ash vault Funeral, date, time Fri. AUG. 1 A.Y.D.

Church, Chapel, Graveside delivery only: Ca Burial Mortuary jeanette

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

Lot 5179 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid D-8183 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

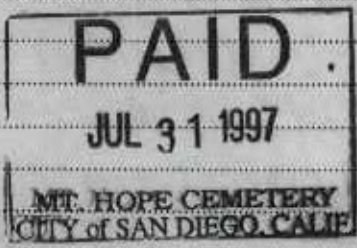
Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26



Total Due 269.26

Paid receipt number R-48817 269.26

Balance due 0

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

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

Andrew Mederal
Signature
5880 E. of Colton
Address
San Diego
City
CA
Telephone 734-3278
Zip Code 92113

Signature of recorded holder of deed _____

Work Order # **E 13744**

Invoice # _____
Acct. # _____

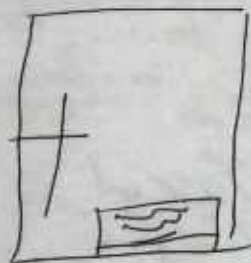
OVER →

3:45 pm.

7-30-97 burial to AYD

Jeannette at ca. Burial requested that a description of the urn be noted on file. She was supposed to take a picture of the urn, but did not have a camera.

Urn was about 8x5 in., gold aluminum almost metal like, with a crucifix on it toward the left side and Eugene King JR's name engraved on it, and both birth and death dates on it.



E-13744

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS **44** Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Eugebe	1B. MIDDLE -	1C. LAST (FAMILY) King	2. DATE OF BIRTH MONTH DAY YEAR 08/09/1952	3. DATE OF DEATH MONTH DAY YEAR 07/02/1997	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 James King, Brother 4325W Melton St. Apt. 4 San Diego, CA 92104			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie King</i>			8B. DATE SIGNED 07/30/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/30/1997 <i>Duke</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710480
	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48017

Date: 7-30, 1997

From: Sharon M. King Address: 3535 Madison Avenue #100 SD 92116

Two Hundred Sixty Nine & 20/100 Dollars (\$ 269.20)

In full Payment of LIENMENT OF EUGENE KING

Lot 5179 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13744

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

428

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

ISSUED BY C. Jurgens-Avalon

CREDIT	67007		
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>100</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	<u>4</u>	<u>26</u>
	78390		
TOTAL PAID	\$	<u>269</u>	<u>20</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-25-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. F. Elliotte Crabtree (X)

in a Ash Vault Funeral, date, time Fri. 8-8 AM
Type of Burial Container

Church, Chapel, Graveside witness/delivery Merkley-Mitchell

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

will be applied and billed to undersigned. _____

Lot 2 Grave 4 Row _____ Section 100F Division/Block 10

Grave space & Care Fund pre-need ~~_____~~

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 4.20

PAID
in full
JUL 35 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Anne Bricknell

Total Due 269.20

Paid receipt number R-48807 269.20

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 _____

H. Chalmer Kern, Jr.
 Signature
1909 First Ave apt 8A
 Address
San Diego, CA 92107
 City Zip Code
291-4787
 Telephone

Work Order # **E 13745**

Invoice # _____

Acct. # _____

8-4-97 E-13745
Marilyn Mitchell to
~~bring ashes today~~
Wait to hear
re witness

Joe

8-5
Mr. Kerr will call
Friday morning to see
what time we will bury
ashes A&D

Mortuary E-13745
to call
us with the burial
date and time.

anne Bricknell
may witness, if
not will be a
delivery only
Mr. Kerr w/notify

E-13745

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

85

1A. NAME OF DECEDENT—FIRST (GIVEN) FRANCES	1B. MIDDLE ELLIOTTE	1C. LAST (FAMILY) CRABTREE	2. DATE OF BIRTH MONTH DAY YEAR 02/06/1912	3. DATE OF DEATH MONTH DAY YEAR 07/23/1997	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 ANNE R. BRICKNELL - SISTER 3964 ALBATROSS STREET SAN DIEGO, CA 92103		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT— <i>Funeral taking permit</i> <i>V. I. Mitchell</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.		8B. DATE SIGNED 07/28/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/28/1997 V. I. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710341
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 11/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC., 571 J CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 8/1/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48807

Date: 7-25, 1997

From: H. Chalmer Kree Address: 2909 First Ave Apt. 3A SD 92103

Two hundred sixty nine and 20/100 Dollars (\$ 269.20)

In Full Payment of Interment of
Mrs. F. Elliott Crabtree

Lot 2 Grave 4 Row 3 Section 100F Division Block 16

Invoice No. _____

Acct. No. _____

W.O. E-13745

BALANCE DUE 269.20

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1055

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

ISSUED BY C. Jurgens Anderson

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77184	105	00
Burial Containers	100	55	00
Handling Fee	77182	60	00
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	63033		
Sales Tax	9022	4	20
	60101		
	78390		
TOTAL PAID	\$	269	20

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-25-97

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

of Apolinar Osorio - Martinez PA# 1219375

in a Liner Type of Burial Container Funeral, date, time Mon. July 29 - 1:00 PM

Church, Chapel, Graveside delivery only: Guadalupe Interment Nancy

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

will be applied and billed to undersigned. _____

Lot 46 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund —

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees —

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes —

Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 288023

Acct. # 000952

Work Order # **E 13746**

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13746

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

FOUND **H**

1A. NAME OF DECEDENT—FIRST (GIVEN) APOLINAR	1B. MIDDLE OSORIO	1C. LAST (FAMILY) MARTINEZ	2. DATE OF BIRTH MONTH DAY YEAR 07/23/1922	3. DATE OF DEATH MONTH DAY YEAR 04/11/1997	4. SEX M.
5A. CITY OF DEATH ESCONDIDO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROMA STRONACH—DEPUTY PUBLIC ADMINISTRATOR 5201—A RUFFIN RD. SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		
*ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 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 being permitted <i>Nancy Lopez</i>		8B. DATE SIGNED 07/28/1997

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 07/28/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy Lopez</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.				

HORIZED 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 92102	11B. DATE BURIED 1/29/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-13746



WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

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

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 9-22-97

BY: CA CK IF

PAYMENT REF NO 04-433210 | AMT PAID: \$ 386.00

INVOICE DATE 08/06/97 PAYMENT DUE 09/05/97 PERIOD COVERED JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T-AVALLONE REF NO: E-13746
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
APOLINAR MARTINEZ PA#1219375	
LOT 46 GR 5 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
RETURN WITH PAYMENT ABOVE.

INV NO. 288023

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-28-97

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

In a liner Funeral, date, time Wed. 7-30 11:00

Church, Chapel, Graveside Church-Graveside: Greenwood Mortuary Wesley

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

Lot 26 Grave 13 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Paid D-8541 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 375.00

Burial Container _____ 190.00

Handling Fees JUL 28 1997 145.00

Flower vases - Marker setting fee _____

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

Sales taxes _____ 14.73

Total Due 769.73

Paid receipt number M/C 769.73

Balance due 0

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

I hereby authorize the interment in lot 1 hold under deed.

Signature of recorded holder of deed _____

Sharon C. Best
 Signature
290 Welling Way
 Address
San Diego, CA 92114
 City
264-4925
 Telephone
 Zip Code

Work Order # **E 13747**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/28/97

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

of Cecile Eckley

in a Liner Funeral, date, time Wed, July 30th 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 of \$ _____ will be applied and billed to undersigned.

Lot 12 Grave 11 Row _____ Section 7 Division/~~Block~~ 5

Grave space & Care Fund Pre Need B-9248 0

Additional spaces and care fund _____

Opening/Closing & Setup Pre Need E 11045 0

Burial Container _____

Handling Fees 0 0

Flower vases - Marker setting fee _____

Recording and filing fee 0 0

Sales taxes 0 0

Total Due _____

Paid receipt number _____

Balance due _____

*neighbor
 Mrs. Lee
 444-2439*

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

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

Signature of recorded holder of deed _____

X _____
 Signature
X _____
 Address
X _____
 City - 444-0928 Zip Code
 Telephone - Roland Francis

Work Order # **E 13748**

Invoice # _____
 Acct. # _____

E-13748

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

94

1A. NAME OF DECEDENT—FIRST (GIVEN) Cecile	1B. MIDDLE G	1C. LAST (FAMILY) Eckley	2. DATE OF BIRTH MONTH DAY YEAR 03/09/1903	3. DATE OF DEATH MONTH DAY YEAR 07/27/1997	4. SEX F
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Roland Francis, nephew 1641 Bartram Way El Cajon, CA 92019		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	6A. SIGNATURE OF APPLICANT—Person taking permit <i>J. J. Juelob</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 07/28/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 07/29/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Edward Farrell
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 9218605222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/31/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA. DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49136

Date: 11/5, 1997

From: Feathermill Mortuary Address: 15322 El Cajon Boulevard - D 92115

One hundred twenty five and no/100 Dollars (\$ 125.00)

In full Payment of marker setting fee for

Cecile G. Eckley

Lpt 12 Grave 11 Row _____ Section 7 Division 5 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13748

BALANCE DUE 5

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

11/27

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

ISSUED BY C. Jungo - Auditor

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>125</u>	<u>00</u>
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>125</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-30-97

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

of Carmen Johnson

In a liner Funeral, date, time Thur 7-31 10:00

Church, Chapel, Graveside Church grounds: Regsdale Mortuary.

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

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

Lot 69 Grave 10 Row _____ Section 1 Division/Block 11

Grave space & Care Fund See-need E-3744

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number 40815 191.00

Balance due 578.73

30-day
note

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

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

Signature of recorded holder of deed _____

X [Signature]
Signature
I 3065 CORVALE ST.
Address
X SAN DIEGO 92102
City Zip Code
X (619) 232-2455
Telephone

Work Order # E 13749

Invoice # 288021
Acct. # 093020

MT. HOPE CEMETERY

W.O. # E-13749

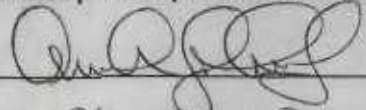
NOTE

\$ 578.73 San Diego, California July 30 1997

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 Five Hundred Seventy Eight & ⁷³/₁₀₀ DOLLARS with interest from Sept 1, 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 ARNE W. JOHNSON, SR. SIGNATURE 

ADDRESS 3065 GRAPE ST. SAN DIEGO, CA 92102

CALIFORNIA DRIVER LICENSE NUMBER P0474469 SSN # 560-68-9158

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-13749
75

1A. NAME OF DECEDENT—FIRST (GIVEN) Carmen	1B. MIDDLE Maria	1C. LAST (FAMILY) Johnson	2. DATE OF BIRTH MONTH DAY YEAR 07/19/1922	3. DATE OF DEATH MONTH DAY YEAR 07/26/1997	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 Arne N. Johnson, Jr., Son 3085 Grape St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

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.

▶ *Abbe Williams* 07/30/1997

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 07/31/1997 <i>Dukehans</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710514
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	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/31/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48815

Date: 7-30, 1997

From: Gene Johnson Jr Address: 3005 Hope St San Diego 92102

One Hundred Ninety One Dollars (\$ 191.00)

In part Payment of Interment of Carmen Johnson

Lot 69 Grave 10 Row _____ Section 1 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13749

BALANCE DUE 578.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY L. Schultz

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>191.00</u>
	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>191.00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 7-31-97

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

of Eugenia Buchanan

in a Double Death Crypt Funeral, date, time Sat 8-2 1:00

Church, Chapel, Graveside Chapel/Graveside: Greenwood Mortuary, Dan

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

✓ Lot 2165 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container JUL 31 1997 380.00

Handling Fees 320.00

Flower vases - Market setting fee Time 600.00

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2744.45

Paid receipt number A-48818 2744.45

Balance due 0

will come in front gate

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.

✓ Eugenia Buchanan
Signature
✓ 5433 Del Mar Rd
Address
✓ ENCIN CA 92019
City Zip Code
✓ _____
Telephone

Signature of recorded holder of deed _____

Work Order # E 13750

Invoice # _____
Acct. # _____

E-13750

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

60

1A. NAME OF DECEDENT—FIRST (GIVEN) EUGENIA		1B. MIDDLE MARTHA	1C. LAST (FAMILY) BUCHANAN		2. DATE OF BIRTH MONTH DAY YEAR 09/18/1936	3. DATE OF DEATH MONTH DAY YEAR 07/29/1997	4. SEX F	
5A. CITY OF DEATH SPRING VALLEY			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KIMBERLY A. BUCHANAN - DAUGHTER 606 SOUTH 1ST STREET, APT. #14 EL CAJON, CA 92019			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		8B. DATE SIGNED 08/01/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.								

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED VICTORIA MEZA 08/01/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710562
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-8222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8/2/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

48518

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

 MOUNT HOPE CEMETERY
 527-3400
Date: 7-31, 1997From: Georgia Tucker Address: 5433 Deluca Rd El Cajon 92019
Two thousand seven hundred forty four Dollars (\$ 2744.45)
In full Payment of Interment of Eugenia Buchanan
 Lot 2165 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13750BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	199	00
20% Sales Care	77184		
80% Sales of Lots	100	796	00
Opening/Closing	100	375	00
Burial Containers	100	380	00
	100	320	00
Handling Fee	77185		
Recording & Misc. Fees	77183	645	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	29	45
	78390		
TOTAL PAID	\$	2744	45

ISSUED BY J. Shachtler

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 7-31-97

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

of GEORGIA TUCKER

In a T.S. VAULT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary,

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

will be applied and billed to undersigned. _____

Lot 2449 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 995.00

Additional spaces and care fund _____ —

Opening/Closing & Setup _____ 375.00

Burial Container _____ 250.00

Handling Fees _____ 185.00

Flower vases - Marker setting fee _____ —

Recording and filling fee _____ 45.00

Sales taxes _____ 19.38

Total Due _____ 1869.38

Paid receipt number R-48819 1869.38

Balance due 0

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

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

Signature of recorded holder of deed _____

Georgia Tucker
Signature
5438 DEPOSIT RD
Address
ESCAPAD Ca 92019
City Zip Code

Telephone _____

Invoice # _____

Work Order # E 13751

Acct. # _____

48819

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 7-31, 1997

From: Georgia Tucker Address: 5433 Deluca Rd El Cayan 92019

One thousand eight hundred sixty nine & 3/100 Dollars (\$ 1869.30)

In full Payment of Pre-need lot & trust

Lot 2449 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13751

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY J. Schubert

CREDIT	67007		
20% Sales Care	77184	<u>199</u>	<u>00</u>
80% Sales of Lots	100	<u>796</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	<u>874</u>	<u>38</u>
9022			
Sales Tax	60101		
78990			
TOTAL PAID	\$	<u>1869</u>	<u>38</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7/31/97

Transfer of Ownership To!

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

To: Japanese American Historical Society of San Diego

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

Church, Chapel, Graveside _____; _____ Mortuary,

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

will be applied and billed to undersigned. _____

Lot 131 Grave 1/2 Row _____ Section 11 Division 7

Grave space & Care Fund _____

Additional spaces and care fund From: Thomas M. Minamide

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Transfer of Ownership 45.00

Recording and filing fee _____

Sales taxes _____

To: Japanese American Historical Society Total Due 45.00
442 Sandy Creek Dr. Paid receipt number Rec: 48822 45.00
Bonita, Calif 91902
619 482-1736 Balance due 0

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

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

Signature of recorded holder of deed _____

X Thomas J. Minamide
Signature
P.O. Box 230727
Address
X EVANH1745, CA 92023
City
X 753 - 3950
Telephone Zip Code

Work Order # E 13752 ✓

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13752 48522

Date: 7/31, 1997

From: Thomas Monamide Address: P.O. Box 330797 Encinitas, CA 92023

Forty five 00/100 Dollars (\$ 45.00)

In _____ Payment of Transfer of Ownership to Japanese American Historical Society of San Diego

Lot 131 Grave 1d2 Row L Section 11 Division Block 7

Invoice No. _____
Acct. No. _____
W.O. 48822
E-13752
BALANCE DUE _____

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

ISSUED BY Karen Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77151		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>45</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-31-97

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

in a Double Depth Crypt Funeral, date, time Mon. Aug. 4 10:00

Church, Chapel ^{Type of Burial Container} Graveside Chapel + graveside Pacific Beach Mortuary.

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

Lot 1739 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund pre-need E-10189

Additional spaces and care fund _____

Opening/Closing & Setup pre-need E-10189

Burial Container pre-need E-10189

Handling Fees pre-need E-10189

Flower vases - Marker setting fee _____

Recording and filing fee pre-need E-10189

Sales taxes pre-need E-10189

Total Due

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Eunice F. Rinehart
 Signature
X 8683 Lemon Ave #15
 Address
X La Mesa CA 91941
 City
X (619) 462-4664 Zip Code
 Telephone

Work Order # **E 13753**

Invoice # _____

Acct. # _____

E-13753

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

*Preneed Job
and Trust
Deed mailed*

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>
	Total Due	<u>2260.58</u>
	Paid receipt number <u>42435</u>	<u>2260.58</u>
	Balance due	<u>0</u>

PAID
JUN 26 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 _____

Eunice F. Rinehart
Signature
13707 Hart No 12
Address
Van Nuys, CA 91405
City
818 - 781-7537
Telephone

Work Order # **E 10189**

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13753

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

85

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE CAROL	1C. LAST (FAMILY) RINEHART	2. DATE OF BIRTH MONTH DAY YEAR 11/04/1911	3. DATE OF DEATH MONTH DAY YEAR 07/30/1997	4. SEX M
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EUNICE F. RINEHART - WIFE 8683 LEMON AVENUE #15 LA MESA, CA 91994	
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 FD 815		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: *[Signature]* 08/01/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/01/1997	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"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8/4/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

. MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-1-97

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

in a Tremont vault Funeral, date, time Aug, Wed 6.th 10:00

Church, ~~Chapel~~, Graveside church & graveside express View Mortuary JK

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

✓ Lot _____ Grave 2 Row 7 Section 1 Division/Block CHINESE

Grave space & Care Fund Pre-Paid E-4023 ⊕

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container Trion flower vase incld. 975.00 950.00

Handling Fees TRION flower vase included 670.00

Flower vases - Marker setting fee _____ —

Recording and filing fee _____ 45.00

Sales taxes TRION flower vase included 75.56

Total Due _____ 2140.56

Paid receipt number VISA 2140.56

Balance due ⊕

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

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

Signature of recorded holder of deed _____

X William Ling
 Signature
X 3017 Forestan Ct
 Address
T SAN DIEGO CA 92123
 City Zip Code
X (619) 279-2376
 Telephone

Work Order # E 13754

Invoice # _____

Acct. # _____

PAID
 AUG 04 1997
 paid in full
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF

Kelly 4:15 pm 8-1

Whited Vault

Special Order Tremont

delivery for Tuesday 8-5-97

E-13754

ORDER

HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-4 1987

CHARGE CHINESE Consolidated Benevolent Assoc.

ADDRESS 428 3rd Ave. (SO 92101

NAME OF DECEASED Pre-Need GRAVES

OWNER 'Albert Wong'

ADDRESS 5117 Hilda Rd.

MORTUARY SO, CA 92110 (B-271-3322 W-276-8555)

* SEE ATTACHED *				BLK	36 @	
LOT	GR	ROW	SEC	DIV		\$3200
OPENING/ CLOSING TIME			DAY DATE			
VAULT/LINER			SIZE			
REC. FEE/REMOVAL/FOUNDATION						
					TOTAL	11520 00
PAID RECEIPT NUMBER 31340						11520 00
					BALANCE	0

PAID
 NOV 04 1983
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY ORDER TAKEN BY Sutton

W.O. NO. E 4023

INVOICE NO.

E-13754

Shipper Printed: 08/01/1997 Whited Vault Company - SHIPPING REQUEST
(909) 928-8022

Shipping Order: 7923 P.O. #: VERBAL: KATINA Page: 1

SHIP TO: MT. HOPE CEMETERY Bill. ID: 28

Address: 3751 MARKET STREET
City: SAN DIEGO State: CA Zip: 92102-

Phone: (619) 527-3400 Contact: NORMAN

▶>>> SHIP DATE: 08/03/1997 <<<< HANG CHAN SERVICE WED. 8/6/97

(Code)	Model / Part:	Type:	Qty:	Actual:
(7923)	◆◆◆◆ TREMONT	TRIGARD VAULT	1	<u>1</u>

Directions - (Suggested Route - Actual Route Used May Vary):

Take Hwy 74 To 215 >> SOUTH << To San Diego - Take I-805
>> SOUTH << To MARKET St Exit - Turn RIGHT (West) To The
Cemetery.

Driver: Isidro Cisneros Truck #: 95 DODGE

Received By: J. Schubert Date: 8-5-97 Time: 9:15

Explain Reason For Difference Between Ordered Quantity / Actual Quantity:

SPECIAL INSTRUCTIONS: _____

E-13754

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

80

1A. NAME OF DECEDENT—FIRST (GIVEN) Hang	1B. MIDDLE -	1C. LAST (FAMILY) Chan	2. DATE OF BIRTH MONTH DAY YEAR 07/16/1917	3. DATE OF DEATH MONTH DAY YEAR 07/31/1997	4. SEX F
5A. CITY OF DEATH Esrey		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT William Wong-Son 3017 Forrester Court San Diego, CA. 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cypress View/Bonham Brothers 3953 Imperial Avenue San Diego, CA. 92113		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD670	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 08/04/1997		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10226 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/04/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego County Vital Records P.O. 85222 San Diego CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA (-)		9710623	

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 Mount Hope Cemetery 3751 Market St. San Diego, CA. 92102	11B. DATE BURIED 7/31/97	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

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

MT. HOPE GEMETERY
INTERMENT ORDER

City of San Diego

Date 8-4-97

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

of Azell Joseph
In a Lynis Funeral, date, time Thur 8-7 11:00

Church, Chapel, Graveside Chapel Graveside: Dagdale Mortuary.

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

Lot 130 Grave 5 Row _____ Section 2 Division Block 11
Grave space & Care Fund 80=245 20=159 795.00

Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	<u> </u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1364.73</u>
Paid receipt number <u>48826</u>	<u>391.00</u>
Balance due	<u>1173.73</u>

30-Day note

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.

Theressa M. George
Signature
1857 W 41 pl
Address
L.A. Calif 90062
City Zip Code
213 2968769
Telephone

Signature of recorded holder of dead _____

Work Order # **E 13755**

Invoice # 288279
Acct. # 093108

MT. HOPE CEMETERY

W.O.# E-13755

NOTE

\$ 1173.73 San Diego, California August 4 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand One hundred seventy three DOLLARS 100 with interest from September 7, 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 Theresa M. George SIGNATURE Theresa M. George
ADDRESS 71857 West Hpl L.A Calif 90062
CALIFORNIA DRIVER LICENSE NUMBER F0572856 SSN # 437-50-1508

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48826

Date: 8-4, 1997

From: Theresa George Address: 1857 W. 41 st Pl Los Angeles 90063

Three Hundred Ninety One Dollars (\$ 391.00)

In part Payment of Interment of Azell Joseph

Lot 130 Grave 15 Row 1 Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13755

BALANCE DUE 1173.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY J. Shickler

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>391</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77186			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>391</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK FILE

232258

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

E- 13755
 61623

Date: Apr 29, 20 09

From: Ms. Azell Address: Los Angeles CA 90062

in you Payment of Setting fee for Azell Joseph Dollars (\$) 237.00
 Div 11 Sec 2 Blk/Row 131 Lot 131 Grave 5

Invoice No. E013755
 Acct. No. _____
 W.O. _____
 BALANCE DUE 237.00

- Money Order
- Charge
- Check

AP 015312
 NSa

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

RECEIVED
 APR 29 2009

ISSUED BY _____

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	
Sales Tax	100	
	77185	
	100	
	77183	
	60101	
	78390	
TOTAL PAID	\$	<u>237.00</u>

13755

288279 08/19/97 093108 THERESSA GEORGE

E-13755

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

09/16/97 CK 9238

600.00
191.70
97.13
23.00
125.24
74.12
7.53
81.28

1,173.73

573.73
PARTIAL PAYMENT

NUMBER OF INVOICES DATE

1

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-4-97

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

Greta of Gertude Bevier

in a Vintage T.S. Vault Funeral, date, time Fri Aug. 8 3:00

Church, Chapel, Graveside with Mrs Lewis (Lover) Mortuary.

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

Lot 1076 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-paid A-8608 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container purchased at Greenwood / Deliver to us.

Handling Fees _____ 185.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

PAID
in full
AUG 04 1997

MT. HOPE CEMETERY
SAN DIEGO, CALIF.

Total Due 605.00

Paid receipt number 48831 605.00

Balance due 0

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

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

[Signature]
Signature _____
Address 3814 POLARIS DR
LA MEZA
City LA Zip Code _____
Telephone 6670664

Signature of recorded holder of deed _____

Work Order # **E 13756**

Invoice # _____
Acct. # _____

Over

2:15pm

8-4-97

Steve

Denis - Colonial

deceased pre-purchased T.S. Vault
from Greenwood and will
deliver to us.

OCT 19 1997

Fax Interment Orders

to: E-13756

Fran McCoy

(502) 587-4790

explain why inter

SS instead of on top
(m. plead or)

7 Karen 449-8242

(handling here in SD
for Fran)

From the Coy

1300 Penile Road # 216

Lobo Kentucky 40272

502 - 364 - 0279

E-13756

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

90

1A. NAME OF DECEDENT—FIRST (GIVEN) GRETA		1B. MIDDLE LUCILLE		1C. LAST (FAMILY) BEVIER		2. DATE OF BIRTH MONTH, DAY, YEAR 05/19/1907		3. DATE OF DEATH MONTH, DAY, YEAR 08/02/1997		4. SEX F
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT ROBINSON - GRANDSON 3814 POLARIS DRIVE LA MESA, CA 91941				
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 08/06/1997

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00			9B. DATE PERMIT ISSUED 08/06/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING 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. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222			9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

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

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

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

OFFICIAL RECEIPT

48031



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-4, 1977

From: Robert Robinson Address: 3814 Polaris Dr. La Mesa, CA 91941

six hundred five and 10/100 Dollars (\$ 665.00)

In full Payment of interment of Ereta Beverly

Lot 10710 Grave 1 Row 1 Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13750

BALANCE DUE 665.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

1025

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

ISSUED BY C. Surgen - H. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184	<u>375</u>	<u>00</u>
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182	<u>125</u>	<u>00</u>
Handling Fee	100		
Recording & Misc. Fees	77185	<u>45</u>	<u>00</u>
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>665</u>	<u>00</u>

49215

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 11-28, 1997

From: Robert Robinson Address: 3814 Polaris Dr. La Mesa 91941

One Hundred Twenty Five Dollars (\$ 125.00)

In full Payment of Installation Fee for
Grate Cover

Lot: 1076 Grave: 1 Row: 1 Section: 1 Division Block: 8

Invoice No. _____

Acct. No. _____

W.O. E-13756

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY J. H. [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	<u>125 00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>125 00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-4-97

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

In a liner Funeral, date, time FRI AUG. 8 11:00am

Church, ^{Type of Burial Container} Chapel Graveside chapel & graveside ca. Burial Mortuary:

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

Lot 69 Grave 2 Row _____ Section 3 Division Block 12

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

3 day note

Total Due 1,504.73
 Paid receipt number 48848 1,564.73
 Balance due 0

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

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

X Sister
 Signature Beatrice Westbrook
 Address 4861 Solata Ave
 City SAN DIEGO CA 92114 Zip Code
 Telephone 619 362 4180

Signature of recorded holder of deed _____

Work Order # E 13757 ✓

Invoice # _____
 Acct. # _____

E-13757

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ANNABELL	1B. MIDDLE P.	1C. LAST (FAMILY) THOMPSON	2. DATE OF BIRTH 01/07/1908	3. DATE OF DEATH 08/03/1997	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 BEATRICE P. WESTBROOK—SISTER 4861 SOLOLA AVE. SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

8B. DATE SIGNED: **08/07/1997**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/07/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6/6/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT

48043



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

827-3400

From: Beatrice Westbrook Address: 4861 Solola Ave J.D.C.H 92114 Date: 8/5 19 97
One thousand five hundred sixty four 7/05 Dollars (\$ 1564.73)
 In Full Payment of Interment of Anna Bell Thompson

Lot 69 Grave 2 Row - Section 3 Division 12 Block

Invoice No. _____
 Acct. No. _____
 W.O. E-13757
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100	636	00
Opening/Closing	77181	375	00
Burial Containers	100	190	00
	77182	145	00
Handling Fee	100		
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	83035		
	9022		
Sales Tax	80101	14	73
	78380		
TOTAL PAID		1564	73

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

ISSUED BY Jauntak

E-13758 is not included in this spindle

E-13700 to E-13799.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/5/97

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

in a Lynes Funeral, date, time Thur, Aug 7th 1:00
Type of Burial Container
 Church, Chapel, Graveside Chapel/Graveside : Berge Robert S Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150
 will be applied and billed to undersigned. XRT

Lot 1878 Grave — Row — Section — Division/Block 10

Grave space & Care Fund includes tree 1095.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1814.73

Total Due 466.00

Paid receipt number R-Visa

Balance due 1398.73

I hereby certify I am the X 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

[Signature]
 Signature
X 526 PALMWOOD DR
 Address
YSAW DIEGO CA 92139
 City Zip Code
Y 619 479 9864
 Telephone

Work Order # **E 13759**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

W.O.# E-13759

NOTE

1398.73 San Diego, California August 5 1997
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 three hundred ninety eight ⁷³/₁₀₀ DOLLARS with interest from September 7, 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

X RUBEN HERNANDEZ

SIGNATURE

R Hernandez

ADDRESS

X 526 PALMWOOD DR. SAN DIEGO CA. 92139

CALIFORNIA DRIVER LICENSE NUMBER

X N920513

SSN #

X 561-15-3930

. MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-5-97

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

of Jonakia M. Ransom

in a _____ Funeral, date, time Thur 8-7 1:30

Church, Chapel, Graveside Church/Graveside: Ragsdale Mortuary Debbi

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

will be applied and billed to undersigned. XSR

Lot 3071 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund -

Opening/Closing & Setup 125.00

Burial Container -

Handling Fees -

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes -

marker setting fee PAID 8-19-97 Total Due 270.00

R-48887 \$80.00 Paid receipt number R-48842 270.00

Balance due 0

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

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

Signature of recorded holder of deed _____

X Jonakia Ransom
 Signature
7393 Grubbs St
 Address
San Diego 92114
 City Zip Code
619-264-0364
 Telephone

Work Order # E 13760 Invoice # _____
 Acct. # _____

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

E-13760

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Jonekia	1B. MIDDLE Marilyn	1C. LAST (FAMILY) Ransom	2. DATE OF BIRTH MONTH DAY YEAR 06/19/1997	3. DATE OF DEATH MONTH DAY YEAR 07/31/1997	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 Sandra R. Ransom, Mother 7393 Gribblá St. San Diego, CA 92224		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 08/05/1997
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 7190 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/05/1997 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710660
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

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

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

48842

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Sandra Ransom Address: 7393 Scribble Street San Diego 92114
Two hundred Avenue and no/100 Dollars (\$ 270.00),
 In full Payment of Interment of Jonelia W Ransom

Lot 3071 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-137100BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	87007	
20% Sales Care	77184	<u>20</u> <u>00</u>
80% Sales of Lots	100	<u>80</u> <u>00</u>
Opening/Closing	77184	<u>125</u> <u>00</u>
Burial Containers	77181	
	100	
	77182	
	100	
Handling Fee	77185	<u>45</u> <u>00</u>
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>270</u> <u>00</u>

ISSUED BY

C. Jurgem-Avalina

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48887

Date: 8-19, 1997

From: Sandra Ransom Address: 7393 Gribble St. San Diego 92114

Eighty and no/100 Dollars (\$ 80.00)

In Full Payment of Marker Setting fee for Jomekia M. Ransom

Lot 3071 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-13760

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

ISSUED BY C. Jurgeon-Avadi

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-5-97

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

of Edward Bryson Hune
in a liner Funeral, date, time Fri. 8-8 1:00pm

Type of Burial Container
 Church Chapel Graveside church & graveside ca. Burial Mortuary.

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

✓ Lot 2466 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1,504.73

Total Due 1,504.73

Paid receipt number R-48847 1,504.73

Balance due 0

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

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

Signature of recorded holder of deed _____

X Maggie L. Hune
Signature

X 942 A Win Street
Address

X San Diego CA. 92114-1822
City Zip Code

X 619-262-6691
Telephone

Work Order # E 13761

Invoice # _____
Acct. # _____

E-13761

17

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) EDWARD	1B. MIDDLE BRYSON	1C. LAST (FAMILY) HUNE	2. DATE OF BIRTH MONTH DAY YEAR 05/25/1980	3. DATE OF DEATH MONTH DAY YEAR 08/05/1997	4. SEX MALE
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EDWARD F. HUNE—FATHER 5888 KINGS VIEW COURT SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person issuing permit <i>Jim Walker</i>		8B. DATE SIGNED 08/07/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/07/1997 K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710827
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED <i>8/7/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

48847

Date: 8-5, 1997

From: Maggie L. Hume Address: 942 Alvin Street San Diego 92114

ONE THOUSAND FIVE HUNDRED SIXTY FOUR 73/100 Dollars (\$ 1504.73)

In full Payment of Interment of Edward Bryson Hume

Lot 266 Grave B Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13761

BALANCE DUE 5

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5521

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

ISSUED BY C. Ziegler-Hall

CREDIT	67007	157	00
20% Sales Care	77184		
80% Sales of Lots	100	634	00
77184			
Opening/Closing	100	375	00
77181			
Burial Containers	100	190	00
77182			
Handling Fee	100	145	00
77185			
Recording & Misc. Fees	100	45	00
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	14	73
78390			
TOTAL PAID	\$	1504	73

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/5/97

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

of Phyla Elizabeth Perry
 In a Crem Funeral, date, time Fri 8-8 10:00
Type of Burial Container
 Church, Chapel, Graveside Graveside; Marilyn Mitchell Mortuary, Scott

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150
 will be applied and billed to undersigned. X Grant Perry

Lot 1462 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund		995.00
Additional spaces and care fund		—
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases - Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		14.73
	Total Due	1764.73
	Paid receipt number <u>VISA</u>	441.00
	Balance due	1323.73

PAID
AUG 08 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

 Signature of recorded holder of deed

X Grant Perry
 Signature
X 8048 S. Recker Rd.
 Address
X Highley, AZ 85238
 City Zip Code
X 602 830-1977
 Telephone

Work Order # **E 13762**

Invoice # _____
 Acct. # _____

8-8-97 Paid Balance
of 1323.73

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13762
76

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

1A. NAME OF DECEDENT—FIRST (GIVEN) PHILA	1B. MIDDLE ELIZABETH	1C. LAST (FAMILY) PERRY	2. DATE OF BIRTH MONTH DAY YEAR 11/04/1921	3. DATE OF DEATH MONTH DAY YEAR 08/01/1997	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 CHRISTINE LaBARGE - DAUGHTER 2609 EAST ENROSE STREET MESA, AZ 85213	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>T.C. Mitchell</i>
			8B. DATE SIGNED 08/06/1997		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/06/1997 T.C. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710752
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 checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48856

Date: 8-8, 1997

From: Don La Barge Address: 145 W. Juanita # 13 Mesa Az 85210

One thousand three hundred twenty three & 73/100 Dollars (\$ 1323.73)

In full Payment of Interment of Phila Perry

Lot 1462 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13762

BALANCE DUE ⊕

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY J. Schell

CREDIT	67007	
20% Sales Care	77184	<u>199 00</u>
80% Sales of Lots	100	<u>355 00</u>
Opening/Closing	77184	<u>375 00</u>
Burial Containers	100	<u>190 00</u>
	77182	<u>145 00</u>
Handling Fee	100	<u>45 00</u>
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	60101	<u>14 73</u>
	78390	
TOTAL PAID	\$	<u>1323 73</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-6-97

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

of Ruby Van Der Veer
 in a ash vault Funeral, date, time Thurs 8-21 2:30

Church, Chapel, Graveside Graveside; Caring Cremation Mortuary.

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

✓ Lot 1083 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-need C-1348 0

Additional spaces and care fund _____

Opening/Closing & Setup PAID 105.00

Burial Container _____ 55.00

Handling Fees AUG 07 1997 60.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fees MT HOPE CEMETERY 4.26
CITY OF SAN DIEGO, CALIF

Sales taxes _____ 269.36

Marvin Duncan
273-3483

Total Due 269.36

Paid receipt number VISA 269.36

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.

Marvin Duncan
 Signature
5490 Bob White Trail
 Address
Mims FL 32754
 City Zip Code
(407) 268-1929
 Telephone

Signature of recorded holder of deed _____

Work Order # E 13763

Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

79

1A. NAME OF DECEDENT—FIRST (GIVEN) RUBY	1B. MIDDLE INEZ	1C. LAST (FAMILY) VAN DER VEUR	2. DATE OF BIRTH MONTH, DAY, YEAR 04/22/1918	3. DATE OF DEATH MONTH, DAY, YEAR 07/30/1997	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 MARVIN O DUNCAN—NEPHEW 5490 BOB WHITE TRAIL MIMS, FL 32754		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CARING CREMATION SERVICES OF S.D. P.O. BOX 711036 S.D. CA 92171-9972			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1516		8B. DATE SIGNED 08/04/1997
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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>Rosa Nava</i>

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/04/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710632
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE S.D., CA 92113	12B. DATE CREMATED 8/05/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	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.

1st -
burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-7-97

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

of Bridgett Scooby

in a Double Death Funeral, date, time Mon 8-11 1:00

Church, Chapel, Graveside Chapel Graveside; La Buriel Mortuary.

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

will be applied and billed to undersigned. X-ABC

✓ Lot 102 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 390.00

Handling Fees AS OF 12/10/98 320.00

Flower vases - Marker setting fee \$ 1,815.70 45.00

Recording and filing fee 29.45

Sales taxes 1944.45

Total Due 486.00

Paid receipt number A-48855 Balance due 1458.45

30 Day
note

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

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

Signature of recorded holder of deed _____

X C. J. R. Will
Signature
X 4561 HAWLEY BLVD #8
Address
SAN DIEGO CA 92116
City Zip Code
X (619) 284-1078
Telephone

Work Order # E 13764

Invoice # 288392
Acct. # 093150

MT. HOPE CEMETERY

W.O.# E-13764

NOTE

\$ 1458.45 San Diego, California August 7 1997

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 four hundred fifty eight ⁴⁵/₁₀₀ DOLLARS with interest from September 12, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X ANTHONY B. WILLIAMS SIGNATURE X [Signature]

ADDRESS X 4561 HAWLEY BLVD #8 SAN DIEGO CA. 92116

CALIFORNIA DRIVER LICENSE NUMBER X C6496088 SSN # X 562-25-2337

E-13764

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

33

1A. NAME OF DECEDENT—FIRST (GIVEN) BRIDGETT	1B. MIDDLE KAY	1C. LAST (FAMILY) SCOBY	2. DATE OF BIRTH MONTH DAY YEAR 03/23/1964	3. DATE OF DEATH MONTH DAY YEAR 08/03/1997	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 VIRDES CANADO—STEPFATHER 4706 LAUREL STREET SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE #-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE, SIGNED 08/11/1997
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/11/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9710935
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

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

COPY 2 IS RETAINED BY 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

48855



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-7, 1997

From: Anthony Williams Address: 4561 Hawley Blvd #8 San Diego 92116

Low Hulled Right Side Dollars (\$ 486.00)

In part Payment of Interment of Bridgeth Seoby

Lot 102 Grave 8 Row 1 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13764

BALANCE DUE 1458.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>486 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>486 00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-8-97

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

of Marie W. Lamb
 in a ash vault Type of Burial Container Funeral, date, time Wed, 8/20/97 4:45
 Church, Chapel, Graveside Del Only ; Conrad Mortuary.

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

<input checked="" type="checkbox"/>	Lot <u>1202</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>
	Grave space & Care Fund	<u>Pre-Paid D-5776</u>			<input checked="" type="checkbox"/>
	Additional spaces and care fund	_____			_____
	Opening/Closing & Setup	<u>Pre-Paid E-13646</u>			<input checked="" type="checkbox"/>
	Burial Container	"	"	"	<input checked="" type="checkbox"/>
	Handling Fees	"	"	"	<input checked="" type="checkbox"/>
	Flower vases - Marker setting fee	"	"	"	_____
	Recording and filing fee	"	"	"	<input checked="" type="checkbox"/>
	Sales taxes	"	"	"	<input checked="" type="checkbox"/>
	Total Due				<input checked="" type="checkbox"/>

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Transfer

Bruce Morgan
Signature
 2211-EURELIA DR
Address
 EL CAJON-92018
City Zip Code
 447-4905
Telephone

Work Order # **E 13765**

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13765

90

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

1A. NAME OF DECEDENT—FIRST (GIVEN) MARIE	1B. MIDDLE WINTERROWD	1C. LAST (FAMILY) LAMB	2. DATE OF BIRTH MONTH DAY YEAR 09/03/1906	3. DATE OF DEATH MONTH DAY YEAR 08/03/1997	4. SEX F
5A. CITY OF DEATH EUGENE		5B. COUNTY OF DEATH—OUTSIDE CALIF., OTHER STATE OR		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DR. DALE H. REED - NEPHEW 2146 KIMBERLY CIRCLE EUGENE, OR 97405	
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 7106 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Amelton</i>		8B. DATE SIGNED 08/19/1997

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/19/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donna J. Conrad</i> 9711371
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES/VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <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 3851 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8/20/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Plant</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 8-8-97

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

of Eucille Holloway

in a Urn Funeral, date, time 8/12/97 10:30 AM

Church, Chapel, Graveside Deliverly Only : Greenwood Mortuary.

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

Lot 5 Grave 10 Row _____ Section 1 Division/Block 11

Grave space & Care Fund See- need D-3075 0

Additional spaces and care fund _____ 1

Opening/Closing & Setup _____ 0

Burial Container _____ 0

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 1

Recording and filing fee _____ 0

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

X Janita Oswald
Signature
X 1158 Bernardo Pl. Ct #225-C
Address
X San Diego 92128
City Zip Code
X 619-487-1165
Telephone

Work Order # **E 13766**

Invoice # _____

Acct. # _____

E - 13766

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

89

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LUCILLE	1B. MIDDLE M.	1C. LAST (FAMILY) HOLLOWAY	2. DATE OF BIRTH MONTH, DAY, YEAR 09/29/1907	3. DATE OF DEATH MONTH, DAY, YEAR 08/07/1997	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 LINDA OSWALD - CONSERVATOR 11858 BERNARDO PLAZA COURT, #225C SAN DIEGO, CA 92128			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 08/11/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 71076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 08/11/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9710949
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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8/12/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-11-97

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

of Herman & Marianne Echeit

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 4-5 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 Transfer MT. _____ 90.00

Sales taxes _____

Total Due 90.00
 Paid receipt number R-48865 90.00
 Balance due 0

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

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

Signature of recorded holder of deed _____

Marianne Echeit
 Signature
4606 Pendleton St.
 Address
San Diego, CA 92109
 City Zip Code
619-273-7040
 Telephone

Work Order # **E 13767**

Invoice # _____

Acct. # _____



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151

E-13767

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

QUITCLAIM DEED

In consideration of _____

I/We X Herman and Marianne Eckert

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to X Kristine Pappas

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 425 Grave _____ Row _____ Section _____ Division/Block 10

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 11 day of August 1997

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

[Signature]
[Signature]
Witnesses

X Marianne Eckert
X Herman Eckert
4606 Pendleton Str.
San Diego, CA 92109
(619) 273-7040

48865

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 8-11, 1997

From: Marianne & Herman Robert Address: 4666 Pendleton St. San Diego 92109

In full Payment of Transfer of Lot ²⁹ Kristine Pappas Dollars (\$ 90.00)

Lot 4 & 5 Grave 1 Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E - 13767

BALANCE DUE 0

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

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

ISSUED BY J. Shelton

CREDIT	67007	
20% Sales Carn	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	90 00
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	90 00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/11/97

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

of George Cosmakos

In a TS Vault Funeral, date, time Wednes. Aug 13th 11:00

Church, Chapel, Graveside Church/Graveside: Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. KPC

Lot 3916 Grave — Row — Section — Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1869.38

Paid receipt number 25a 467.00

Balance due 1402.38

PAID
IN
FULL
9-8-97

Kally Key
501-842-0047
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 _____

229062
X Peter Cosmakos
Signature

1120 W. HACIA LUCINDA
Address

GREEN VALLEY AZ 85644
City

520 6485769
Telephone

Work Order # E 13768

Invoice # 288394

Acct. # 093149

Family wanted to be close to

Family member in 3569

This was closest grave. Choose grave
from map above.

8/11/97

MT. HOPE CEMETERY

W.O. # E-13768

NOTE

1402.38

San Diego, California August 11 1997

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 four hundred two 38/100 DOLLARS with interest from September 15, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X PETER COSMARIOS SIGNATURE X Peter Cosmarios

ADDRESS X 1120 W PLACITA LUCINDA GREEN VALLEY AZ 85614

Arizona
CALIFORNIA DRIVER LICENSE NUMBER X No license B13092662 SSN # X Peter Cosmarios

347 12 5093

E-13768

62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGE	1B. MIDDLE NICHOLAS	1C. LAST (FAMILY) COSMAKOS	2. DATE OF BIRTH MONTH, DAY, YEAR 03/21/1935	3. DATE OF DEATH MONTH, DAY, YEAR 08/09/1997	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 PETER COSMAKOS - BROTHER 1120 W. PLACITA LUCIENDA GREEN VALLEY, AZ 85614		
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— <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 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/12/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/12/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

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

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

E-13768

288394 08/21/97 093149 PETER COSMAKOS

E-13768

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 800072
77185 000072
78390
77184

09/08/97 CK 946563998

1,402.38
375.00
250.00
45.00
329.00
185.00
19.38
199.00

1,402.38

0.00
PAID IN FULL

50132

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

From: Peter COPMAKOS Address: 1120 W. PLACITA LUCINDA GREEN VALLEY ⁹⁸ ₁₉ AZ 85014
one hundred twenty five and no/100 Dollars (\$ 125.00)
 In full Payment of ~~market setting fee~~ market setting fee for
George COPMAKOS
 Lot 3910 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13708BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	<u>125 00</u>
Pre-Need Trust	60303	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

ISSUED BY Catrina Avallone

1036

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/11/97

Are Need Trust

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

for Alice McKenna

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 122 Grave 6 Row - Section 1 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 filling fee _____

Sales taxes _____

PAID
 AUG 11 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

375.00

45.00

Total Due 420.00

Paid receipt number 48867 420.00

Balance due 0

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

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

Signature of recorded holder of deed _____

X Alice L. McKenna
Signature
 X 4622 Louisiana St.
Address
 X San Diego, CA 92116
City Zip Code
 X 619-296-4832
Telephone

Invoice # _____

Work Order # **E 13769**

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48567

Date: 8/11, 1997

From: Mrs. M. K. Kenna Address: 4675 Louisiana St San Diego 92116

In Full Payment of Final Invoice - Twenty 02/05 Dollars (\$ 420.00)

Payment of Final Invoice - Trust for Mrs. M. K. Kenna

Lot 132 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13769

BALANCE DUE 420.00

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

ISSUED BY M. Kenna

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>420.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>420.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-11-97

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

of Oliver Wendell Toomer

in a T.S. Vault Funeral, date, time Thur. Aug. 14 11:00

Church, Chapel, Graveside church & graveside Ca. Burial Mortuary.

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

will be applied and billed to undersigned. X.J.T.

Lot 91 Grave 10 Row Section 2 Division/Block 11

Grave space & Care Fund PAID IN 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container galvanized vase 260.00 250.00

Handling Fees included 198.00 185.00

Flower vases - Marker setting fee FULL 9-9-97

Recording and filing fee 45.00

Sales taxes galvanized vase incld. 20.10 19.38

30 day note

J.T. Total Due 1793.10 1769.38

Paid receipt number R-48868 448.00

Balance due 1,345.10

Inv. 1345.10

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.

Ida M. Toomer

Signature 4841 54th st.

Address San Diego, Ca. 92115

City Telephone 619-583-3619

Signature of recorded holder of deed

Work Order # E 13770

Invoice # 288395

Acct. # 093148

MT. HOPE CEMETERY

W.O. # E-13770

NOTE

\$ 1,345.10 San Diego, California August 11 1997

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 three hundred forty five & 10/100 DOLLARS with interest from September 15, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME x Ida m. Toomer SIGNATURE x Ida m. Toomer

ADDRESS x 4841 54th st. San Diego, Ca. 92115

CALIFORNIA DRIVER LICENSE NUMBER x R0489758 SSN # x 261-62-0912

E-13770

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) OLIVER	1B. MIDDLE WENDELL	1C. LAST (FAMILY) TOOMER	2. DATE OF BIRTH MONTH DAY YEAR 06/22/1928	3. DATE OF DEATH MONTH DAY YEAR 08/07/1997	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 IDA TOOMER—WIFE 4841 54TH STREET SAN DIEGO, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CENPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i>		8B. DATE SIGNED 08/13/1997
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. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/13/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9711087
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

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

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



CITY OF SAN DIEGO, CALIFORNIA **E-13770**
 GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
 WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
 P.O. BOX 2289
 SAN DIEGO, CALIFORNIA 92112
 PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

IDA M. TOOMER
 4841 54TH STREET
 SAN DIEGO CA 92115

ACCT NO
 093148

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

PAYMENT DATE 9-9-97
 BY: CA CK IF
 PAYMENT REF NO 6742 | AMT PAID: 1345.16

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/21/97	09/20/97	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
 CATINA AVALLONE REF NO: E-13770
 DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
OLIVER TOOMER SVCS	
LOT 91 GR 10 SEC 2 DIV 11	895.00
OPENING/CLOSING	375.00
T.S. VAULT/GAL. FLOWER VASE	260.00
HANDLING FEE/GAL. FLOWER VASE	198.00
TAX ON T.S. VAULT/FLOWER VASE	20.16
RECORDING FEE	45.00
LESS PAYMENT R-48868	448.00-

TOTAL DUE 1,345.16

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 288395

13770

288395 08/21/97 093148 IDA M. TOOMER
E-13770
100 072
100 072
100 072
100 072
100 072
60101
67007

09/09/97 CK 6742
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

1,345.16
375.00
260.00
45.00
268.00
198.00
20.16
179.00

1,345.16 0.00
PAID IN FULL

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48863

Date: 8-11, 1997

From: Ida M. Toomer Address: 4841 54th Street San Diego 92115

In part Payment of Four hundred forty eight and no/100 Dollars (\$ 448.00)
Interment of Oliver Wendell Toomer

Lot 91 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-13770
 BALANCE DUE 1345.10

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

ISSUED BY C. Dwyer-Avalon

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>448</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	63033		
	9022		
	80101		
	78390		
TOTAL PAID		\$ <u>448</u>	<u>00</u>

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

6690

49763

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

MOUNT HOPE CEMETERY

527-3400

Date: 3/17, 1998From: Tila Turner Address: 4541 54th St S.D. 92115In: Full Payment of Setting Fee For Marker For Clara Turner Dollars (\$ 125.00)Lot 91 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13770BALANCE DUE 5Pre-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		
	77182		
	100		
Handling Fee	77165		
Recording & Misc. Fees	100	<u>125</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>125</u>	<u>00</u>

ISSUED BY Kempster

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-11-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nelson Lowell McElrath Jr. (X) 14

in a _____ Funeral, date, time Thurs. Aug. 14 12:30

Church, Chapel, Graveside witness only: Ragsdale Mortuary, _____

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

Lot <u>74</u> Grave _____	Row PAID Section <u>4</u>	Division/Block <u>8</u>
Grave space & Care Fund	AUG 14 1997	<u>300.00</u>
Additional spaces and care fund	<u>in full</u>	<u>—</u>
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>105.00</u>
Burial Container	CITY OF SAN DIEGO, CALIF.	<u>—</u>
Handling Fees		<u>—</u>
Flower vases - Marker setting fee	<u>Temporary Marker</u>	<u>31.55</u>
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>—</u>

30 day note

Total Due 481.55 150.00
 Paid receipt number VISA 240.78

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

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

Signature of recorded holder of deed _____

X Henry J. McElrath Jr.
 Signature
X 3562 Bridgehead Dr
 Address
X West Valley City, UT
 City
X 801-977-0127
 Telephone

Work Order # **E 13771** ✓

Invoice # _____
 Acct. # _____

over →

8-14-97

Sue took a message in the morning per Debbie at Ragsdale, service / burial will not occur today.

(8-13-97

Ashes are not ready. burial is schedule to change.)

8-14-97

Family member brought ashes and permit. burial did occur today. at 12:30 pm.

E-13771

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Nelson	1B. MIDDLE Lowell	1C. LAST (FAMILY) McElrath	2. DATE OF BIRTH MONTH DAY YEAR 11/24/1959	3. DATE OF DEATH MONTH DAY YEAR 08/04/1997	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 Rodney C. McElrath, Brother 5875 Skyline Dr. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Raggaddae Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 08/08/1997

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/11/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9710928
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED <i>[Signature]</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 571 J Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 8/13/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

48879

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 8-14, 1997

From: Dorothy McElrath Address: 5875 Skyline Dr. San Diego 92114

Two hundred forty and 77/100 Dollars (\$ 240.77)

In full Payment of Interment of Nelson Lowell McElrath Jr.

Lot 74 Grave _____ Row _____ Section 4 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13771

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 5-84)

6897

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

ISSUED BY C. Jurgens-Avalle

CREDIT	67001		
20% Sales Care	77184	<u>59</u>	<u>22</u>
80% Sales of Lots	77184		
Opening/Closing	100	<u>105</u>	<u>00</u>
Burial Containers	77181	<u>20</u>	<u>00</u>
	100	<u>10</u>	<u>00</u>
Handling Fee	77185	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101	<u>1</u>	<u>55</u>
	76390		
TOTAL PAID	\$	<u>240</u>	<u>77</u>

pre-need lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-11-97

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 13066 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund -

Opening/Closing & Setup -

Burial Container -

Handling Fees -

Flower vases - Marker setting fee -

Recording and filing fee -

Sales taxes -

Total Due 995.00

Paid receipt number m/c 995.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Barbara Jean Koren
Signature
 3780 1/2 CURTIS ST
Address
 SAN DIEGO 92106
Zip Code
 (619) 222-1567
Telephone

Work Order # E 13772

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-12-97

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

In a liner Funeral, date, time Fri 8-15 11:00

Church, Chapel, Graveside Chapel Gravel: Berge Roberts Mortuary.

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

Lot 120 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	<u>—</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker	<u>—</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1564.73</u>
Paid receipt number <u>MC</u>	<u>1564.73</u>
Balance due	<u>0</u>

PAID
AUG 12 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed _____

X Helena Reyes
Signature
532 BLUE BONNET Ct.
Address
NATIONAL CITY, CA 91950
City
267-5372 Zip Code
X Telephone

Work Order # **E 13773**

Invoice # _____
Acct. # _____

E-13773

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

59

1A. NAME OF DECEDENT—FIRST (GIVEN) PEDRO	1B. MIDDLE L.	1C. LAST (FAMILY) REYES	2. DATE OF BIRTH MONTH, DAY, YEAR 04/26/1938	3. DATE OF DEATH MONTH, DAY, YEAR 08/10/1997	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 NELIDA DAYSON-REYES - WIFE 532 BLUE BONNET COURT NATIONAL CITY, CA 91950		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE ROBERTS MORTUARY 607 NAT'L CITY BLVE., NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284	6A. SIGNATURE OF APPLICANT—Person taking permit <i>Marla Souder</i>		

08/13/1997

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/13/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MARLA SOUDER
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED <i>8/13/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49033

Date: 10-3, 1997

From: Berge-Roberts Mort Address: 607 National City Blvd, NC 92050

One hundred thirty five and no/100 Dollars (\$ 135 00)

In full Payment of Marker installation / setting fee for
Pedro L. Reyes

Lot 120 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13773

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY C. Jurgem-Avalame

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	\$	<u>135 00</u>

Pre-need
Lot of trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-12-97

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 260 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	<u>PAID</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	<u>45.00</u>
Recording and filing fee	<u>14.73</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1,504.73</u>

Paid receipt number R-48875 500.00

Balance due 1004.73

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

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

x Maria C. Salinas
 Signature
x 7380 Gatewood hwy
 Address
x San Diego Ca 92114
 City Zip Code
x (619) 267-0123
 Telephone

Signature of recorded holder of deed _____

Work Order # E 13774 ✓

Invoice # _____
Acct. # _____

FERREL, PEDRO 7380 Gatewood Lane San Diego, CA 92114

08-12	97	Pre-need Lot & Trust Opened: Lot 260, Grave 10, Section 2, Division 12		795.00	
		Trust includes: (1) Opening/Closing, (1) Liner, (1) Handling Fee, (1) Recording Fee, and Tax on Liner.		769.73	1,564.73
08-12	97	Receipt #		500.00	1,064.73
10-13		R # 49073	coupon # 1	44.00	1,020.73
11-13		R # 49170	" # 3	44.00	976.73
12/11	97	R-49276	" # 4	44.00	932.73
1-13	98	R-49383	" 5 20	44.00	888.73
2-13	98	R-49650	" 6	44.00	844.73
3-16	98	R-49760	" 7	44.00	800.73
4-13	98	R-49848	" 8	44.00	756.73
5-13	98	R-49954	" 9	44.00	712.73
10-12	98	R-50077	" 10	44.00	668.73
6-10	98	R 50165	" 11	44.00	624.73
8-13	98	R-50295	12	44.00	580.73
10/8/98		R 50430	13	44.00	536.73
10-14	98	R 50474	15	44.00	492.73

FERREL, PEDRO

PRE-NEED LOT & TRUST

492.73

11-16-98	Coupon # 2	R-50568					44.00	448.73
12-9-98		16 R 50035					44.00	404.73
1-9-99		17 R 50772					44.00	360.73
2-17-99		18 R 0863					44.00	316.73
3-10-99		19 R-50946					44.00	272.73
4-8-99	1	20 R 51021	✓				44.00	228.73
5-12-99	R 51133	21	✓				44.00	184.73
6-9-99	R 51229	22	✓				44.00	140.73
7-12-99	R 51340	23	✓				44.00	96.73
8-13-99	R 51440	24					52.73	44.00

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lot & Trust E-13774

Pedro Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-10-2-12)

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.

\$ 44.00

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

\$ _____

\$ _____

NAME

Pedro Ferrel

Amount Received

\$ 44.00

ADDRESS

7380 Gatewood Ln

CITY

San Diego

STATE

Ca

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Brenned Lot & Trust E-13774

Pedro Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-10-2-12)

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.

\$ 44.00

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

\$ _____

\$ _____

Amount Received \$ _____

NAME Pedro E Ferrel

ADDRESS 7380 Gatewood Ln.

CITY San Diego STATE Ca ZIP 92114

check () if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Preneed Lot & Trust E-13774**

Pedro Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-10-2-12)

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.



\$ 44.00

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



\$ 2

\$ _____

Amount Received

\$ 4400

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. **Preneed Lot & Trust E-13774**

Pedro Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-10-2-12)

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.



\$ 44.00

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



\$ 44.00

\$ _____

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. *Preneed lot & Trust E-13774*

Pedro Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-10-2-12)

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.

\$ 44.00

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Coupon with each remittance

COUPON

7

MAIL ENTIRE BOOK

ACCOUNT No. **Pruned Lot & Trust E-13774**

Pedro Ferral

7380 Gatewood Lane

San Diego, CA 92114

(260-10-2-12)

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above.



\$ 44.00

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 one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Fronzed Lot & Trust E-13774**

Pedro Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-10-2-12)

Month and Day Due Indicated Below

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

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



\$ 44.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Freemad Lot & Trust E-13774****Pedro Ferrel****7340 Gatewood Lane****San Diego, CA 92114****(260-10-2-12)**

Month and Day Due Indicated Below

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

Amount due when paid on, or before,
due date above.\$ 44.00Amount 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 10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pressed lot & Trust S-13774*

Pedro Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-10-2-12)

Month and Day Due Indicated Below

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

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



\$ 44.00

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



\$ _____

\$ _____

Amount Received

\$ 44.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Bring one coupon with each remittance

COUPON**11****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **Pruned Lot & Trust E-13774****Pedro Ferral****7380 Gatewood Lane****San Diego, CA 92114****(260-10-2-12)****Month and Day Due Indicated Below**

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

Amount due when paid on, or before,
due date above\$ 44.00Amount 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

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pressed Lot & Trust E-13774*

Pedro Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(290-10-2-12)

Month and Day Due Indicated Below

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

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



\$ 44.00

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 Lot & Trust 6-13774*

*Pedro Ferral
7380 Cotuit Road Lane
San Diego, CA 92114
(250-10-2-12)*

Month and Day Due Indicated Below

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

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



\$ 44.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

Pedro Ferral

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.

Pedro Ferras

7380 Gateway Lane

San Diego, CA 92114

(260-10-2-12)

Month and Day Due Indicated Below

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

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

\$ 44.00

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

\$ 44.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

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

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Printed Lot & Total 2-13774*

Pedro Ferral
7380 Gatewood Lane
San Diego, CA 92114
(260-10-2-12)

Month and Day Due Indicated Below

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

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



\$

44.00

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



\$

\$

NAME

Pedro Ferral

Amount Received \$

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

...ing one coupon with each remittance

COUPON 23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pruned Lot & Trust E-13776*

Pedro Ferral

7380 Gateway Lane

San Diego, CA 92114

(260-10-2-12)

Month and Day Due Indicated Below

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

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



\$ 44.00

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



\$ _____

\$ _____

NAME

Pedro Ferral

Amount Received \$ _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51340

Date: 7-12, 1999

From: Pedro Ferrel Address: 7380 Gatewood Lane SD 92114

Forty Four and 00/100 Dollars (\$ 44.00)

In part Payment of pre-need lot & trust

Lot 260 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E13774

BALANCE DUE 96.73

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033	<u>44</u>	<u>00</u>
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>44</u>	<u>00</u>

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

461

ISSUED BY Lynda

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51229



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

MOUNT HOPE CEMETERY
527-3400

From: Maria Salinas Address: 7380 Gatwood dr. SD 92111 Date: 6-9 1999

In part Payment of forty four pre need lot & trust Dollars (\$ 44.00)

Lot 200 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E13774
BALANCE DUE 140.73

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	63033	<u>44</u>	<u>00</u>
Sales Tax	9022		
TOTAL PAID	80101	<u>44</u>	<u>00</u>
	78390		

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

455

ISSUED BY Cubana Arallan

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51133

Date: 5-12, 1999

From: Maria Salinas Address: 7350 Gatewood Ln SD 92114

Eighty Eight and 00/100 Dollars (\$ 88.00)

In part Payment of Pre need lot i trust for Cayetano i Pedro Farrel

Lot 260 ~~1014~~ Grave 10511 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E13774 i E13775

BALANCE DUE 984.73 i 984.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

454

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

ISSUED BY Lynda

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/ Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033	88	00
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	88	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51021



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Maria Salinas Address: 7380 Gatewood Ln, San Diego 92114 Date: 4-8 1999

In forty four Dollars (\$ 44.00)
part pre need lot & trust Payment of Pedro Ferrell

Lot 200 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E13774

BALANCE DUE 228.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

91

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

ISSUED BY Catrina Arallone

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	60101	<u>44</u>
	78390	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50295

Date: 8-13 1998

From: Maria Salinas Address: 7380 Eaton Rd Ln Sp92114

Forty four & no/100 Dollars (\$ 44.00)

In part Payment of premium lot & trust

Lot 260 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13774

BALANCE DUE _____

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100	<u>44</u>	<u>00</u>
Sales Tax	63033		
	9022		
TOTAL PAID	\$	<u>44</u>	<u>00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

435

ISSUED BY Catrina Avalle

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50165



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

MOUNT HOPE CEMETERY
527-3400

From: Maria Salinas Address: 7380 Gatewood Ln SD 92114 Date: 7-10 1998
forty four & 1/10 Dollars (\$ 44 00)
 In part Payment of pre need lot + trust
 Lot 2100 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13714
 BALANCE DUE 624.73

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>44 00</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>44 00</u>

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

ISSUED BY Catrina Avalone

431

OFFICIAL RECEIPT

50077



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 10-12, 1998

From: Maria Salinas Address: 7380 Gatewood Lane SD 92114

Forty four & no/100 Dollars (\$ 44.00)

In part Payment of pre need lot & trust

Lot 260 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13774

BALANCE DUE 44.73

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	
Handing Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>44</u>
Sales Tax	9022	<u>00</u>
	60101	
	78390	
TOTAL PAID	\$	<u>44</u> <u>00</u>

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

420

ISSUED BY Carina Avallone

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49954



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-13 1998

From: Maria Salinas Address: 7380 Gatewood Lane SD 92114

Forty Four and no/100 Dollars (\$ 44.00)

In part Payment of pre need lot and trust for Pedro Ferrell

Lot 260 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13774

BALANCE DUE 712.73

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

AC-212 (Rev. 5-94)

428

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

ISSUED BY Catrina Avalone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	
	63033	<u>44</u>
	8022	<u>00</u>
	80101	
	78390	
		<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

49848

Date: 4-13 1998

From: Maria Salinas Address: 7380 Gatewood Lane SD 92114

Forty four and no/100 Dollars (\$ 44.00)

In part Payment of preneed lot and trust

Pedro Ferrel

Lot 2600 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13774

BALANCE DUE 750.73

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

426 ISSUED BY Catrina Avallone

CREDIT	67007	<u>13</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77181		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	63033	<u>31</u>	<u>00</u>
Sales Tax	9022		
TOTAL PAID	80101	<u>44</u>	<u>00</u>
	78390		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49760

Date: 3-10 1998

From: Maria Salinas Address: 7380 EASTVIEW LN. SD 92114

In: part Payment of pre need lot and trust Dollars (\$ 410)

Pedro E. Ferrel

Lot 2100 Grave 10 Row Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13774

BALANCE DUE 800.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY _____

CREDIT	67007	44	10
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	77183		
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	44	10

CHANGE AVAILABLE

423

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49650



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

MOUNT HOPE CEMETERY

527-3400

Date: 2-13 1998

From: Maria Salinas Address: 7380 Gatewood Lane SD 92114

~~forty~~ part forty four and no/100 Dollars (\$ 44 00)

In part Payment of pre need lot and trust for Pedro Ferrel

Lot 260 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13774

BALANCE DUE 844.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

421

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

Catrina Alallem

ISSUED BY _____

CREDIT	57007		
20% Sales Care	77184	<u>44</u>	<u>00</u>
80% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>44</u>	<u>00</u>

49383

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 1-13 19 90

From: maria pacinas Address: 7380 Gatewood Lane SD 92114

In part Payment of forty four and 00/100 Dollars (\$ 44 00)

pre need lot & trust for Pedro Ferkel

Lot 200 Grave 10 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13774

BALANCE DUE 888.73

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

AC-212 (Rev. 5-84)

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

ISSUED BY

Catura Avallone

CREDIT	57007	40	00
20% Sales Care	77184		
80% Sales of Lots	100	4	00
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
100			
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101		
78390			
TOTAL PAID	\$	44	00

OFFICIAL RECEIPT

49276



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 12/11, 199

From Maria Avallone Address: 7380 EATWELL RD 92114

for my milk and 10/100 Dollars (\$ 44 00)

In PAID Payment of pre need lot and trust for Maria Avallone

Lot 280 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15774

BALANCE DUE 932 73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

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

ISSUED BY Maria Avallone

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100	<u>44</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	63633		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>44</u>	<u>00</u>

415

OFFICIAL RECEIPT

49170



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

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

Date: 11-13, 1997

From: Maria Salinas Address: 7380 Gatewood Lane San Diego 92114

Forty Four Dollars (\$ 44.00)

In part Payment of Pre-need lot - trust
Pedro Perez

Lot 260 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-13774
BALANCE DUE 976.73

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

AC-212 (Rev. 5-94)

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

ISSUED BY J. Hueltner

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	44.00
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	\$	44.00

410

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49073

Date: 10-13, 1997

From: Maria Salinas Address: 7380 Gatewood Lane San Diego 92114

Forty Four Dollars (\$ 44.00)

In part Payment of Pre-Need Lot - Trust for Pedro Ferral

Lot 260 Grave 10 Row _____ Section 3 Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-13774
 BALANCE DUE 1020.73

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

AC-212 (Rev. 5-94)

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

ISSUED BY L. Sheldon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	44	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	44	00

OFFICIAL RECEIPT

48875



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-12, 1991

From: Maria C. Salinas Address: 7380 Gatewood Lane San Diego 92114
Five hundred and no/100 Dollars (\$ 500.00)

In part Payment of pre-need lot and trust for
Pedro E. Ferre

Lot 2600 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13774

BALANCE DUE 1064.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

400

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

ISSUED BY C. Jurgens

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	500	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	60033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	500	00

Pre-need
Lot & trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-12-97

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

of Cayetana M. Ferrel

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 260 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup PAID 375.00

Burial Container IN FULL 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1,504.73

Paid receipt number R-48883 500.00

Balance due 1004.73

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

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

x Maria C. Salinas
Signature
x 7380 Gatewood Ln
Address
x San Diego Ca 92114
City Zip Code
x (619) 267-0123
Telephone

Signature of recorded holder of deed _____

Work Order # E 13775 ✓

Invoice # _____

Acct. # _____

FERREL, CAYETANA 7380 Gatewood Lane San Diego, CA 92114

08-12 97	Pre-need Lot and Trust Opened:			
	Lot 260, Grave 11, Section 2, Divison 12		795.00	
	Trust includes: (1) Opening/Closing, (1) Liner, (1) Handling fee, (1) Recording Fee, and Tax on Liner.			
			769.73	1,564.73
08-12 97	Receipt # 48883		500.00	1,064.73
16-13	R-49074	Coupon # 1	44.00	1,020.73
11-13	R-49171	" # 3	44.00	976.73
12/11 97	R-49275	cpn # 4	44.00	932.73
1-13 98	R-49384	cpn 5	44.00	888.73
2-13 98	R-49451	cpn 6	44.00	844.73
3-16 98	R-49759	cpn 7	44.00	800.73
4-13 98	R-49850	cpn 8	44.00	756.73
5-13 98	R-49955	cpn 9	44.00	712.73
6-13 98	R-50074	cpn 10	44.00	668.73
7-10 98	R-50164	cpn 11	44.00	624.73
	R-50294	cpn 12	44.50	580.73
10/3 98	R-50429	" 13	44.00	536.73
10-14 98	R-50475	cpn	44.00	492.73
	FERREL, CAYETANA			
			PRE-NEED LOT & TRUST	

492.73

11-16 98	Coupon # 2	R- 50567	44.00	448.73
12-9 98	# 10	R 50634	44.00	404.73
1-21 99	17	R 50773	44.00	360.73
2-17 99	# 18	R 50862	44.00	316.73
3-12 99	19	R- 50947	44.00	272.73
4-8 99	20	R 51020	44.00	228.73
5-12 99	R 51133		44.00	184.73
6-9 99	R 51230	20 22	44.00	140.73
7-12 99	R 51335		44.00	96.73
8-13 99	R 51439	cpn 24	52.73	44.00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

48883



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

MOUNT HOPE CEMETERY

527-3400

Date: 8-18, 1997

From: Maria C. Salinas Address: 7380 Eatonwood Lane San Diego 92114

Five hundred and no/100 Dollars (\$ 500.00)

In part Payment of pre-need lot and trust for Cayetana M. Ferrel

Lot 260 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 1064.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

401

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

ISSUED BY C. Dupont - Available

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>500</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	80101		
	76390		
TOTAL PAID	\$	<u>500</u>	<u>00</u>

49074

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 10-13, 19 97

From: Maria Solinas Address: 7380 Golewood Lane San Diego 92114

Forty Four Dollars (\$ 44.00)

In part Payment of Pre-need Lt - Trust
Cayetana M Ferrel

Lot 260 Grave 11 Row Section 2 Division Book 13

Invoice No.

Acct. No.

W.O. E-13775

BALANCE DUE 1020.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

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

ISSUED BY J. Mitchell

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	44.00
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	44.00

49171

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 11-13-17, 19__

From: Maria Lohrie Address: 7380 Gatewood Lane San Diego 92114

Only Love Dollars (\$ 44.00)

In full Payment of Pre-Need Lot + Trust
Cayetana Lavel

Lot 260 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 976.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

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

ISSUED BY J. Schellito

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>44.00</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>44.00</u>

49275

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY

527-3400

Date: 12/11 19 97

From: Maria Salinas Address: 7380 Gaitwood Lane SD 92114

forty four and no/100 Dollars (\$ 44 00)

In part Payment of pre need lot and trust for Cayetana Finel

Lot 260 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 932.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

415

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

Caytana Avallone

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184	<u>44</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	80101		
	78390		
TOTAL PAID	\$	<u>44</u>	<u>00</u>

49384

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



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

MOUNT HOPE CEMETERY
527-3400

Date: 1-13, 19 90

From: Maria palinas Address: 7380 Eatonwood Lane SD 92114

forty four & 110/100 Dollars (\$ 44.00)

In part Payment of pre need lot & trust for
Caytana Ferrer

Lot 200 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 888.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

money order 410

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

Catrina Avallone

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	<u>40.00</u>
80% Sales of Lots	100	<u>4.00</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>44.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49651

Date: 2-13, 1998

From: Maria Salinas Address: 7380 Gatewood Lane SD 92114

Forty four and no/100 Dollars (\$ 44.00)

In Part Payment of pre need lot and trust for Cayetana Ferrel

Lot 200 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 844.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

421

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

Caytana Avalone

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184	<u>44</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>44</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49759

Date: 3-10 1998

From: Cayetana Ferrel Address: 7380 Eastwood Lane SD 92114

forty four and no/100 Dollars (\$ 44.00)

In part Payment of pre need lot and trust

Lot 200 Grave 11 Row _____ Section 2 Division 12
 Block 44

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 800.73

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

423

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

Cayetana Ferrel
 ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>44.00</u>

49850

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-13, 1998

From: MARIA SALINAS Address: 7380 GATEWAY LANE SD 92114

FORTY FOUR & NO. 100

Dollars (\$ 44 00)

In part Payment of pre need lot and trust

Cayctana M Ferrel

Lot 200 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 756.73

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

Maria Salinas

ISSUED BY _____

CREDIT	67007	<u>13</u>	<u>00</u>
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>31</u>	<u>00</u>
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>44</u>	<u>00</u>

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

420

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49955

From: Maria Salinas Address: 7380 Gatewood Lane SD 92114 Date: 5-13, 1998

Forty four and 10/100 Dollars (\$ 44.00)

In part Payment of pre need lot and trust for Cayetana Ferrell

Lot 200 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13775
 BALANCE DUE 712.73

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

ISSUED BY Catrina Avallone

CREDIT	67007	
20% Sales Comm	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
Burial	77181	
Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>44</u>
	9022	<u>00</u>
	60101	
	78390	
TOTAL PAID	\$	<u>44 00</u>

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

428

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

50076

From: Maria Salinas Address: 7380 Gatewood Lane SD 92114 Date: 6-12, 1998
Forty Four + no/100 Dollars (\$ 44.00)
 in part Payment of pre need lot + trust

Lot 200 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 4408.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

430

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

Catrina Avalone
 ISSUED BY _____

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	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	<u>44</u>
	9022	<u>00</u>
	60101	
	78390	
TOTAL PAID	\$	<u>44</u> <u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50164



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

MOUNT HOPE CEMETERY
527-3400

Date: 7-10 ⁹⁸ 19

From: Maria Salinas Address: 7380 Gatewood Ln. SD 92114

forty four & no/100 Dollars (\$ 44.00)

In part Payment of pre need lot + trust

Lot 200 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 624.73

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

Catrina Avallone
ISSUED BY _____

CREDIT	67007	
20% Sales Com.	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	63023	<u>44</u>
TOTAL PAID	9022	<u>00</u>
	60101	
	76390	
		<u>44</u>
		<u>00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

431

50294

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 8-13 1998

From: Cayetana Ferrel Address: 7380 Gatewood Ln SD 92114

Forty four & no/100 Dollars (\$ 44.00)

In paid Payment of pre need lot & trust

Lot 260 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13775

BALANCE DUE 580.00

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		
Opening/ Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>44</u>	<u>00</u>
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>44</u>	<u>00</u>

ISSUED BY Kalina Avallone

435

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51020

From: Maria Salinas Address: 7380 Gatewood Dr, SD 92114 Date: 4-8 1999
 In: forty four Dollars (\$ 44.00)
 Payment of: pre need lot & trust for
cajetana ferrel
 Lot: 260 Grave _____ Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E13775

BALANCE DUE 228.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

91

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Carmy Avallone

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	
TOTAL PAID	50101	<u>44 00</u>
	78390	<u>44 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51133



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-12, 1999

From: Marie Salinas Address: 7380 - Gaywood Ln SD 92114
Eighty Eight and 00/100 Dollars (\$ 88.00)

In part Payment of Pre need lot i trust for Cayetano i Pedro Fariel

Lot 260 ~~1024~~ Grave 10311 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E13774 i E13775

BALANCE DUE 984.73 ~~284.73~~

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Lynda

CREDIT	51903		
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>88</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>88</u>	<u>00</u>

454

OFFICIAL RECEIPT

51133



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-12, 1999

From: Maric Salinas Address: 7380 Gatewood Ln SD 92114

Eighty Eight and 00/100 Dollars (\$ 88.00)

In part Payment of Pre need lot's trust for Cayetana i Pedro Ferrel

Lot 260 ~~105H~~ Grave 10511 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E13774 i E13775

BALANCE DUE 987.73 i 987.73

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

454

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Lynda

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
	77183		
Pre-Need Trust	83033	<u>88</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>88</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51230



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

From: Maria Salinas Address: 7380 Gathwood Dr. SD 92114 Date: 6-9 1999

In forty four Dollars (\$ 44.00)
Payment of pre need lot & trust

Lot 2100 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E13775
BALANCE DUE 140.73

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

Carmel Avallone
ISSUED BY

455

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fees	77165	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$ <u>44</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51339



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-12, 1999

From: Cayetana Ferrel Address: 7380 Gatewood Lane SD 92114

Forty four and 00/100 Dollars (\$ 44.00)

In part Payment of pre-need lot & trust

Lot 260 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 13775

BALANCE DUE 96.73

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

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>44 00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>44 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

461

ISSUED BY Lynda

Send or bring one coupon with each remittance **COUPON**

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed lot & trust E-13775

7380 Gatewood Lane

San Diego, CA 92114

Cayetana Ferrel

(260-11-2-12)

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.

\$ 44.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$

44.00

NAME

ADDRESS

CITY

STATE

ZIP

Cayetana Ferrel
7380 Gatewood Ln.
San Diego CA 92114

check if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Preneed-107~~ trust E-13775

7380 Gatewood Lane

San Diego, CA 92114

Cayetana Ferrel

(260-11-2-12)

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.



\$ 44.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$

NAME Cayetana M. Ferrel

ADDRESS 7380 Gatewood Lane

CITY San Diego STATE Ca ZIP 92114

check () if this is new address

...ing one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Preneed lot & trust E-13775**

Cayetana Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-11-2-12)

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.



\$ 44.00

Amount due if paid more than _____ days after due date above.



\$ _____

\$ _____

Amount Received

\$ 44.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Attaching one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Preneed lot & trust E-13/73**
7380 Gatewood Lane
San Diego, CA 92114
Cayetana Ferrel
(260-11-2-12)

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



\$ 44.00

Amount due if paid more than _____ days
after due date above.



\$ 44.00

\$ _____

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. *Preneed lot & trust E-13775*

Cayetana Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-11-2-12)

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.



\$ 44.00

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. *Friend lot & trust E-13770*

7380 Gatewood Lane

San Diego, CA 92114

Cayetana Ferrel

(260-11-2-12)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								10			

Amount due when paid on, or before,
due date above.



\$ 44.00

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. *Preneed lot & trust #-13775*

Caystana Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-11-2-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Amount due when paid on, or before,
due date above.



\$ 44.00

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. *Pruned lot & trust #-13775*

7380 Gatewood Lane

San Diego, CA 92114

Cayetana Ferral

(260-11-2-12)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,
due date above.



\$ 44.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Printed*, lot & trust E-13775

Caystana Ferrel

7380 Gatewood Lane

San Diego, CA 92114

(260-11-2-12)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								10			

Amount due when paid on, or before,
due date above.



\$ 44.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 44.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pressed lot & trust E-13775**

7380 Gatewood Lane

San Diego, CA 92114

Caystana Ferrel

(260-11-2-12)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								10			

Amount due when paid on, or before,
due date above



\$ **44.00**

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. Proceed lot & trust E-13775

Cayetano Ferkel

7380 Gatewood Lane

San Diego, CA 92114

(260-11-2-12)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								10			

Amount due when paid on, or before,
due date above



\$ 44.00

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. *Invoice 106 & EXIST E-13775*

Cayetano Ferrer

7380 Oakwood Lane

San Diego, CA 92114

(260-11-2-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								10			

Amount due when paid on, or before,
due date above.



\$ 44.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME *Cayetano Ferrer* Amount Received \$ _____

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. *Proprietor's Trust #13773*

7380 Gatewood Lane

San Diego, CA 92116

Cayetano Ferrel

(260-11-2-12)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								10			

Amount due when paid on, or before,
due date above



\$ 44.00

Amount due if paid more than _____ days
after due date above.



\$ 44.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Princed lot & trust 8-13/75*

Coyotana Ferrel

7350 Gatewood Lane

San Diego, CA 92114

(260-11-2-17)

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.



\$ 44.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME

Coyotana Ferrel

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Promised lot & trust 8-15/73*
7380 Gatewood Lane
San Diego, CA.. 92154
Caystana Ferrel
(260-11-2-12)

23

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.



\$ 64.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME
ADDRESS

Caystana Ferrel

Amount Received \$ _____

CITY

STATE

ZIP

check (✓) if this is new address

*Pre-Need
Trusted Lot*

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/13/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chester H. Bell

in a Liner Funeral, date, time Tues 8-19 11:00

Church, Chapel, Graveside Church & graveside Service Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 50 will be applied and billed to undersigned. xi

Lot 32 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filling fee 45.00

Sales taxes 14.93

Total Due 1564.73

Paid receipt number 88876 1564.73

Balance due 0

PAID
AUG 13 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the X Daniel Lee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Daniel Lee
Signature
X 42167 Rossmore St
Address
X Temecula CA 91591
City Zip Code
X (909) 696-0602 / (619) 264-3002
Telephone

Work Order # **E 13776**

Invoice # _____
Acct. # _____

E13776

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

61

1A. NAME OF DECEDENT—FIRST (GIVEN) CHESTER	1B. MIDDLE LEE	1C. LAST (FAMILY) BELL	2. DATE OF BIRTH MONTH, DAY, YEAR 01/20/1936	3. DATE OF DEATH MONTH, DAY, YEAR 08/14/1997	4. SEX M	
5A. CITY OF DEATH LA MESA	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RUTH WILLIE BELL - WIFE 4968 ELM STREET SAN DIEGO, CA 92102			
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 08/15/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 08/15/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8/19/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48576

Date: 8/13 1997

From: Ruth W. Bell Address: 4965 Elm St San Diego CA 92107

One thousand five hundred sixty four ^{70/100} Dollars (\$ 1564.73)

In Full Payment of Interment Fee/Need for (Cremation) Bell
Pre-Need Trust Lot

Lot 32 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-13976
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>636</u>	<u>00</u>
77184			
Opening/Closing	100	<u>373</u>	<u>00</u>
77181			
Burial Containers	100	<u>140</u>	<u>00</u>
77182			
100		<u>145</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	80101	<u>14</u>	<u>73</u>
78390			
TOTAL PAID	\$	<u>1564</u>	<u>73</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY [Signature]

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49794



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 3-27-98, 19__

From: Ruth Bell Address: 4968 Elm St San Diego 92102

One Hundred Thirty Five Dollars (\$ 135.00)

In full Payment of marker installation fee for Chester Bell

Lot 32 Grave 9 Row _____ Section 2 Division 11 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-13776
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Schillo

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	<u>135 00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>135 00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

2209

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-13-97

ME 97-1308

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christien T. Banderos PA # 1218832

In a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; Merkley Mitchell Ministry.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 14 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	<u>126.00</u>
Additional spaces and care fund	<u> </u>
Opening/Closing & Setup	<u>165.00</u>
Burial Container	<u>50</u>
Handling Fees	<u> </u>
Flower vases - Marker setting fee	<u> </u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u> </u>
Total Due	<u>386.00</u>

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 record holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # **E 13777**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-13-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bruce Allen Turner

in a T.S. Vault Funeral, date, time Fri Aug. 22 12:00

Type of Burial Container Church, Chapel, Graveside church + graveside ca. Burtal Kim Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X OMTJ

✓ Lot 20 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 995.00

Additional spaces and care fund PAID IN FULL

Opening/Closing & Setup 1-6-98 Per Greg 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee galvanized flower vase 23.78

Recording and filing fee 45.00

Sales taxes 19.38

30 day note Total Due 1893.16 1819.38

Paid receipt number visa 473100

Balance due 1420.16

I hereby certify I am the X sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X OMTJ
Signature
X 5417 Encina Drive
Address
X San Diego CA. 92114
City
X 263-6422
Telephone

Work Order # E 13778

Invoice # 288541
Acct. # 093187

As of 10/10/97
per Greg Wood 1563.58

MT. HOPE CEMETERY

W.O. # E-13778

NOTE

\$ 1420.16 San Diego, California August 15 1997

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 four hundred twenty ^{no}/₁₀₀ DOLLARS with interest from September 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 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 John C Turner SIGNATURE John C Turner

ADDRESS X 5417 Encina Drive SD, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER John C Turner SSN # John C Turner

K0358767 CMTJ

5 432-48-5271 CMTJ

E-13778

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

31

1A. NAME OF DECEDENT—FIRST (GIVEN) BRUCE	1B. MIDDLE ALLEN	1C. LAST (FAMILY) TURNER	2. DATE OF BIRTH MONTH DAY YEAR 03/14/1968	3. DATE OF DEATH MONTH DAY YEAR 08/13/1997	4. SEX MALE
5A. CITY OF DEATH SPRINGFIELD		5B. COUNTY OF DEATH—OUTSIDE CALIF. OTHER STATE MISSOURI	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN C. TURNER—FATHER ROUTE 2, BOX 120A HAYNESVILLE, LA 71038		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL SERVICE 5880 EL. CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/20/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/20/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>R. P. [Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA —	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCAL (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8/22/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

49858

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 MOUNT HOPE CEMETERY
 527-3400
Date: 4-16, 1998From: Cathy Lynne Jones Address: 5417 Encina Dr San Diego 92111In full Payment of marker installation fee for Bruce Jones Dollars (\$ 125.00)Lot 20 Grave 5 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13778BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

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	125 00
Pre-Need	65033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	125 00

ISSUED BY J. Shelton

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-13-97

ME 97-1308

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Christian Ty Banderas PA# 1218832

in a liner Funeral, date, time Fri Aug. 15 10:00

Church, Chapel, Graveside delivery only; Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Tom

will be applied and billed to undersigned.

✓ Lot <u>67</u> Grave <u>10</u> Row _____ Section <u>1</u> Division/Block <u>12</u>	
Grave space & Care Fund	<u>126.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>165.00</u>
Burial Container	<u>50.00</u>
Handling Fees	_____
Flower vases - Marker setting fee	<u>45.00</u>
Recording and filing fee	_____
Sales taxes	_____

PAID IN FULL
9-22-97

REBECCA BARR

Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 13779** ✓

Invoice # 288391

Acct. # 000952

8-21-97

E-13779

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

28

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CHRISTIAN	1B. MIDDLE TY	1C. LAST (FAMILY) BARBEROS	2. DATE OF BIRTH MONTH DAY YEAR 06/15/1969	3. DATE OF DEATH MONTH DAY YEAR 07/08/1997	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REBECCA BARR - PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria J. Mitchell</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8B. DATE SIGNED
08/14/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/15/1997	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED <i>[Signature]</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <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.



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

E-13779

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS - USE ONLY

PAYMENT DATE 9-22-97 |
BY: CA CK IF |
PAYMENT REF NO 04-433210 | AMT PAID: \$386.00

INVOICE DATE 08/21/97 PAYMENT DUE 09/20/97 PERIOD COVERED JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13779
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 610 527 3400

DESCRIPTION OF CHARGES	AMOUNT
CHRISTIAN BANDEROS PA#1218832	
LOT 67 GR 10 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

AC-2 (REV 1-10-93) ABOVE. RETURN WITH PAYMENT INV NO. 288391

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8-13-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George Keener
 in a Double Depth Crypt Type of Burial Container graveside only Federal, date, time Mon. Aug. 18 1:00

Church, Chapel, Graveside ENCINITAS Mortuary 150.00

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. X

Lot 174 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund pre-need E-8911

Additional spaces and care fund _____

Opening/Closing & Setup pre-need E-8911

Burial Container pre-need E-8911

Handling Fees pre-need E-8911

Flower vases - Marker setting fee _____

Recording and filling fee pre-need E-8911

Sales taxes _____

Total Due

Paid receipt number _____

Balance due _____

I hereby certify I am the X wife of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
 hold under deed.

 Signature of recorded holder of deed

X Mary C. Keener
Signature
11590 Saxony Rd.
Address
Encinitas, Cal. 92024
City Zip Code
753-6726
Telephone

Work Order # E 13780

Invoice # _____

Acct. # _____

*8/17/97
 9/17/97
 ready to
 file*

E-13780

89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) George	1B. MIDDLE Monroe Henry	1C. LAST (FAMILY) Keener	2. DATE OF BIRTH MONTH DAY YEAR 01/01/1908	3. DATE OF DEATH MONTH DAY YEAR 08/13/1997	4. SEX M
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Keener Wife 1159 Saxony Road Encadia CA 92024		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Encinitas Mortuary 340 Melrose Avenue, Encinitas CA 92024		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 857	8A. SIGNATURE OF APPLICANT—Personal permit		8B. DATE SIGNED 08/14/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 7.00	9B. DATE PERMIT ISSUED 08/14/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711147
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY St Hope Cemetery 3751 Market Street San Diego CA 92102	11B. DATE BURIED 8/18/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-14-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James Bladney

In a T. S. Vault Funeral, date, time Tues. Aug. 19 2:00

Church, Chapel, Graveside delivery only; Ragsdale Mortuary. Robbie

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

✓ Lot <u>180</u>	Grave <u>6</u>	Row _____	Section <u>1</u>	Division/Block <u>12</u>
Grave space & Care Fund <u>Pre-Paid E-10294</u> <input checked="" type="checkbox"/>				
Additional spaces and care fund _____ <input type="checkbox"/>				
Opening/Closing & Setup _____ <input checked="" type="checkbox"/>				
Burial Container _____ <input checked="" type="checkbox"/>				
Handling Fees _____ <input checked="" type="checkbox"/>				
Flower vases - Marker setting fee _____ <input type="checkbox"/>				
Recording and filing fee _____ <input checked="" type="checkbox"/>				
Sales taxes _____ <input checked="" type="checkbox"/>				
Total Due _____				<input checked="" type="checkbox"/>

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13781

Invoice # _____

Acct. # _____

REA-104 (7-95)

This information is available in alternative formats upon request.

♻️ Printed on recycled paper

8-14 E-13781
Probably delivery only - Debbie would let me know date etc
Duc

MT. HOPE CEMETERY
INTERMENT ORDER

E-1 3781

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/Block 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 _____

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.

Polk Co. County Ass

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Chadney
 Signature _____

Address 844 Pyramid St.

State San Diego, Ca. 92114 Zip Code

Telephone (619) 262-5894

Work Order # **E** 10294

Invoice # _____

Acct. # _____

E-13781

78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE -	1C. LAST (FAMILY) Gladney, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 08/24/1918	3. DATE OF DEATH MONTH DAY YEAR 08/08/1997	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards, Public Administrator 5201-A Ruffin Rd. San Diego, CA 92223		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Heather Williams</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/15/1997 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711241
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED <i>08/15/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Williams</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED <i>08/15/97</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>Williams</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary King-Reynolds

in a lined Funeral, date, time Mon 8-18 11:00

Church, Chapel, Graveside Deepel / Graveside Ca Burial Mortuary Leannette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X Lella K Reynolds

Lot <u>224</u>	Grave <u>7</u>	Row	Section <u>2</u>	Division <u>12</u>	
Grave space & Care Fund					PAID \$895.00
Additional spaces and care fund					—
Opening/Closing & Setup					375.00
Burial Container					190.00
Handling Fees					145.00
Flower vases - Marker setting fee					—
Recording and filing fee					45.00
Sales taxes					14.73
Total Due					391.00
Paid receipt number <u>R-48888</u>					Balance Due <u>164.73</u>
Handwritten: <u>30-day balance 8-14-97</u>					
Handwritten: <u>\$1248.73</u>					
Handwritten: <u>paid in full</u>					

PAID
AUG 20 1997
PAID IN FULL R-48888
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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 record holder of deed

Lella K Reynolds
Signature
3195 Broadway
Address
SD CA 92102
City
7640616
Telephone

Handwritten: balance \$25.00
Handwritten: \$25.00

Work Order # **E 13782**

Invoice # _____
Acct. # _____

1664.73

391.00 Rec 48888

1273.73

1248.73

Rec 48880

25.00

Rec 48889

8-27-97 E- 12782

Jeannette - CA Burial
will bring check for
the amount of
\$1248.73 to cover
the check that the
family wrote to

E-13782

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

77

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY	1B. MIDDLE FRANCES	1C. LAST (FAMILY) KING-REYNOLDS	2. DATE OF BIRTH MONTH DAY YEAR 02/26/1920	3. DATE OF DEATH MONTH DAY YEAR 08/13/1997	4. SEX FEMALE
5A. CITY OF DEATH SPRING VALLEY		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILLIAM REYNOLDS—HUSBAND 3787 BROADWAY STREET SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>	

8B. DATE SIGNED
08/18/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL, OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/18/1997 K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711265
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-522W	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED <i>8/18/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

W.O. E-13782

NOTE

1248.73 San Diego, California 8/18 1997

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 two hundred forty eight 73/100 DOLLARS with interest from September 18, 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 K JEANETTE E Bayard SIGNATURE [Signature]

ADDRESS 5000 El Cajon Blvd.

CALIFORNIA DRIVER LICENSE NUMBER X California Burial assignment

Jeanette will bring a check
When insurance payment
comes in.

Per Jeanette check for 1,248.73
from family given to cemetery
will bounce.

49018

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-29, 1997From: Calif Burial Address: 5880 El Cajon Blvd San Diego 92115
One thousand two hundred forty eight & 10/100 Dollars (\$ 1248.73)
In full Payment of Interment of Mary King - Reynolds
 Lot 224 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13782BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
PAID IN THIS SPACE

ISSUED BY

B. Shultz

CREDIT	67007		100
20% Sales Care	77184		
80% Sales of Lots	100	479	00
Opening/Closing	77184	375	00
Burial Containers	100	190	00
Handling Fee	77182	145	00
Recording & Misc. Fees	100	45	00
Pre-Need Trust	77183		
Sales Tax	60033	14	73
	9022		
	60101		
	78390		
TOTAL PAID	\$	1248	73

3681

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48880

Date: 8-14, 1997

From: James Oliver Address: 9211 Alamo Pk #41 Spring Valley

One thousand two hundred forty eight and 73/100 Dollars (\$ 1248.73)

In full Payment of Interment of Wang King Reynolds

Lot 224 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13782

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184	<u>179</u>	<u>00</u>
80% Sales of Lots	100	<u>300</u>	<u>00</u>
	77184		
Opening/Closing	100	<u>375</u>	<u>00</u>
	77181		
Burial Containers	100	<u>190</u>	<u>00</u>
	77182		
	100	<u>143</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	80101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1248</u>	<u>73</u>

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48888

Date: 8-19, 1997

From: CA Burial Chapel Address: 5880 El Cajon Blvd San Diego 92115

In part Payment of Three hundred ninety one and no/100 Dollars (\$ 391.00)
retention of Mary King-Reynolds

Lot 224 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13782

BALANCE DUE 25 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 _____

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>391</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101		
	76390		
TOTAL PAID		\$ <u>391</u>	<u>00</u>

3517

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45889

Date: 8-20, 1997

From: William Reynolds Address: 3787 Broadway St. San Diego 92102

In Twenty five Dollars (\$ 25.00)

In full Payment of Interment of Mary King Reynolds

Lot 224 Grave 17 Row _____ Section 9 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13782

BALANCE DUE ⊕

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY L. Michelle

CREDIT	67007		
20% Sales Earn	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/15/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chester Lee Bell

in a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____: Lewis Columnel Mortuary.
Reginal

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container VOID

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 record holder of deed _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 13783**

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 8/15/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lisa L Mewborn
in a liner Funeral, date, time Wed. Aug. 20 11:00

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 of \$ 150.00

will be applied and billed to undersigned. X C M C

Lot 80 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 45.00

Handling Fees 45.00

Flower vases - Marker setting fee 14.73

Recording and filing fee 564.73

Sales taxes 391.00

30 day note

Total Due 1173.73
Paid receipt number R-48882

Balance due 1173.73

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Clara M C
Signature
X 2811 Boardway St
Address
X SAN DIEGO CA 92102
City Zip Code
X 239-0564 OR 232-5915
Telephone

Work Order # E 13784

REA-104 (7-96)

Invoice # 288539
Acct. # 093180
8-20-97

This information is available in alternative formats upon request.

Areg Mayfield - Relative

232-5915

Wendell Parker - ~~water~~ Relation

239 0564

MT. HOPE CEMETERY

W.O. # E-13784

NOTE

\$ 1173.73

San Diego, California August 18 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand one hundred seventy three DOLLARS with interest from September 22, 1997 on the unpaid principal 73/10 at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X CIARA M Cox SIGNATURE X Ciara M Cox
 ADDRESS X 2850 INLAND ST SAN Diego CA 92102
 CALIFORNIA DRIVER LICENSE NUMBER X C 3488800 SSN # X 256-90-3156

E-13784

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Lisa Lida	1B. MIDDLE Ann	1C. LAST (FAMILY) Mewborn	2. DATE OF BIRTH MONTH, DAY, YEAR 06/01/1967	3. DATE OF DEATH MONTH, DAY, YEAR 08/14/1997	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 Clara M. Cox, Mother 2850 Island Ave. Apt. 1 San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

BA. SIGNATURE OF APPLICANT—Person taking permit: *[Signature]* BB. DATE SIGNED: **08/19/1997**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/19/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9D. LICENSE NUMBER 9711360
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8/20/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

48882

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

Date: 8-18, 19 97

From: Anderson-Paysondale Address: 5150 Federal Blvd San Diego 92112

Three hundred ninety one and 00/100

Dollars (\$ 391.00)

In part Payment of Interment of LISA McILWAIN

Lot 80 Grave 0 Row Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-15784

BALANCE DUE 1173.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

10350

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY C. Duggan - Auditor

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	391	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	391	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50312

Date: 8-10, 1998

From: Wendell Cox Address: _____

One Hundred Twenty Five Dollars (\$ 125.00)

In full Payment of Marker Installation Fee for
Lisa Mewborn

Lot 80 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13784

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>125 00</u>
	77183	
Pre-Need Trust	63033	
	6022	
Sales Tax	80101	
	78390	

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY J. Shultz

TOTAL PAID \$ 125 00

pre-need lot

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-15-97

206878

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tameka Brayall & Beth Brayall

In a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 270 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>795.00</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 795.00

Paid receipt number m/c 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 _____

Beth Brayall
 Signature
 404 Summerlake Ave
 Address
 San Diego Ca. 92114
 City Zip Code
 697-2346 (619)
 Telephone

Work Order # E 13785 ✓

Invoice # collections 9/23/03
Acct. # _____

over

8/15/97

m/c credit card
printer is down

5458 0000 0343 9011
EXP 04/99

Authorize Mt. Hope to charge
\$199.00 on credit card.

X Beth Brayman

BRAYALL, BETH 404 Sunnyside Avenue San Diego, CA 92114

DEBIT CREDIT BALANCE

08-15	97	Pre-need Lot Opened:							
		Lot 276, Grave 11, Section 2 Division 12					795.00		795.00
08-15	97	R-mastercard						199.00	596.00
9-4	97	R-48933 CPN #1		✓			25.00		571.00
10-8	97	R-49055 CPN #2		✓			25.00		546.00
11-7	97	R-49153		✓			25.00		521.00
12/5	97	R-49247 no CPN #4		✓			25.00		496.00
1/2	98	R-49340 NO CPN		✓			25.00		471.00
2-4	98	R-49408 CPN 6		✓			25.00		446.00
3-9	98	R-49729 CPN 7		✓			25.00		421.00
5/18	98	R-49971 CPN 899		✓			50.00		371.00
2-28	03	Mailed delinquent notice							
3-14	03	pd by USA						100 -	271 -
8-	03	Mailed final delinquent notice							
9-25	03	forwarded to collections							

PRE-NEED LOT

BRAYALL, BETH



E-13785

THE CITY OF SAN DIEGO

August 19, 2003

Ms. Beth Brayall
404 Sunnyside Ave.
San Diego, CA 92114

Reference: E-13785

Dear Ms. Brayall,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was March 14, 2003 leaving a balance of \$271.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-13785, date issued August 15, 1997 cemetery location Division 12, Section 2 Lot 276, Grave 11.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400. This will be your last notification if monthly payments are not kept up.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

Mt. Hope Cemetery

Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403



pre-need lot

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-15-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tameka Brayall & Beth Brayall

In a _____ Funeral, date, time _____
Type of Burial Container
Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 270 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>795.00</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 795.00

Paid receipt number m/c 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 dead.

Signature of recorded holder of deed _____

Beth Brayall
Signature
404 Sunnyside Ave
Address
San Diego Ca. 92114
City Zip Code
697-2346 (619)
Telephone

Work Order # E 13785

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre-need
Lot

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15 day of August, 19 97, between Beth Brayall, 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 276, Grave 11, Row _____, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 795.00, payable as follows: \$ 199.00 cash herewith, the receipt of which is hereby acknowledged; \$ 25.00 on the 10 day of September, 19 97; and the balance in installments of \$ 25.00 or more, payable at the office of Mt. Hope Cemetery, on the _____ 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:

\$ 795.00 total
- 199.00 : 25% down

\$ 596.00 balance

2.3 payments at \$ 25.00
1 payment at \$ 21.00

X Tameka Brayall Beth Brayall
Name

X 404 Sunnyside Ave
Address

X San Diego Ca. 92114

PURCHASER

X Tameka Brayall Beth Brayall
Print Name

X Tameka Brayall Beth Brayall
Signature

X 404 Sunnyside Ave
Street Address (Mail)

X San Diego Ca. 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: C. Jurgon-Avallone

E-13785

★ CITY OF SAN DIEGO-COLLECTIONS DIV - Port 10

File Edit Commands Screen Help

CITY OF SAN DIEGO ACCOUNT INQUIRY

CITY OF SAN DIEGO		ACCOUNT INQUIRY	
		--OWING--	-RECEIVED-
ACCOUNT 2686922		AGN/AMT	271.00
CLIENT# 007270	MOUNT HOPE CEMETARY	INT	0.00
1 NAME (?) BRAYALL, BETH		CANCELLED	0.00
NAME2		ATTORNEY	0.00
ADDRESS 404 SUNDYSIDE AVE		COURT	0.00
ADDRESS2		HISC (D)	103.41
CITY SAN DIEGO		TOTAL*****	374.41
	ST CA ZIP 92114-6940		
2 TELEPHONE 619-697-2946	INT 0		
NOTE LNS 85	DOB: = 09-23-1954	NET*****	0.00
DESK(UNIT) 286	SSN: 536609697	STATUS PIF COMM	
PRT(n,+, -)	DR/L A5063170	PPLAN \$	
3 CLIENT REF E13785			
FWD CLIENT			
4 ASSIGNED 10-30-03	SSPC FLD1		
LAST CHG 08-15-97	OLD TCS		
LAST PAY 04-30-04	SPC FLD3		
1ST DELQ 08-15-97	SPC FLD4		
CL LC/LP 08-15-97	SPC FLD5		
INTR EFF 04-30-04	CREDIT RPT	06-20-04;13;0.00;6	

Enter Option (?):

F1-HELP F2-FILE F3-BACKUP F4-BOT F5-DELETE

9:17AM 2319

E-13785 Paid in full on April 2004 per Collections
 Balance is 0

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-20-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Vernon Denny
 in a double depth crypt Funeral, date, time Tues 8-26 1:00
Type of Burial Container
 Church, Chapel, Graveside Church Graveside: Daysdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$150.00
 will be applied and billed to undersigned. X Tj

Lot 86 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>380.00</u>
Handling Fees	<u>320.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>29.45</u>
Total Due	<u>1944.45</u>

*30 day
Noted*

Paid receipt number R-48890 199.00
FAMILY REPRESENTATIVE Balance due 1745.45
Tj 1149.45

I hereby certify I am the Tj of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment. *over*

I hereby authorize the interment in lot I
 hold under deed.

Signature of recorded holder of deed _____

Tj
 Signature _____
 Address 01746 Euclid
 City SAN Diego - CA 92105 Zip Code _____
 Telephone 619-262-6657

Work Order # **E 13786**

Invoice # 288618
 Acct. # 093220

Balance 1745.45

Paid 1149.45

Rec. 48898

Doe 396.00

MT. HOPE CEMETERY

W.O.# E-13786

NOTE

\$ 596.00 San Diego, California August 25 19 97

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 Five hundred ninety six ⁰²/₁₀₀ DOLLARS with interest from September 26, 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 Tyrone Brown SIGNATURE Tyrone Brown
ADDRESS 1746 Euclid San Diego CA
CALIFORNIA DRIVER LICENSE NUMBER C1842917 SSN # X 259-04-5736

E-13786

94

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Vernon		1B. MIDDLE Curtis		1C. LAST (FAMILY) Denny		2. DATE OF BIRTH MONTH, DAY, YEAR 05/29/1903		3. DATE OF DEATH MONTH, DAY, YEAR 08/18/1997		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 Zenola Denny, Wife 4121 54th Place Apt. 203 San Diego, CA 92105					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Debbie Johnson</i> 08/20/1997					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7106 of the Health and Safety Code.											
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 08/21/1997		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711492	
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 92886-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS								FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> F. DISINTERMENT									
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA									
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA									
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102				11B. DATE BURIED		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.

48008

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

 From: Zenaid ^{Denny} Dorothy Patterson Address: 4121 54th Pl #203 San Diego 92105
Date: 8/25, 1997
 In Part Payment of Interment of Vernard Denny Dollars (\$ 1149.45)

 Lot 86, ~~100~~ Grave 2 Row _____ Section 2 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13786BALANCE DUE 596.00Pre-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 Kayuki

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>437</u>	<u>00</u>
Opening/Closing	77184	<u>375</u>	<u>00</u>
Burial Containers	100	<u>337</u>	<u>45</u>
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>1149</u>	<u>45</u>

48890

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 8-20, 1997

From: Lynn Brown Address: 1746 Euclid San Diego 92105

One hundred ninety nine and 00/100 Dollars (\$ 199.00)

In part Payment of Interment of Vernon Denny

Lot 80 Grave 2 Row Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1378U

BALANCE DUE 1745.45

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	199	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	63033		
	9022		
	60101		
	78300		
TOTAL PAID	\$	199	00

ISSUED BY [Signature]

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-20-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eartis Loretta Wright

In a Liner Funeral, date, time Sat. Aug. 23 10:00

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 of \$ 150.00

will be applied and billed to undersigned. [Signature]

Lot 5289 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 600.00

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 2464.73

Paid receipt number R-48892 616.00

Balance due 1848.73

30 day note

Paid 9/22/97

SATURDAY OVERTIME SERVICE

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 record holder of deed

657-6663

James Wright
 Signature
5469 Roswell Ct.
 Address
San Diego CA 92144
 City Zip Code
James E. Wright
 Telephone
264-2548

Work Order # E 13787

Invoice # 288537

Acct. # 093188

8-24-97

MT. HOPE CEMETERY

W.O.# E-13787

NOTE

\$ 1848.73 San Diego, California August 20 1997

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 eight hundred forty eight DOLLARS with interest from September 23, 1997 on the unpaid principal 73/100 at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X JAMES E. WRIGHT SIGNATURE James E. Wright

ADDRESS X 5469 Russell St

CALIFORNIA DRIVER LICENSE NUMBER X H0435782 CA SSN # X 431-74-1017

E-13787

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

54

1A. NAME OF DECEDENT—FIRST (GIVEN) Eartis		1B. MIDDLE Loretta		1C. LAST (FAMILY) Wright		2. DATE OF BIRTH MONTH DAY YEAR 11/28/1942		3. DATE OF DEATH MONTH DAY YEAR 08/19/1997		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 E. Wright, Husband 5469 Roswell St., San Diego, CA 92114					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		6A. SIGNATURE OF APPLICANT—Person taking permit, <i>Deborah Williams</i>			6B. DATE SIGNED 08/20/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.											

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 08/21/1997 <i>Williams</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711494		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -					

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)				<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT			
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102		11B. DATE BURIED 1/23/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wright</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

48892

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 8-20, 19 97

From: Irene Gradney Address: PO BOX 5096 MORENO VALLEY, CA 92552

Six hundred sixteen and 00/100 Dollars (\$ 616 00)

In part Payment of interment of EATIS LUCY WRIGHT

Lot 5289 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13787

BALANCE DUE 1848.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

1504

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY C. DUNN - HVAL

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	616	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	63033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	616	00

533 - 3216

E- 13787

TYRONE BROWN

262-6657

29
3-30-90

689.50

PLEASE CALL

4-1-78

PD 689.50

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. _____

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 4-1-98

PAID BY (CIRCLE ONE) CA CK NF

PAYMENT REFERENCE NUMBER # 2217

AMOUNT PAID 689.50

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Tyrone Brown

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) _____

CUSTOMER (PAYOR) ADDRESS E-13786

J. Shultz
073

REMARKS _____

CASHIER _____

INV. NO. 288618

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-20-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mr. Ming Khampunbuan (X)

in a Ash Vault Funeral, date, time Fri. Aug. 29 2:00

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 of \$ 150.00

will be applied and billed to undersigned. X Wm

Lot 5 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 300.00

Additional spaces and care fund -

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 4.26

PAID
in full
AUG 21 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 509.26

Paid receipt number R-48894 509.26

Balance due 0

I hereby certify I am the X DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated, I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Wenmae
Signature
X 4824 Avbun Ave
Address
X San Diego CA, 92105
City Zip Code
X 619-624-9071
Telephone

Work Order # E 13788 ✓

Invoice # _____
Acct. # _____

over ->

8-20-97

this interment of ashes will
be the only set to be buried
in this grave. per daughter
who signed this interment
order.

PAID
ELSON
MEMORIAL HOME

48891

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-20, 1997From: VERT. MACHINE Address: 4824 AVSUMM DRIVE SAN DIEGO 92165FIVE THOUSAND SIXTY NINE AND 20/100 Dollars (\$ 569.26)In full Payment of interment ofMR. MING HAMPUNHIANLot 5 Grave 15 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13788BALANCE DUE 569.26Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Cars	77184	<u>50</u>	<u>50</u>
80% Sales of Lots	100	<u>300</u>	<u>00</u>
77184			
Opening/Closing	100	<u>165</u>	<u>00</u>
77181			
Burial Containers	100	<u>55</u>	<u>00</u>
77182			
Handling Fee	100	<u>100</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101	<u>4</u>	<u>00</u>
78390			
TOTAL PAID	\$	<u>569</u>	<u>26</u>

ISSUED BY _____

E-13788

BERGEBROBERTS
72140

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

77

1A. NAME OF DECEDENT—FIRST (GIVEN) HLING	1B. MIDDLE -	1C. LAST (FAMILY) KHAMFUNBUAN	2. DATE OF BIRTH MONTH DAY YEAR 01/01/1920	3. DATE OF DEATH MONTH DAY YEAR 08/18/1997	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 WEN MAONEE - DAUGHTER 4824 AUBURN DRIVE SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE ROBERTS MORTUARY 607 NAT'L. CITY BLVD., NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Marked Souder</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/20/1997			

9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/20/1997 MARIA SOUDER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711444	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS... P.O. BOX 85222 SAN DIEGO, CA 92186-5222	
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-27-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE., SAN DIEGO, CA 92113	12B. DATE CREMATED 8/21/97	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 8/20/97

ME# 97-1336

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JANE / JOHN DOE PA # 1220705 (X)

in a Ash Vault Type of Burial Container Funeral, date, time Fri, 8/22 10:00AM

Church, Chapel, Graveside Del. Only Mexican Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 143 Grave 8 Row _____ Section 2 Division/Block 11

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 —

Small box of bones. Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due 0

I hereby certify I am the adult price of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13789**

Invoice # 288542

Acct. # 000952

13789

288542 08/26/97 000952

COUNTY OF SAN DIEGO

09/22/97 CK 04-433210

386.00
165.00
50.00
45.00
126.00

386.00

BALANCE

0.00

PAID IN FULL

E-13789

100 072
100 072
100 072
100 072

77181 000072
77182 000072
77183 000072
77184 000072

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13789

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) John/Jane	1B. MIDDLE -	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR Unknown	4. SEX Unk
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT L. Jamme—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 FD1424		8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code			8B. DATE SIGNED 08/21/1997		

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/21/1997	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 San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-13789
WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

ACCT NO
000952

CA 92123

TREASURERS USE ONLY

PAYMENT DATE

9-22-97

BY: CA IF

PAYMENT REF NO

04-433210

AMT PAID:

\$ 386.00

INVOICE DATE
08/26/97

PAYMENT DUE
09/25/97

PERIOD COVERED
JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13789
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN/JANE DOE PA# 1220705 SVCS	
LOT 143 GR 8 SEC 2 DIV 11	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE. RETURN WITH PAYMENT INV NO. 288542

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Lucy Varner

in a lined Funeral, date, time Wed 8-27 2:00

Church, Chapel, Graveside Chud Grande, Dagobah Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. W. K. Catlin

lot 121 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-48909 1564.73

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

W. K. Catlin
Signature
335 S. 45th St
Address
San Diego CA 92113
City Zip Code
619 264-7895
Telephone

Work Order # E 13790

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13790
94

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE Lucy	1C. LAST (FAMILY) Varner	2. DATE OF BIRTH MONTH, DAY, YEAR 02/27/1903	3. DATE OF DEATH MONTH, DAY, YEAR 08/19/1997	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 Violet Catlin, Daughter 335 S. 45th St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 08/21/1997	

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 08/22/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9711564
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 LOCAL
(Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-22-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

48909

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 8-27, 1997

From: Anderson-Ransdale Address: 5050 Federal Blvd. San Diego 92102

One thousand five hundred sixty four & 73/100 Dollars (\$ 1564.73)

In full Payment of interment of Mary Lucy Vainey

Lot 121 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13790

BALANCE DUE 8

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

10375

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY C. J. [Signature]

CREDIT	67007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>436</u>	<u>00</u>
	77184		
Opening/Closing	100	<u>375</u>	<u>00</u>
	77181		
Burial Containers	100	<u>190</u>	<u>00</u>
	77182		
Handling Fee	100	<u>145</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1564</u>	<u>73</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-21-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth Thompson &

In a ash vault - Funeral, date, time Wed Aug 27 9:30

Church, Chapel, Graveside Graveside : Requiem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 31 Grave 3 Row _____ Section MAS Division/Block T

Grave space & Care Fund See head B-1626 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____ 45.00

Recording and filing fee _____ 4.26

Sales taxes _____ 4.26

PAID
AUG 21 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number R-48896 269.26

Balance due 0

I hereby certify I am the sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

General Shrode
Signature
14215 Pecos Rd #69
Address
San Diego, CA 92121
City
619, 443-1953 Zip Code
Telephone

Work Order # **E 13791**

Invoice # _____

Acct. # _____

E-13791

83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RUTH	1B. MIDDLE L	1C. LAST (FAMILY) THOMPSON	2. DATE OF BIRTH MONTH, DAY, YEAR 07/04/1914	3. DATE OF DEATH MONTH, DAY, YEAR 08/20/1997	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 BUNICE SHRIVE-SISTER 14215 PECAN PARK #69 EL CAJON, CA 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPAUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 08/26/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 08/20/1997 VINCE ALARI	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711694
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 8/27/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LEONDA INC 14065 HWY 8 BUS EL CAJON, CA 92021	12B. DATE CREMATED 8/24/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48596

Date: 8-21, 1997

From: Conice Shreve Address: 14215 Ocean Park Lane Sp 69 El Cajon

Two Hundred Sixty Nine Dollars (\$ 269.26)

In full Payment of Interment of Paul Thompson

Lot 31 Grave 3 Row _____ Section MAS Division Block T

Invoice No. _____

Acct. No. _____

W.O. E-13791

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY J. Shullin

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	100	55	00
Handling Fee	77185	60	00
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	63033		
Sales Tax	9022	4	26
	60101		
	78390		
TOTAL PAID	\$	269	26

42021

5241

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/21/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of VERNON DWIGHT FRIEND

in a TS Vault Funeral, date, time Wed, 8-27 1:30

Church, Chapel, Graveside Chapel/Graveside ; CA Burial Kim Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 5000

will be applied and billed to undersigned. AG

✓ Lot 141 Grave 6 Row — Section 2 Division Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 250.00

Burial Container 186.00

Handling Fees 237.8

Flower vases - Marker setting fee 45.00

Recording and filing fee 19.38

Sales taxes 1793.16

Total Due 1793.16

Paid receipt number USA 1793.16

Balance due 0

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Cornette Friend
Signature
8470 Piedbrook Ln.
Address
San Diego, CA 92114
City Zip Code
(619) 479-8644
Telephone

Work Order # E 13792

Invoice # _____
Acct. # _____

E-13792

03

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) VERNON	1B. MIDDLE DWIGHT	1C. LAST (FAMILY) FRIEND	2. DATE OF BIRTH MONTH DAY YEAR 03/04/1934	3. DATE OF DEATH MONTH DAY YEAR 08/19/1997	4. SEX MALE
5A. CITY OF DEATH LA JOLLA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANNETTE FRIEND—WIFE 8470 PARKBROOK LANE SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE E-1357	6A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		6B. DATE SIGNED 08/27/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	7. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/27/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.					

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-27-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49750



WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 3-13-98, 19__

From: Arnette Friend Address: 8470 Parkbrook Ln San Diego 92114

One hundred twenty five Dollars (\$ 125.00)

In full Payment of Marker Installation Fee for Vernon Friend

Lot 141 Grave 6 Row _____ Section 2 Division Block 13

Invoice No. _____

Acct. No. _____

W.O. E-13792

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. Schellton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	<u>125 00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

center right

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/22/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lucille Joslin ~~at~~ Fri Aug 29
in a Ash Vault Type of Burial Container Funeral date, time TUES. SEPT. 2 AYD

Church, Chapel, Graveside delivery only : Mayer Mortuary.
Jim

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot P Grave 16 Row _____ Section MAB Division/Block A

Grave space & Care Fund pre-need ~~8~~

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 _____ 42.6

Total Due 269.26

Paid receipt number _____

Balance due _____

*Creditors
claim
John Edwards
P.A.*

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

[Signature]
Signature

Address

Signature of recorded holder of deed

City Zip Code

Telephone

Invoice # _____

Work Order # **E 13793**

Acct. # _____

Daughter to Maude E Pavak
pen John Edwards

E-13793

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

82

1A. NAME OF DECEDENT—FIRST (GIVEN) Lucille		1B. MIDDLE	1C. LAST (FAMILY) Joslin		2. DATE OF BIRTH MONTH, DAY, YEAR 05/24/1915	3. DATE OF DEATH MONTH, DAY, YEAR 08/13/1997	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 J. Edwards—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 FD1424		8A. SIGNATURE OF APPLICANT <i>James Hale</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 08/25/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	7BES PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/25/1997 James Hale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711639
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-27-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY P.C.I. 571 Crane St., Lake Elsinore, CA 92350	12B. DATE CREMATED 8/17/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT, IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-22-97

ashes in office

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul Basden (X)

in a _____ Funeral, date, time Wed 9-17 AFD

Church, Chapel, Graveside delivery only; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

8640

Lot 50 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

*Kathy Basden
 (573) 635-9392*

Total Due 450.00

Paid receipt number 48985 450.00

Balance due 0

PAID
 SEP 15 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 13794**

Invoice # _____

Acct. # _____

8-22-97

1:45 pm

(573) 636-3838

Eric Slater, manager of Houser-Millard Mortuary in Jefferson City, Missouri called to make partial burial arrangements. Wife will be in town 9-15 or 9-16 to finalize arrangements.

wife: Kathy Basden (573) 635-9392
1039 Boonville Road
Jefferson City, MS 65109

* aware that a CA Burial Permit is required for burial.

TYPE/PRINT
IN
PERMANENT
BLACK INK,
FOR

INSTRUCTIONS
SEE OTHER SIDE
AND HANDBOOK.

DECEDENT

VS 300
Rev. 4/90

MO 580-0695
(4-90)

FOR USE BY PHYSICIAN OR INSTITUTION
NAME OF
DECEDENT

PARENTS

INFORMANT

DISPOSITION

SEE
INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

CERTIFIER

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

E-13794

REGISTRATION DISTRICT NO.

051

REGISTRAR'S NUMBER

594

124 -

1. DECEDENT'S NAME (First, Middle, Last)

PAUL E. BASDEN

2. SEX

Male

3. DATE OF DEATH (Month, Day, Year)

August 8, 1997

4. SOCIAL SECURITY NO.

465-24-8425

5a. AGE - Last
Birthday (Year)

75

5b. UNDER 1 YEAR

MONTHS DAYS

5c. UNDER 1 DAY

HOURS MINUTES

6. DATE OF BIRTH (Month, Day, Year)

Aug. 24, 1921

7. BIRTHPLACE (City and State or Foreign Country)

Riviera, Texas

8. WAS DECEDENT EVER IN
U.S. ARMED FORCES?

Yes No Unk.

9a. PLACE OF DEATH (check only one; see instructions on other side)

HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)

Beverly Health & Rehab. Center

9c. CITY, TOWN, OR LOCATION OF DEATH

Jefferson City

9d. COUNTY OF DEATH

Cole

10. MARITAL STATUS - Married, Never
Married, Widowed, Divorced (Specify)

Married

11. SURVIVING SPOUSE'S NAME
(If wife, give full maiden name)

Kathryn Springer

12a. DECEDENT'S USUAL OCCUPATION (Give kind of
work done during most of working life. Do not use retired)

Pressman

12b. KIND OF BUSINESS OR INDUSTRY

Newspaper

13a. RESIDENCE - STATE

Missouri

13b. COUNTY

Cole

13c. CITY, TOWN, OR LOCATION

Jefferson City

13d. ZIP CODE

65109

13e. STREET AND NUMBER

1039 Boonville Rd.

13f. INSIDE CITY LIMITS

Yes No

13g. YEARS AT PRESENT ADDRESS

Under 5 5-9 10-19 20 or more

14. WAS DECEDENT OF HISPANIC ORIGIN
(Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)

No Yes Specify:

15. RACE - American Indian, Black, White, etc.
(Specify)

White

16. DECEDENT'S EDUCATION
(Specify only highest grade completed)

Elementary/Secondary (0-12) College (1-4 or 5-)

10

17. FATHER'S NAME (First, Middle, Last)

Marvin Basden

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Pearl Smith

19a. INFORMANT'S NAME (Type/Print)

Kathryn Basden

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

1039 Boonville Rd. Jefferson City, MO 65109

20a. BURIAL, CREMATION,
OTHER (Specify)

Cremation

20b. DATE OF DISPOSITION
(Month, Day, Year)

Aug. 12, 1997

20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or
other place)

Hedges F.H. Crematory

20d. LOCATION - City or Town, State

Osage Beach, MO

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR
PERSON ACTING AS SUCH

Debra A. Hille

22a. NAME AND ADDRESS OF FACILITY

Houser-Millard Fun. Dir.
2613 W. Main Jefferson City, MO 65109

22b. FUNERAL ESTABLISHMENT
LICENSE NUMBER

2147

23. PART I. Enter all diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.
List only one cause on each line.

IMMEDIATE CAUSE
(Final disease or
condition resulting
in death)

a. *Metastatic carcinoma with*
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list
conditions, if any,
leading to immediate
cause. Enter
UNDERLYING CAUSE
(disease or injury that
initiated event resulting
in death) LAST

b. *metastatic disease to spine*
DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between
Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

Diabetes mellitus

24. IF DECEASED WAS
FEMALE 10-49, WAS SHE
PREGNANT IN THE LAST
90 DAYS?

Yes No Unk.

25a. WAS AN AUTOPSY
PERFORMED?

Yes No

25b. WERE AUTOPSY FINDINGS
AVAILABLE PRIOR TO
COMPLETION OF CAUSE
DEATH?

Yes No

26. MANNER OF DEATH

Natural Pending
Investigation
 Accident
 Suicide Could not be
Determined
 Homicide

27a. DATE OF INJURY
(Month, Day, Year)

27b. TIME OF
INJURY

27c. WAS INJURY ALCOHOL-
RELATED? (Just limited to
accidents)

Yes No Unk.

27d. INJURY AT WORK?

Yes No Unk.

27e. DESCRIBE HOW INJURY OCCURRED

27f. PLACE OF INJURY - A) home, farm, street, factory, office
building, etc. (Specify)

27g. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28a. (Specify)

CERTIFYING PHYSICIAN
 MEDICAL EXAMINER/CORONER

28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)

James R. Ennis M.D.

28c. DATE SIGNED
(Month, Day, Year)

8/11/97

28d. TIME OF DEATH

9:40 P

29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type/Print)

J.R. ENNIS M.D. 198 W. SIMON BLVD
HOLTS SUMMIT MO. 65043

29b. MO. LICENSE NUMBER

R6639

30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?

Yes No

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
(Type or Print)

Jack Brauser/Kitt

32. REGISTRAR'S SIGNATURE

Jack Brauser/Kitt

33. DATE RECEIVED BY LOCAL REGISTRAR
(Month, Day, Year)

August 11, 1997

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

STATE OF MISSOURI }
COUNTY OF COLE } SS

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

August 11, 1997

Jack Brauser, R.S.
Registrar of Vital Statistics



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION

E-13794

This notification is to be used only when deemed necessary by Funeral Home Licensee.

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

Section 193.175, RSMo (1986)

I HEREBY CERTIFY THAT NOTIFICATION OF DEATH FOR

DECEDENT PAUL E. BASDEN		WAS FILED WITH THE LOCAL REGISTRAR OF	
COUNTY COLE COUNTY		MISSOURI ON AUGUST 11, 1997	
CEMETERY OR CREMATORY NAME MT. HOPE CEMETERY	LOCATION (CITY, STATE) SAN DIEGO, CALIFORNIA	DATE (MONTH, DAY, YEAR) 09- -97	
SIGNATURE (FUNERAL HOME LICENSEE) [Signature]		MO. LICENSE NUMBER 6886	

NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE
 NAVPERG-553 (REV. 3-45)

E-13794

11

1. SERIAL OR FILE NO. 625 49 75		2. NAME (LAST) (FIRST) (MIDDLE) BASDEN, Paul E.		3. RATE AND CLASS/OR Seaman 1/c		4. PERMANENT ADDRESS FOR MAILING PURPOSES V-6, USNR Box 213, Riviera, Tex.		5. PLACE OF SEPARATION PerSepCen, Nashville, Tenn.	
6. RACE		7. SEX M		8. MARITAL STATUS Single		9. U.S. CITIZEN (YES OR NO) Yes		10. DATE AND PLACE OF BIRTH 8/24/21, Riviera, Tex.	
11. REGISTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. SELECTIVE SERVICE BOARD OF REGISTRATION Kingsville, Tex.		13. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE Riviera, Tex.		14. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX) <input checked="" type="checkbox"/> ENLISTED <input type="checkbox"/> INDUCTED <input type="checkbox"/> COMMISSIONED		15. DATE OF ENTRY INTO ACTIVE SERVICE 8/20/42	
16. QUALIFICATIONS, CERTIFICATES HELD, ETC. See rating desc. booklet S 1c		17. RATINGS HELD S, S2/c, S1/c		18. FOREIGN AND OR SEA SERVICE WORLD WAR II <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		19. SERVICE (VESSELS AND STATIONS SERVED ON) NTC, San Diego, Cal. USS RICHMOND (CL9) NAAF, Adak, Alaska NAS, Dutch Harbor, Alaska USS RICHMOND (CL9)		20. NET SERVICE (FOR PAY PURPOSES) (YRS., MOS., DAYS) 3yrs. 3mos. 20days	
21. DATE OF ENTRY INTO ACTIVE SERVICE 8/20/42		22. PLACE OF ENTRY INTO ACTIVE SERVICE Corpus Christi, Tex.		23. SERVICE SCHOOLS COMPLETED None		24. WEEKS		25. INTENTION OF VETERAN TO CONTINUE INS.	
26. KIND OF INSURANCE NSI		27. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE Dec. 1945		28. MO. NEXT PREMIUM DUE Jan. 1946		29. AMOUNT OF PREMIUM DUE EACH MONTH \$6.50		30. INITIAL MUSTERING OUT PAY YES	
31. TOTAL PAYMENT UPON DISCHARGE \$ 509.91		32. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT \$ 54.45		33. NAME OF OCCURRING OFFICER J.A. DAVIS		34. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER) <i>C.V. Lynch</i> C.V. LYNCH, Lt(D) USNR		35. REMARKS Auth; ANAV 252-45 Asiatic Pacific ribbon (2 stars) American Theater Victory Medal Good conduct Medal	
36. NAME AND ADDRESS OF LAST EMPLOYER Marvin Basden Box 213, Riviera, Tex.		37. DATES OF LAST EMPLOYMENT FROM ----- TO AUG. 1942		38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO. Farming		39. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING) None		40. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE) None	
41. NON-SERVICE EDU. (YRS. SUCCESSFULLY COMPLETED) GRAM. 6 H. S. 0 COLL. 0		42. DEGREES		43. MAJOR COURSE OR FIELD		44. RIGHT INDEX FINGERPRINT		45. OFF DUTY EDUCATIONAL COURSES COMPLETED None	
46. DATE OF SEPARATION 12/9/45		47. SIGNATURE OF PERSON BEING SEPARATED <i>Paul E. Basden</i>		48. SIGNATURE OF PERSON BEING SEPARATED <i>Paul E. Basden</i>		49. SIGNATURE OF PERSON BEING SEPARATED <i>Paul E. Basden</i>		50. SIGNATURE OF PERSON BEING SEPARATED <i>Paul E. Basden</i>	

RECORD OF NAVAL SERVICE

PAY & INSURANCE DATA

EMPLOYMENT AND EDUCATIONAL DATA

E-13794

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

75

1A. NAME OF DECEDENT—FIRST (GIVEN) PAUL	1B. MIDDLE E.	1C. LAST (FAMILY) BASDEN	2. DATE OF BIRTH MONTH, DAY, YEAR 08 24 1921	3. DATE OF DEATH MONTH, DAY, YEAR 08 08 1999	4. SEX M
5A. CITY OF DEATH JEFFERSON CITY	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE COLE "MISSOURI"		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KATHRYN BASDEN "WIFE" 1039 BROWN HILL RD JEFFERSON CITY, MO 65709		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KATHRYN BASDEN 1039 BROWN HILL RD. JEFFERSON CITY, MO 65709		7B. CALIF. LICENSE NUMBER —IF APPLICABLE NONE		8A. SIGNATURE OF APPLICANT—Person taking permit Kathryn Basden 8/15/99	
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 09/15/1999	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT R. P. [Signature]
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA —	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN-TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 92102 3751 MARKET ST. SAN DIEGO, CA	11B. DATE BURIED 9/1/99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

48095



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

627-3400

Date: 9-15, 1997

From: Lathua Barden Address: 1039 Bonville Rd, Jefferson, Mo.

Four Hundred Fifty ^{710/100} Dollars (\$ 450.00 ^{650/100})

In Payment of Interment of Paul Barden

Lot 5086KB Grave 1 Row 1 Section 4 Division 7

Invoice No. _____
Acct. No. _____
W.O. E-13794
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>60 00</u>
60% Sales of Lots	100	<u>340 00</u>
77184		
Opening/Closing	100	<u>105 00</u>
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	<u>45 00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78990		
TOTAL PAID	\$	<u>450 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY [Signature]

50319

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Kathryn Bapden Address: 1039 Booneville Rd Mole 5109 Date: 8/24 1998
Forty seven & 50/100 Dollars (\$ 47.50)
 In full Payment of galvanized, heavy, vases (2) for
Paul & Lawrence Bapden
 Lot 800 147 Grave _____ Row _____ Section 4 12 Division 8 Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13794BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77194	
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>47.50</u>

ISSUED BY Catrina Avallone

8038

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/25/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Brown

In a Urn Funeral, date, time Tues Aug 26th 11:00
Type of Burial Container

Church, Chapel, Graveside Graveside : St Memorial Mortuary.
Mark

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned.

✓ Lot 139 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Balance due

I hereby certify I am the _____ of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature See attached
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 13795**

Invoice # 288017
 Acct. # 093223

*not paid as of 8/16
 1700.00
 Mrs Smith City Treasurer
 not paid as of 2/11/98 per Mr ASH RD
 Balance 1700.02
 Paid receipt number _____*

533-3815
id 107095

10/16/97

Left message with S.D Memorial for Mark
Regarding this invoice balance \$1700.00,
per Mrs Smith.

2-25-98

2:50

Carlos from Collections called
regarding this invoice. Requested
he wanted faxed copies of
Interment & 30 day note paperwork.
Faxed to him.

fax # 533-3840

MT. HOPE CEMETERY

W.O. # E-13795

NOTE

1564, 73 San Diego, California August 25 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand five hundred sixty four ^{13/100} DOLLARS with interest from September 26, 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 X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

E-13795

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE Beatrice	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH DAY YEAR 09/29/1916	3. DATE OF DEATH MONTH DAY YEAR 08/18/1997	4. SEX F
5A. CITY OF DEATH Hanford		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Kings	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Andrew H. Devereax - Son P.O. Box 1434 Brazoria, Texas 77422		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Frances L Martin</i>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 70376 of the Health and Safety Code, and was authorized pursuant to Section 7150 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 08/25/1997 <i>FL Martin</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711669
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (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 8-20-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Lawrence P. ...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13795



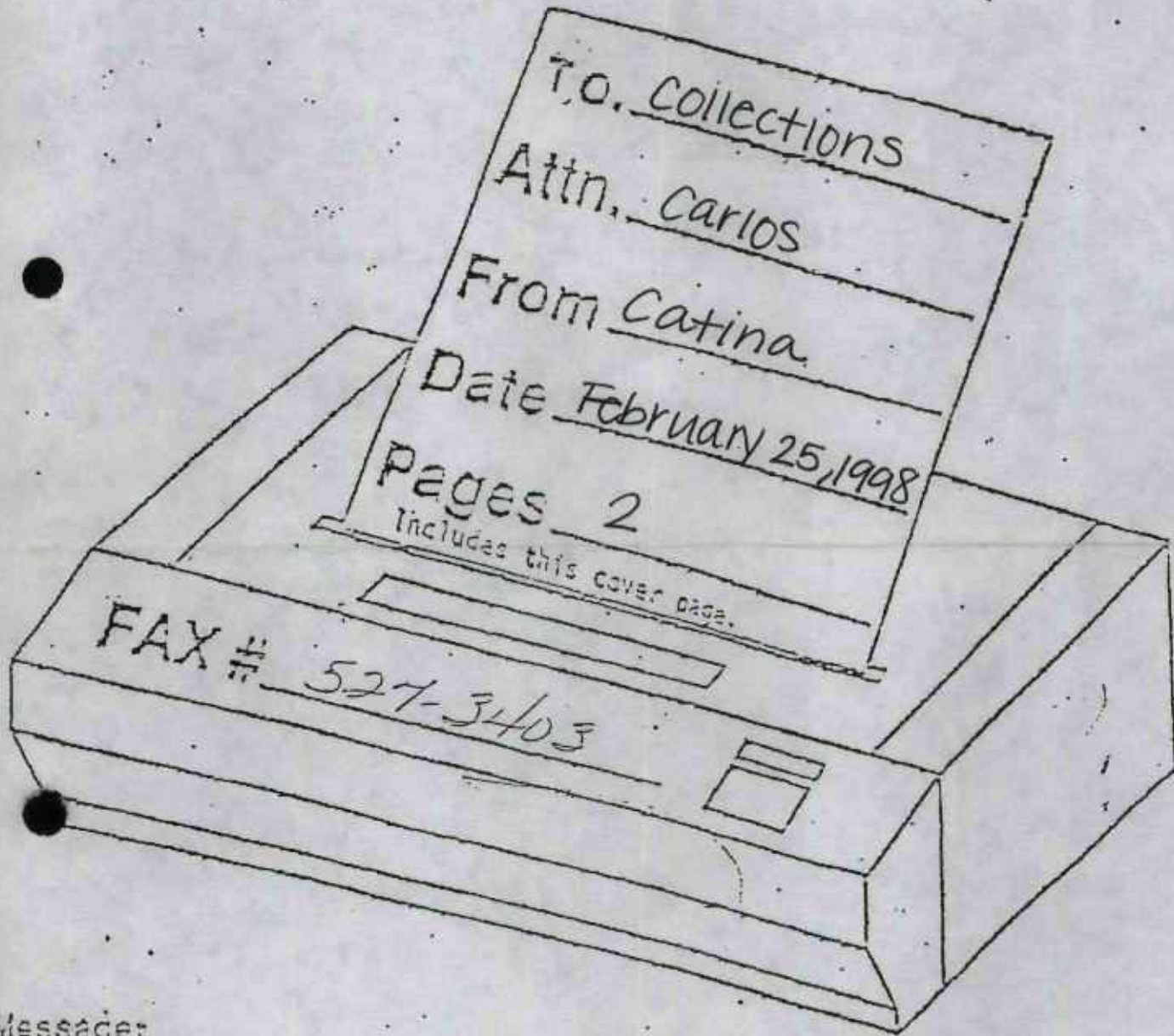


SAN DIEGO

E-13 795...

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



FAX # 527-3403

Message:

If all pages are not received, please call (619) 527-3400.

E-13795

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/25/97

You are hereby authorized and instructed, subject to your rules and regulations, to enter the remains of Mary Brown
 in a liner Funeral, date, time Tues Aug 26th 11:00
 Church, Chapel, Grasside Graveside St Memorial Mark Monday
 All Funeral cars must arrive before 9:30 p.m. of regular work day or an extra charge of \$ 150
 will be applied and billed to undesignated.

Lot <u>139</u>	Grave <u>3</u>	Row <u>3</u>	Section <u>3</u>	Division/Block <u>12</u>
Grave space & Cap Fund <u>795.00</u>				
Additional spaces and cove's fund				
Opening/Closing & Setup <u>395.00</u>				
Burial Container <u>190.00</u>				
Handling Fees <u>145.00</u>				
Flower vases - Marker setting fee				
Recording and filing fee <u>45.00</u>				
Sales taxes <u>1413</u>				
Total Due <u>26473</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 statement.
 I hereby authorize the interment in lot 1
 held under deed.
 Signature of authorized person X Mark Jenkins
2441 University Ave
San Diego, CA 92105
619-692-3090

Invoice # _____
 Work Order # E 13795
 Date _____
 This authorization is available in alternative formats upon request.

MT. HOPE CEMETERY

NOTE

W.O. E-1379

\$ 15647.30 San Diego, California August 25 1997
 Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at
 1 Market Street, San Diego, CA 92101, the sum of one thousand five hundred sixty four 64 DOLLARS
 with interest from September 26, 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.

NAME X MARK JENKINS SIGNATURE X Mark Jenkins
 ADDRESS X 2441 UNIVERSITY
 CALIFORNIA DRIVER LICENSE NUMBER X C6987570 SSN # X 272-64-8464

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-25-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Odell Wesley
 in a Double Death Crypt Funeral, date, time Wed 8-27 1:00
Type of Burial Container
 Church, Chapel, Graveside Church Graveside : Ca Burial Mortuary Martin

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. X B Wesley

Lot 51 Grave 7 Row _____ Section 2 Division/Bless 11

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases - Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1944.45
Paid receipt number <u>R-48905</u>	<u>486.00</u>
Balance due	1458.45

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 _____

X B Wesley
 Signature
5550 Olvera Ave
 Address
SD Ca 92114
 City
(619) 263 6851
 Telephone
 Zip Code

Work Order # **E 13796**

Invoice # 288015
 Acct. # 093225

MT. HOPE CEMETERY

W.O. # E-13796

NOTE

\$ 1458.45 San Diego, California August 26 1997

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 four hundred fifty eight ⁴⁵ DOLLARS with interest from September 28, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X GEORGIA A. WESLEY SIGNATURE X Georgia Wesley

ADDRESS X 5550 Olvera Ave S.D. Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER X M197474 SSN # X 453-30-8672

E-13796

70

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MURRY	1B. MIDDLE ODELL	1C. LAST (FAMILY) WESLEY	2. DATE OF BIRTH MONTH DAY YEAR 04/28/1921	3. DATE OF DEATH MONTH DAY YEAR 08/22/1997	4. SEX MALE
5A. CITY OF DEATH NATIONAL CTTY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GLORIA WESLEY—DAUGHTER 5550 OLVERA AVE. SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8B. DATE SIGNED 08/26/1997
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 7160 of the Health and Safety Code.</small>			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/26/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711736 K. WALKER
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A 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 92102	11B. DATE BURIED 8-27-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

48905

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 8-26, 1997From: Georgia Wesley Address: 5550 Olvera Ave San Diego 92114In part Payment of Statement of Merry Wesley Dollars (\$ 486.00)Lot 51 Grave 71 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13796BALANCE DUE 1458.45Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

400.00

#387

86.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY J. Shickelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>486</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		
	78390		
TOTAL PAID	\$	<u>486</u>	<u>00</u>

13796

288615 08/28/97 093225 GEORGIA WESLEY

E-13796

100 072
100 072
100 072
100 072
100 072
100 072
67807

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390 000072
77184

09/29/97 CK 248841

1,458.45
375.00
380.00
45.00
150.00
320.00
29.45
159.00

1,458.45

0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/25/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Williams

in a Linear Type of Burial Container ^{Del.} Funeral, date, time Thurs 8/28/97 2:30pm

Church, Chapel, Graveside _____; Allen Brothers ⁸⁰⁵ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 50 will be applied and billed to undersigned. Frances Williams

✓ Lot 17 Grave 3 Row _____ Section MAS Division/Block P

Grave space & Care Fund Pre Need

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.23

Total Due 769.23

Paid receipt number R 4894 769.23

Balance due 0

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Frances O. Williams
Signature
1636 N Twin Oaks Valley Rd.
Address
San Marcos CA 92069
City Zip Code
(760) 744-2121
Telephone

Signature of recorded holder of deed _____

Invoice # _____

Work Order # E 13797

Acct. # _____

Husband to Frances Williams

760 - 4568 - 444

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/25/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Williams

in a liner Funeral, date, time Thur, 8-28-97 2:30pm

Church, Chapel, Graveside Delivery only ; Allen Brothers Mortuary,
Bob

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 50

will be applied and billed to undersigned. X

Lot 17 Grave 3 Row _____ Section MAS Division/Block P

Grave space & Care Fund Pre Need 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-48914 769.73

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 13797

Invoice # _____

Acct. # _____

E-13797



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

C O V E R

S H E E T

FAX

To: Bob/Allen Brothers Mortuary
Fax #: 760 744-4568
Subject: Interment for Fred Williams
Date: August 25, 1997
Pages: 2

COMMENTS:

Bob, please sign by the X's on the Interment Order. Fax back to me.
The price listed on the Interment Order is for a single burial with a bell liner.
If you would like to go double depth. The price would be as follows:

Opening/Closing	375.00	
Burial Container	380.00	
Handling Fee	320.00	This is price of first burial
Recording Fee	45.00	
<u>Tax on Crypt</u>	<u>29.45</u>	
Total	1149.45	

Opening/Closing	375.00	This is price of second burial
<u>Recording Fee</u>	<u>45.00</u>	
Total	420.00	

Thank you for your patience.

From the desk of...

Karyn Baker
Administrative Aide
City of San Diego
3751 Market St
San Diego, Ca 92102

619-527-5474
Fax: 619-527-3400



DIVERSITY
BRINGS US ALL TOGETHER

E-13797

89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Fredrick	1B. MIDDLE Emil	1C. LAST (FAMILY) Williams	2. DATE OF BIRTH 01/04/1908	3. DATE OF DEATH 08/28/1997	4. SEX M	
5A. CITY OF DEATH San Marcos		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE, OF INFORMANT Frances A. Williams, Wife 1636 N Twin Oaks Valley Road San Marcos, CA 92069			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Allen Brothers Mortuary, San Marcos Chapel 435 N Twin Oaks Valley Rd, San Marcos CA 92069		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1378	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Linda S. Allen</i>			8B. DATE SIGNED 08/27/1997

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/27/1997 <i>Linda S. Allen</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711822
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92802	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.

48914

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 8/28, 19 97
 From: Allen Brothers Mortuary Address: 435 N Twin Oaks Valley Road San Marcos, CA 92069
Seven hundred sixty nine 00/100 Dollars (\$ 769.73)

 In Full Payment of Treatment of Fred Williams

 Lot 17 Grave 3 Row 1 Section MAS Division Block P

Invoice No. _____

Acct. No. _____

W.O. E-13797BALANCE DUE 0Pre-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

Kanya Bak

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100		
77184			
Opening/Closing	100	<u>375</u>	<u>00</u>
77181			
Burial Containers	100	<u>140</u>	<u>00</u>
77182			
100		<u>145</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	<u>14</u>	<u>73</u>
78390			
TOTAL PAID	\$	<u>769</u>	<u>73</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-25-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cary L.G. Warren

in a Liner Funeral date, time Fri. Aug. 29 2:00

Type of Burial Container Church, Chapel, Graveside Church + graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. R.W.

Lot 256 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	<u>—</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	<u>—</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
	<u>1504.73</u>
	Total Due
	<u>R-48904 1504.73</u>
	Paid receipt number
	Balance due <u>0</u>

PAID
in full
AUG 25 1997

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 _____

Cary L.G. Warren
Signature
1219 Los Angeles St.
Address
San Diego 92114
City Zip code
(619) 264-296
Telephone

Work Order # **E 13798**

Invoice # _____
Acct. # _____

E-13798

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Gary	1B. MIDDLE Le Grant	1C. LAST (FAMILY) Warren, III	2. DATE OF BIRTH MONTH, DAY, YEAR 08/26/1919	3. DATE OF DEATH MONTH, DAY, YEAR 08/23/1997	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 Rose Warren, Wife 419 Los Angeles Place San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Rebecca Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE PERMIT ISSUED 08/27/1997		8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Rebecca Williams</i>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/27/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Rebecca Williams</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)			
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 2-27-77	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48901

Date: 8-25, 1997

From: Rose M. Warren Address: 419 Los Angeles Pl. San Diego 92114

One thousand five hundred sixty four & 73/100 Dollars (\$ 1504.73)

In Full Payment of Interment of Cary L.G. Warren

Lot 256 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13798

BALANCE DUE 2

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 C. Morgan-Avalon

CREDIT	67007	
20% Sales Care	77184	<u>00</u>
80% Sales of Lots	100	<u>00</u>
Opening/Closing	77184	<u>00</u>
Burial Containers	100	<u>00</u>
Handling Fee	77182	<u>00</u>
Recording & Misc. Fees	100	<u>00</u>
Pre-Need Trust	77183	<u>00</u>
Sales Tax	83033	<u>73</u>
TOTAL PAID	9022	<u>73</u>
	60101	<u>14</u>
	78390	<u>73</u>

2098

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lois Rostad
 in a T. S. Vault Type of Burial Container Funeral, date, time Fri. Sept. 5 1:00pm
 Church, Chapel, Graveside delivery only : Co. Burial Mortuary, Martin

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned. _____

✓ Lot 119 Grave 3 Row _____ Section 3 Division/Block 13

Grave space & Care Fund Pre-Need E-12750

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases Marker setting fee Pre-Need E-12749

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

*Greg Brown
644-3508
Public Guardian*

I hereby certify I am the _____ of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
 hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 13799**

Invoice # _____

Acct. # _____

*Need
pre-sets &
vault for*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

E-12799
Date 2/14/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lois Rostad

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 of \$ _____ will be applied and billed to undersigned.

War time veteran _____

Lot 119 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 17.50

Sales taxes _____

Total Due \$ 1767.50

Paid receipt number R-47230 1767.50

Balance due 0

I hereby certify I am the X 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 _____

Signature _____

City San Diego, California 921 Zip Code _____

Telephone 694-3508

Invoice # _____

Acct. # _____

Work Order # E - 12750

PAID
MAR 28 1996
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
paid on E-12711

*Marille
Laney*

Deputy
Sharon A. B. Pabst
Public Administrator
Public Cemetery
6901 A Public Road
San Diego, California 921
694-3508

E-13799

88

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LOIS	1B. MIDDLE -	1C. LAST (FAMILY) ROSTAD	2. DATE OF BIRTH MONTH - DAY - YEAR 04/21/1909	3. DATE OF DEATH MONTH - DAY - YEAR 08/22/1997	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GREG BROWN—SAN DIEGO COUNTY PUBLIC ADMN. 5201-A RUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
8B. DATE SIGNED 09/04/1997		ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/04/1997 M. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712102
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO, CA 92186-8222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-5-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-28-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruby Lee Laswell TUES SEPT. 9 11:00

in a ash vault Funeral, date, time MON. SEPT. 8

Church, Chapel, Graveside graveside : telephone family

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 2545 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need D-1988 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

PAID
in full
AUG 28 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Whitney 299-6812

Total Due 269.26

Paid receipt number R-48913 209.20

Balance due 0

I hereby certify I am the MINISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Ronald J. Reinin
Signature
2578 EL CASIN BLVD
Address
SAN DIEGO 92104
City Zip Code
299 6812
Telephone

Signature of recorded holder of deed _____

Work Order # **E 13800**

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48913

Date: 8-28, 1997

From: Rubylee Laswell Address: 3755 Park Blvd. #1205 SD 12113

Two hundred sixty nine and 20/100 Dollars (\$ 269.20)

In full Payment of Interment of Ruby Lee Laswell

Lot 2545 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13800

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>105</u> <u>(0)</u>
77181		
Burial Containers	100	<u>55</u> <u>(0)</u>
77182		
Handling Fee	100	<u>00</u> <u>00</u>
77185		
Recording & Misc. Fees	100	<u>45</u> <u>(0)</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>4</u> <u>20</u>
78390		
TOTAL PAID	\$	<u>269</u> <u>20</u>

ISSUED BY C. J. [Signature]

3744

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13800
92

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RUBYLEE	1B. MIDDLE -	1C. LAST (FAMILY) LASWELL	2. DATE OF BIRTH MONTH DAY YEAR 10/20/1904	3. DATE OF DEATH MONTH DAY YEAR 08/27/1997	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 R. FORD (SON) 4109 DOVE LANE TEMPLE, TX 76502	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH TELOPHASE CREMATION SOCIETY 7851 MISSION CNTR CT.#104, SAN DIEGO, CA 92108			7B. CALIF. 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—Person taking permit: *M. Graciano*
8B. DATE SIGNED: 8/29/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/02/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS: P.O BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-7-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMAR CREMATORY 2299 S. MANCHESTER AVE., ANAHEIM, CA 92802	12B. DATE CREMATED 9/3/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

8-28-97 E13800

minister will call
with burial date &
time.

will call by 9-4-97
9-5-97 to let
us know time
of service.

E13800

E 13800

Whitney from church
of Christ to send
someone with check and
sign interment order.
She is waiting for ashes
and burial permit
from Delaplace.
Son to fly in town
next Tuesday. Will let
us know exact day, time,
grave site?

E 13800

Luc

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-28-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Leo Stafford

in a Urn Funeral, date, time June 9-2 11:00

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 of \$ 150.00 will be applied and billed to undersigned. Y. O. S.

Lot 133 Grave 9 Row _____ Section 3 Division/Block 12

Grave space & Care Fund		795.00
Additional spaces and care fund	<u>PER GREG</u>	—
Opening/Closing & Setup	<u>PAID IN FULL</u>	375.00
Burial Container	<u>12-8-97</u>	190.00
Handling Fees		145.00
Flower vases - Marker setting fee		—
Recording and filing fee		45.00
Sales taxes	<u>OVER</u>	14.73

Total Due 1564.73

Paid receipt number R-48911 1000.00

Balance due 564.73

I hereby certify I am the Attlee Stafford of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X 6460 Edmonds
Signature Sandiego cal
X Address _____
X City 92114 Zip Code _____
X Telephone _____

Signature of recorded holder of deed _____

Work Order # **E 13801**

Invoice # 288997
Acct. # 093281

10-9-97 250.00 Paid Exp. Invoice

Balance Due 314.73

10-29-97 200.00 paid Exp. Invoice

Balance Due 114.73

MT. HOPE CEMETERY

E-13801
W.O.# E-13801

NOTE

\$ 564.73 San Diego, California August 28 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 Five Hundred Sixty Four ²⁷³/₁₀₀ DOLLARS
with interest from October 3, 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.

ATLEE x Cithlee Stafford SIGNATURE x 6460 Edmore

ADDRESS x

CALIFORNIA DRIVER LICENSE NUMBER x SSN # x Cithlee Stafford

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13801

49812

Date: 4-6, 1992

From: Atlee Stafford Address: 6460 Edmonds San Diego 92114

One Hundred Twenty Five Dollars (\$ 125.00)

In full Payment of Marker Installation Fee for Leo Stafford

Lot 133 Grave 9 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13801

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>125 00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>125 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

E-13801 48911

Date: 8-28, 19 97

From: Atlee Stafford Address: 6460 Edmund San Diego 92114

One thousand Dollars (\$ 1000.00)

In part Payment of Interment of Leo Stafford

Lot 133 Grave 9 Row 1 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13801

BALANCE DUE 564.73

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. Shelton

CREDIT	67007	
20% Sales Care	77184	159 00
80% Sales of Lots	100	636 00
77184		
Opening/Closing	100	205 00
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	\$	1000 00

E-13801

84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Leo	1B. MIDDLE -	1C. LAST (FAMILY) Stafford	2. DATE OF BIRTH MONTH DAY YEAR 03/10/1913	3. DATE OF DEATH MONTH DAY YEAR 08/25/1997	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 Atlee Stafford, Wife 6460 Edmond St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <i>Atlee Stafford</i> 08/29/1997		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/29/1997 <i>Atlee Stafford</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9711919
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-2-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-28-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Derrick Hardy Crawford

in a _____ Funeral date, time Tues Sept. 2 2:00

Church, Chapel, Graveside Mortuary, Humphrey

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 2210 Grave _____ Flow _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund —

Opening/Closing & Setup 125.00

Burial Container —

Handling Fees —

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes —

L = 20
W = 11 1/2
H = 10

PAID
in full
AUG 28 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 270.00

Paid receipt number R-48915 270.00

Balance due 0

I hereby certify I am the X Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Rosa Crawford
Signature
1536-B Concord Way
Address
Chula Vista 91911
City
619 482-5131 Zip Code
Telephone

Work Order # E 13802 ✓

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48915

Date: 8-28, 1997

From: Rosa M Crawford Address: 1530 B Concho Way Chula Vista 91911

In full Payment of Two hundred seventy and no/100 Dollars (\$ 270.00)

for interment of Derrick Hardy Crawford

Lot 2210 Grave 1 Row 1 Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-13802

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

1218

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY E. Augustin-Avalos

CREDIT	67007	<u>20</u>	<u>00</u>
20% Sales Com	77184		
80% Sales of Lots	100	<u>80</u>	<u>00</u>
Opening/Closing	100	<u>125</u>	<u>00</u>
Burial Containers	77181		
	100		
Handling Fee	77182		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	77183		
	63033		
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-13802

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1 day

1A. NAME OF DECEDENT—FIRST (GIVEN) DERRICK	1B. MIDDLE HARDY	1C. LAST (FAMILY) CRAWFORD	2. DATE OF BIRTH MONTH DAY YEAR 08/24/1997	3. DATE OF DEATH MONTH DAY YEAR 08/24/1997	4. SEX M
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Chula Vista		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Trenita L. Crawford-Mother 1025 Broadway #110 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		
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.		8A. SIGNATURE OF APPLICANT—(Print name and permit) <i>[Signature]</i>	
				8B. DATE SIGNED 08/28/1997	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR: THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 08/29/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 9711885 <i>DD. R. Williams</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 <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 92102	11B. DATE BURIED 7-2-97	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-2-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Henry Hernandez PA # 1220519
in a liner Funeral, date, time Thur. Sept. 4 10:00

Church, Chapel, Graveside delivery only Merkley-Mitchell Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Lot 72 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 120.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container paid in full 50.00

Handling Fees 10/23/97

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Lee Jaime
PA

Total Due 380.00

Paid receipt number invoice 380.00

Balance due 0

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 13803

Invoice # 289148

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-13803

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A BUFFIN ROAD
SAN DIEGO, CA 92123

3007 00
000787

TREASURER'S USE ONLY

PAYMENT DATE 10/23/97
BY: CA CV IF

PAYMENT REF NO 04-457036 AMT PAID: \$386.00

INVOICE DATE 07/10/97 PAYMENT DUE 10/10/97 PERIOD COVERED
AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE 456-NO: E-13803
DEPT: PROPERTY DEPT-NT HOPE CEMETERY 619 527 3600

DESCRIPTION OF CHARGES AMOUNT

HENRY HERNANDEZ PAR1220913 SVC	
LOT 72 GR 4 SEC 1 DIV 12	136.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13803

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

50

1A. NAME OF DECEDENT—FIRST (GIVEN) HENRY	1B. MIDDLE UNKNOWN	1C. LAST (FAMILY) HERNANDEZ	2. DATE OF BIRTH MONTH DAY YEAR 07/15/1941	3. DATE OF DEATH MONTH DAY YEAR 08/25/1997	4. SEX M
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SHARON BOLDEN - SOCIAL WORKER 1201 SOUTH ORANGE EL CAJON, CA 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HEKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/03/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/03/1997 V.I. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712070
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 7-4-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8/29/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Octavia Logan

in a Liner Type of Burial Container Funeral, date, time Thur. Sep 4th 10:30 AM

Church, Chapel, Graveside Church/Graveside: Ragsdale Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$150

will be applied and billed to undersigned. x LOS.

Lot 5356 Grave Row Section Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 4.73

PAID
 AUG 29 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 1864.73

Paid receipt number R-48914 1864.73

Balance due

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

x Debra Becker
 Signature 4730 47th Ave W
 Address x San Diego 92102
 City x (619) 263-3081 Telephone Zip Code

Work Order # **E 13804**

Invoice # _____
 Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-1380A

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

82

1A. NAME OF DECEDENT—FIRST (GIVEN) Octavia	1B. MIDDLE -	1C. LAST (FAMILY) Logan	2. DATE OF BIRTH MONTH DAY YEAR 12/23/1914	3. DATE OF DEATH MONTH DAY YEAR 08/28/1997	4. SEX F
5A. CITY OF DEATH Seattle		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Washington	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Debbra Stecher, Daughter 12311 Marine View Dr. Edmonds, WA 98026		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbra Stecher</i>		8B. DATE SIGNED 09/03/1997

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 2109 of the Health and Safety Code.	
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00
AUTHORIZATION OF LOCAL REGISTRAR	9B. DATE PERMIT ISSUED 09/03/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712022
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 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 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 checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-4-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Thomas Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

48917



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8/29, 1997

From: Debra Stecher Address: 1231 Marine View Dr Edwards WA 98026

One thousand eight sixty four 73/100 Dollars (\$ 1864.73)

In Full Payment of Tombstone of Octavia Logan

Lot 5356 Grave + Row - Section - Division/Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13804

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Kouji Bak

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>1095</u>	<u>00</u>
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
Handling Fee	77185	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	83033		
	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1864</u>	<u>73</u>

D.I.P. 2nd burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-12-97

Pre-need
TRUST

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Michael Monte

in a T.S. vault

Type of Burial Container

Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 184 Grave - Row - Section 11 Division/Block 7

Grave space & Care Fund pre-need C-5353 Q

Additional spaces and care fund _____

Opening/Closing & Setup PAID IN 375.00

Burial Container FULL 11-22-99 250.00

Handling Fees R-51706 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 19.38

Sales taxes 874.38

Total Due 874.38

Paid receipt number R-49044 219.00

Balance due 655.38

I hereby certify I am the OWNER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Michael Monte
Signature
X 5258 MT ALIBAN DR.
Address
X SAN DIEGO CA. 92111
City Zip Code
X 619 277-5362
Telephone

Work Order # E 13805

Invoice # _____
Acct. # _____

184-11-7 Preneed trust

E 13805

217.38

1-21-99	R 50771	Cpn 15	27.00	250.38
3-8-99	R-50916	16	27.00	223.38
4-19-99	R 51000	18	27.00	196.38
5-11-99	R-51130	20	27.00	169.38
7-2-99	R-51300	17	27.00	142.38
11-22-99	R-51706		145.00	0

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

PRENEED TRUST

E-13805

MICHAEL MONTE

(184-11-7)

5258 MT ALIFAN DRIVE

SAN DIEGO CA 92111

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.



\$ 27.00

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. **E-13805**

PRENEED TRUST

MICHAEL MONTE (184-11-7)


5258 MT. ALIFAN DRIVE

SAN DIEGO CA 92111

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								10	10		

Amount due when paid on, or before, due date above:  \$ 27.00

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.

WENNEED TRUST

E-13805

MICHAEL MONTE

(184-11-7)

5258 MT ALIFAN DRIVE

SAN DIEGO CA 92111

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.



\$ **27.00**

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.

E-13805

PRENEED TRUST

MICHAEL MONTE (184-11-7)

5258 MT. ALIFAN DRIVE

SAN DIEGO CA 92111

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								10	10		

Amount due when paid on, or before, due date above.



\$ 27.00

Amount due if paid more than _____ days after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME Michael Monte

ADDRESS 5258 Mt. Alifan Dr.

CITY San Diego 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.

PIONEER TRUST

E-13805

MICHAEL MONTE

(184-11-7)

5258 MT ALIFAN DRIVE

SAN DIEGO CA 92111

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.



\$ 27.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 27

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.

PRENEED TRUST

E-13805

MICHAEL MONTE

(184-11-7)

5258 MT ALIFAN DRIVE

SAN DIEGO CA 92111

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
								8	10		

Amount due when paid on, or before,
due date above.



\$ **27.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME Michael Monte Amount Received \$ 27.00

ADDRESS 5258 MT ALIFAN DR.

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.

E-13805

PREHEED TRUST

MICHAEL MONTE (184-11-7)

5258 MT. ALIFAN DRIVE

SAN DIEGO CA 92111

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
								8	10		

Amount due when paid on, or before,
due date above.



\$ 27.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME Michael Monte

ADDRESS 5258 Mt. Alifan Dr.

CITY S.D. STATE Cal. 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.

PENNED TRUST

E-13805

MICHAEL MONTE

(184-11-7)

5258 MT ALIFAN DRIVE

SAN DIEGO CA 92111

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
								8	10		

Amount due when paid on, or before,
due date above.

\$ 27.00

Amount due if paid more than 10 days
after due date above.

\$ 27.00

\$ _____

Amount Received \$ _____

NAME

Michael Monte

ADDRESS

5258 Mt. Alifan Dr.

CITY

S.D. Ca.

STATE

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.

E-13805

PRENKED TRUST

MICHAEL MONTE

(184-11-7)

5258 MT. ALIFAN DRIVE

SAN DIEGO CA 92111

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.



\$ 27.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME Michael Monte

ADDRESS 5258 Mt. Alifan Dr.

CITY San Diego STATE Cal. ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRINCE TRUST E-13805**
MICHAEL HOWE (184-11-7)
5258 MT ALIFAN DRIVE
SAN DIEGO CA 92111

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								3	10		

Amount due when paid on, or before, due date above.

 \$ 27.00

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.

TRUSTED TRUST

E-13805

MICHAEL MONTE

(184-11-7)

5256 HT ALIFAN DRIVE

SAN DIEGO CA 92111

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
		Send Amount							10			

Amount due when paid on, or before,
due date above.



\$

27.00

Amount due if paid more than _____ days
after due date above.



\$

OFF

\$

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

E-13885

ACCOUNT No.

PRENEAU TRUST

MICHAEL MONTE (184-11-7)

5258 MT. ALIFAN DRIVE

SAN DIEGO CA 92111

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.



\$

27.00

Amount due if paid more than _____ days
after due date above.



\$

27.00

\$

Amount Received

\$

27.66

NAME Mikemonte

ADDRESS 5258 MT Alifan DR

CITY San Diego STATE Ca ZIP 92111

check (✓) if this is new address

Bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

E-13805

ACCOUNT No.

FRENCH TRUST

MICHAEL MONTE (184-11-7)

5258 HT. ALIFAN DRIVE

SAN DIEGO CA 92111

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.



\$ 27.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 27.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49834

Date: 4-8, 1998

From Michael Monti Address: 5258 Mt. Hope Dr. San Diego 92111

Twenty Seven Dollars (\$ 27.00)

In part Payment of Pre-need Trust

Lot 184 Grave _____ Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 466.30

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>27.00</u>
Trust	9022	
Sales Tax	60101	
	78396	
TOTAL PAID	\$	<u>27.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

* 047
 C.C.

ISSUED BY S. [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13805 49975

Date: 5/19, 1998

From: Michael Mittle Address: 5758 1st Mission St. San Diego 92111

Twenty Seven 4/0 Dollars (\$ 27.00)

In Full Payment of Pre Need Trust for Michael Mittle

Lot 154 Grave 111 Row _____ Section 11 Division/Block 1

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 8-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	63033	<u>27</u>	<u>00</u>
TOTAL PAID	9022		
	60101		
	78390	<u>27</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50098



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 6/19/91 1991

From: Michael Monte Address: 5258 Mt. Alyan Dr. SD 92111

Twenty seven and no/100 Dollars (\$ 27 00)

In part Payment of pre need lot & trust

Lot 184 Grave _____ Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 412 38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94) 589592894

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY Catrina Avallone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	<u>27 00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>27 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49659



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 2-17, 1998

From: Michael Monte Address: 5258 Mt. Allison Drive SD 92111
Twenty seven and 10/100 Dollars (\$ 27.00)

In part Payment of pre need trust

Lot 184 Grave _____ Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 520.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>27.00</u>
Sales Tax	60101	
	78590	
TOTAL PAID	\$	<u>27.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94) 0470085552

ISSUED BY KATHA AVALLONE

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49762

Date: 3-16, 1998

From: Michael Monte Address: 5258 Mt. Alfan Drive SD 12111

Twenty Seven and 10/100

Dollars (\$ 27.00)

In paid Payment of pre need trust

Lot 184 Grave _____ Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 493.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033	<u>27</u>	<u>00</u>
Sales Tax	80101		
TOTAL PAID	78390	<u>27</u>	<u>00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY Catrina Trallone

047058324

49045

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY
527-3400

Date: 10/16 19 97

From: Michael White Address: 5258 Mt. Alfan Drive SD 92111

Twenty seven and no/100 Dollars (\$ 27 00)

In part Payment of pre need trust

Lot 184 Grave _____ Row _____ Section 11 Division 7 Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 428.38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

money order
531547723

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

C. Surgeon-Avaline
ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	80333	<u>27 00</u>
	9022	
	60101	
	78390	<u>27 00</u>

49041

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10/6, 1997

From: Michael Monte Address: 5258 Mt Aylan Drive SD 92111

Two hundred nineteen and 00/100 Dollars (\$ 219 00)

In part Payment of pre need trust

Lot 184 Grave _____ Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 055.38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

money order
531547723

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

C. Durgon - Avalon
ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>219 00</u>
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>219 00</u>

49189

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 11/19 1997

From: Michael Monte Address: 5258 Mt. Alyan Drive San Diego 92111

Twenty seven and no/100 Dollars (\$ 27.00)

In part Payment of pre need trust

Lot 184 Grave _____ Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 601.38

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

AC-212 (Rev. 3-94)

0470076372

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Catrina Avalone

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>27</u>	<u>00</u>
9022			
Sales Tax	80101		
76300			
TOTAL PAID	\$	<u>27</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13805 49271

Date: 12/11, 1997

From: Michael Monte Address: 5258 Mt. Alvarado Rd SD 92111
Twenty seven and 10/100 Dollars (\$ 27.00)

In part Payment of pre need trust

Lpt 184 Grave _____ Row _____ Section 11 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-13805
 BALANCE DUE 514.38

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

Cathina Avallone
 ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>27</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>27</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
0470078928

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E 13805 49333

Date: 1/2, 19 97

From: Michael Monte Address: 5258 Mt. Airy Rd San Diego CA 92117

Twenty seven 00/100 Dollars (\$ 27.00)

In part Payment of Pre Need Trust

Lot 184 Grave 1 Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 247.38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Paul Bak

CREDIT	87007		
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	77183	<u>27</u>	<u>00</u>
Sales Tax	83033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>27</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13805 51130

Date: 5-11, 1999

From: Michael Monte Address: 5258 Montalban Dr San Diego 92111

Twenty Seven Dollars (\$ 27.00)

In part Payment of Pre-Need Trust

Lot 184 Grave _____ Row _____ Section 11 Division 7
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 169.38

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>27</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>27</u>	<u>00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY J. Shullin

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13805 51300

Date: 7-2 1999

From: Michael Monte Address: 5250 Mt. Alifan Dr San Diego 92111

Twenty Seven Dollars (\$ 27.00)

In part Payment of Pre-Need Trust

Lot 184 Grave 11 Row Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 143.38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

JUL 2 1999

MT. HOPE CEMETERY
 CITY of SAN DIEGO, CALIF.

ISSUED BY J. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	27 00
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	27 00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13805 51130

Date: 5-11, 1999

From: Michael Monte Address: 5258 Montebello Dr San Diego 92111

Twenty Seven Dollars (\$ 27.00)

In: paid Payment of: Pre-Need Trust

Lot: 184 Grave _____ Row _____ Section 11 Division-Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13805

BALANCE DUE 169.38

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J. Shekellon

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	<u>27 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>27 00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51060



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3480

From: Michael Monte Address: 5258 Mt. Aclifan Dr. SD 92111 Date: 4-19, 1999
Twenty seven Dollars (\$ 27.00)
 In: part Payment of: pre need trust

Lot 184 Grave _____ Row _____ Section 11 Division 7 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E 13805
 BALANCE DUE 196.38

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 ISSUED BY Catrina Avalle

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	63035	<u>27</u>
	9022	<u>00</u>
Sales Tax	60101	
	76390	<u>27</u>
TOTAL PAID	\$	<u>27 00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
582738284

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50202

From: Michael Monte Address: 5258 Mt. Cayman Dr. SD 92111 Date: 7-20 1998
Twenty Seven & no/100 Dollars (\$ 27.00)
 In part Payment of pre need trust

Lot 184 Grave _____ Row _____ Section 11 Division Block 7

Invoice No. _____
 Acct. No. _____
 W.O. E-13806
 BALANCE DUE 385.38

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

Catrina Avalle
 ISSUED BY _____

CREDIT	67007	
20% Sales Carr	77184	
80% Sales of Lots	500	
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>27.00</u>
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>27.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 5-94) 5895932411

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-2-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Loretta F. Campbell

in a Liner Funeral, date, time Mon. Sept. 8 10:00

Type of Burial Container
 Church, Chapel, Graveside church + graveside ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. X Joseph Campbell

Lot 55 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 995.00

Additional spaces and care fund -

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1704.73

30 day note

Total Due 1704.73

Paid receipt number visa 1704.73

Balance due 0

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Joseph Campbell
 Signature
X 411 Olivewood T.
 Address
X S.D. 9213
 City Zip Code
X 262-0573
 Telephone

Work Order # **E 13806**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13806 48936

Date: 9-5 19 97

From: Norman Ferguson Address: 3751 Market Street S.D. 92105

Twenty Five and 75/100 Dollars (\$ 25.78)

In Full Payment of Activated Flower Vase for Loretta Campbell

Lot 55 Grave 11 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13806

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: C. J. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100	10	00
Handling Fee	77181	13	00
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	63033		
	9022		
	80101		18
	78390		
TOTAL PAID	\$	23	78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13806

39

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Loretta	1B. MIDDLE Faye	1C. LAST (FAMILY) Campbell	2. DATE OF BIRTH MONTH DAY YEAR 10/12/1957	3. DATE OF DEATH MONTH DAY YEAR 08/29/1997	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 Leonard O. Campbell, Father 403 Olivewood Terrace San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, <i>Alfred Williams</i>			8B. DATE SIGNED 09/02/1997

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/03/1997 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712672	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-8-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Herman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-2-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dee Lois Scherrer

in a T.S. Vault Funeral, date, time Fri. Sept. 5 2:00

Church, Chapel, Graveside : Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned. X

Lot 157 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	_____
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases - Marker setting fee	_____
Recording and filing fee	45.00
Sales taxes	19.38
Total Due <u>1709.38</u>	<u>869.38</u>
Paid receipt number <u>VISA</u>	<u>407.00</u>
Balance due	<u>1402.38</u>
	<u>1302.38</u>

30 day note

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

X Mark Scherr
Signature
X 1152 CHALCEDONY ST.
Address
X SAN DIEGO, CA 92109
City Zip Code
X 274-9862
Telephone

Work Order # E 13807 ✓

Invoice # 289150
Acct. # 093304

MT. HOPE CEMETERY

W.O. # E-13807

NOTE

\$ 1402.38 San Diego, California September 2 1997

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 four hundred and thirty eight and 38/100 DOLLARS with interest from October 5, 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 X MARK SCHERRER SIGNATURE X Mark Scherrer

ADDRESS X 1152 CHALCEDONY ST. SAN DIEGO, CA 92109

CALIFORNIA DRIVER LICENSE NUMBER X N2672811 SSN # X 570-11-5793

E-13807

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DEE	1B. MIDDLE LOIS	1C. LAST (FAMILY) SCHERRER	2. DATE OF BIRTH MONTH DAY YEAR 01/13/1933	3. DATE OF DEATH MONTH DAY YEAR 09/02/1997	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 MARK SCHERRER - SON 1152 CHALCEDONY STREET SAN DIEGO, CA 92109
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 FD 815		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Marcella Hansen</i>
8B. DATE SIGNED 09/03/1997					

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/03/1997	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 ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-2-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

289150 09/10/97 093364 MARK SCHERRER

E-13807

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

09/23/97 CK 8020

1,302.38
375.00
250.00
45.00
249.00
185.00
19.38
179.00

1,302.38

PAID IN FULL

0.00

E-13807

NUMBER OF INVOICES PAID

1

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/2/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stella M. Holmes

In a Fish Vault Type of Burial Container Funeral, date, time Sep 5, Friday 3:00
 Church, Chapel, Graveside Graveside : Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned me

Lot 72 Grave 9 Row — Section 2 Division/Block 7

Grave space & Care Fund	PAID	<u>0</u>
Additional spaces and care fund	AUG 4 1997	
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>105.00</u>
Burial Container	CITY OF SAN DIEGO, CALIF.	<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>4.28</u>

Total Due 2169.26
 Paid receipt number R-48935 2169.26
 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 _____

X Frankie Belencu
 Signature
X 10527 Prospect Av
 Address
X Santee CA 92071
 City Zip Code
X 619 449-0670
 Telephone

Work Order # **E 13808**

Invoice # _____
 Acct. # _____



Herb^t Ross already in grave.
Per Mrs Holmes Ross Herbert is a right

Daughter of Ross Herbert

48935

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9/4, 1997

From: Frankie Clemens Address: 10597 Prospect Ave San Diego 92071

Two hundred sixty nine 26/100 Dollars (\$ 269.26)

In Full Payment of Interment of Stella M Holmes

Lot 72 Grave 9 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13808

BALANCE DUE 6

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Konnie Baker

CREDIT	67007		
20% Sales Cars	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>10</u>	<u>00</u>
Recording & Misc. Fees	77183	<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>

E-13800

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

81

1A. NAME OF DECEDENT—FIRST (GIVEN) Stella	1B. MIDDLE Mae	1C. LAST (FAMILY) Holmes	2. DATE OF BIRTH MONTH, DAY, YEAR 11/23/1915	3. DATE OF DEATH MONTH, DAY, YEAR 09/02/1997	4. SEX F
5A. CITY OF DEATH King City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Oregon	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Bob Holmes-Son 4507 Blue Herron Court Newberg, OR 97132		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 S Mollison Avenue El Cajon, CA 92020			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>C. Hardesty</i> 09/15/1997	

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED CD Hardesty	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712181
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA -		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. 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 92101	11B. DATE BURIED 7-5-77	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PERMANENT - BLACK INK

207035

OREGON DEPARTMENT OF HUMAN RESOURCES

E-13808

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

Local File Number

State File Number

1. DECEASED'S NAME Stella Mae HOLMES		2. SEX Female		3. DATE OF DEATH September 2, 1997	
4. SOCIAL SECURITY NUMBER 565-03-2505		5. PLACE OF BIRTH Oakland City, IN		6. DATE OF BIRTH November 23, 1915	
7. PLACE OF DEATH King City Sahas & Living Center, King City, Washington					
8. OCCUPATION Homemaker		9. MARITAL STATUS Widowed		10. NAME OF SPOUSE George L. Holmes	
11. RESIDENCE STATE Oregon		12. COUNTY Tombill		13. CITY/TOWN OR LOCATION Newberg	
14. ZIP CODE 97132		15. RACE White		16. HEIGHT 5' 12"	
17. FATHER'S NAME Ross - Herbert		18. MOTHER'S NAME Della - Truesler		19. DECEASED'S RELATIONSHIP TO DECEASED Bob Holmes - Son	
20. PLACE OF BURIAL Valley Crematory		21. LOCATION Woodburn, OR.			
22. SIGNATURE OF REGISTRAR <i>[Signature]</i>		23. SIGNATURE OF DECEASED'S NEXT OF KIN <i>[Signature]</i>			

24. TIME OF DEATH 10:30 A.M.		25. CAUSE OF DEATH Heart Disease		26. MANNER OF DEATH Natural	
27. I have contacted Dr. Sean Stoltlander on 9/2/97 and time 11:30 AM and the doctor has agreed to sign a certificate of the cause of death.					

ONLY APPROPRIATE SIGN BELOW

AUTHORIZATION FOR FINAL DISPOSITION

ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION

I have contacted Dr. Sean Stoltlander on 9/2/97 and time 11:30 AM and the doctor has agreed to sign a certificate of the cause of death.

REGISTRAR SIGNATURE: *[Signature]* 47-3093

INSTRUCTIONS: THE PERSON IN CHARGE OF THE CARE OF FINAL DISPOSITION SHALL DATE AND SIGN THIS FORM BELOW AND RETURN IT TO THE REGISTRAR OF THE COUNTY WHERE DEATH OCCURRED WITHIN 15 DAYS AFTER THE DATE OF FINAL DISPOSITION.

DATE OF DISPOSITION: _____

RETURN THIS FORM TO THE REGISTRAR OF COUNTY OF DEATH

E-13808

Cornwall Colonial Chapel

2822 S.W. TOWN CENTER LOOP E
P.O. Box 753
WILSONVILLE, OREGON 97070
Phone (503) 682-1177 • Fax (503) 670-0406

Name: Mr. Mrs. Ms. Miss
Maiden Name: Stella M. Holmes
Sex: M

Service: Private Public
Funeral Memorial Graveside Other Inurnment Service
Time: _____ Date: _____ Place: Val Hope Cem., San Diego, CA.

Death: Date: 05-21-91 Place: LIVING CENTER CARE Age: 81

Birth: Date: 11-23-10 Place: Oakland City, IN Military Service: _____ Branch: _____

Occupation: newspaper Retired Y N Year: _____

Church Membership: _____ Awards, honors and offices held: _____

When lived in the Portland area: Newberg, OR. for 7 years

Survivors: Spouse: George Holmes Maiden Name: _____ Marriage Date: 1943 Death Date: _____

(Daughters, Sons, Parents, Sisters, Brothers, Companion)

Name	Relationship	Present City of Residence
<u>Richard R. Taylor</u>	<u>Son</u>	<u>San Diego, CA</u>
<u>Robert "Bob" Holmes</u>	<u>Son</u>	<u>Newberg, OR</u>
<u>Donna J'Arcay</u>	<u>Daughter</u>	<u>Colorado Springs, CO</u>

Number of grandchildren: 4 Great-grandchildren: _____ Great-great grandchildren: _____

Disposition: Private Public
Burial Cremation Other Inurnment Service
Time: _____ Date: _____ Place: Val Hope Cemetery, San Diego, CA.

Remembrances: _____

Contacts: Family member: Bob Holmes Daytime Phone: 503-538-3151
(Required) Evening Phone: _____
Funeral Home: Cornwall Colonial Chapel, Wilsonville Daytime Phone: 503-682-1177
After hours: _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-4-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Louis Mitchell

In a liner Funeral, date, time TUES. SEPT. 9 1:00

Church, Chapel Type of Burial Container Graveside chapel + graveside CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. Jeannette
X Josephine Mitchell

✓ Lot 139 Grave 4 Row - Section 1 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filling fee 45.00

Sales taxes 14.73

Total Due 1664.00

Paid receipt number R-48939 416.00

Balance due 1248.73

*30 days
 Note*

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Josephine Mitchell
 Signature
X 3736 Harding Ave.
 Address
X San Diego 92113
 City Zip Code
X 619 527-4006
 Telephone

Invoice # 289145

Acct. # 093302

Work Order # E 13809

MT. HOPE CEMETERY

W.O. # E-13809

NOTE

\$ 1248.73 San Diego, California September 8 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 One thousand two hundred forty eight ^{73/100} with interest from October 8, 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 X MITCHELL, JOSEPHINE SIGNATURE X Josephine Mitchell
ADDRESS X 3736 Harding Ave San Diego, Calif. 92113
CALIFORNIA DRIVER LICENSE NUMBER X A0091736 SSN # X 558-62-5839

48839

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 9/8, 1997

From: Josephine Mitchell Address: 3736 Harding Ave. S.D. CA 92113

Four hundred sixteen 00 Dollars (\$ 416.00)

In act Payment of Takenal of John Louis Mitchell

Lot 139 Grave 4 Row - Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13809

BALANCE DUE 1248.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY IKanbak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>416</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	80101		
78390			
TOTAL PAID	\$	<u>416</u>	<u>00</u>

E-13809

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE LOUIS	1C. LAST (FAMILY) MITCHELL	2. DATE OF BIRTH MONTH DAY YEAR 04/01/1937	3. DATE OF DEATH MONTH DAY YEAR 09/01/1997	4. SEX M
5A. CITY OF DEATH LEMOORE N.A.		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE KINGS	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOSEPHINE MITCHELL—WIFE 3736 HARDING AVE. SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mitchell</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/05/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/08/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA KINGS COUNTY VITAL RECORDS 1400 W. LACEY BLVD., HANFORD, CA 93230	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<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 09-07-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-4-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Harris

in a Liner Funeral, date, time Tues Sept. 9 12:00
Type of Burial Container
~~Church, Chapel, Graveside~~ chapel & graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X AD

✓ Lot 121 Grave 8 Row _____ Section 2 Division/District 11

Grave space & Care Fund 795.00

Additional spaces and care fund
 Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 1504.73

Total Due 1504.73

Paid receipt number 48934 1504.73

Balance due 0

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X [Signature]
 Signature _____
7799 SACRAMENTO AVE
 Address _____
SPRING VALLEY 91977
 City _____ Zip Code _____
5619 6978964
 Telephone _____

Work Order # E 13810 ✓

Invoice # _____

Acct. # _____

48931

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-4 1997

From: Albert Harris Address: 729 Sacramento Ave, Spring Valley 91977

One thousand five hundred sixty four 73/100 = 1,564.73 Dollars (\$ 1,564.73)

In full Payment of Interment of Willie Harris

Lot 121 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13810

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

3310

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY C. J. ...

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100	636	00
	77184		
Opening/Closing	100	375	00
	77181		
Burial Containers	100	170	00
	77182		
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100	45	00
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	14	73
	78390		
TOTAL PAID	\$	1564	73

E-13810

59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIE	1B. MIDDLE —	1C. LAST (FAMILY) HARRIS	2. DATE OF BIRTH MONTH DAY YEAR 10/17/1937	3. DATE OF DEATH MONTH DAY YEAR 08/31/1997	4. SEX M
5A. CITY OF DEATH NATIONAL CITY		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INCORPORANT CHESTER HARRIS—BROTHER 5326 SANTA MARGARITA ST. SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Print (bring permit)
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/08/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/08/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712288
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8-7-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT-HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/5/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy M. Ross

in a liner Funeral, date, time Thurs, Sep 11:00 AM

Church, Chapel, Graveside Graveside : Humphrey Mortuary.
Type of Burial Container DAN

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned.

Lot 3229 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Pre Need D-9932

Additional spaces and care fund Pre Need D 9932

Opening/Closing & Setup Pre Need D 9932

Burial Container Pre Need D 9932

Handling Fees PAID IN FULL 145.00

Flower vases - Marker setting fee 9-11-97

Recording and filing fee 995 Pre Need E 12342

Sales taxes 995 Pre Need E 12342

Total Due 145.00
 Paid receipt number R-48967 145.00
 Balance due 0

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # E 13811

Invoice # _____
 Acct. # _____

INTERMENT ORDER

E-13811

DATE 9/5/97

You are hereby authorized and instructed, subject to your own and regulations, to cause to remain

of Dorothy M. Ross

the Wife of THOMAS J. ROSS on THURS SEP 11 1997

Church Chapel, Grassdale Sumner Missouri

All funeral services shall be held before 2:30 p.m. of day of or date changed to 50

and the expense shall be understood

Line	Item	Fee	Settle	Interment
3929	Funeral Home & Care	100.00	2,499.00	0.00
	Funeral Home & Care	100.00	2,499.00	0.00
	Opening Ceremony & Burial	100.00	2,499.00	0.00
	Burial Container	100.00	2,499.00	0.00
	Visiting Fees			150.00
	Flower Cases - Marked with us			
	Removal of soil & casket	100.00	2,499.00	0.00
	Grave rent			150.00

I hereby certify that the THOMAS J. ROSS is the above named decedent and that in your authority to make the above line of items is without dispute. I certify and warrant that I have the right to make this application and I give notice to the Cemetery to collect the full amount of charges as set forth herein and to be paid.

I hereby authorize the interment to be underground

Thomas J. Ross
1321 S. Green St
St. Louis, MO 63104
1-314-581-5844

Interment Fee 150.00

Funeral Home Fee 100.00

Grave Rent 150.00

Other Fees 0.00

Total 499.00

Now Order # E 13811

This interment is available in a separate format with separate charges.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48867

Date: 9/11 1997

From: Humphrey Mortuary Address: 855 Broadway Chula Vista Ca 91911

One hundred forty five 02/00 Dollars (\$ 145.00)

In Full Payment of Interment of Dorothy Ross

Lot 3229 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13811

BALANCE DUE A

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 Dan Burk

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
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>145</u>	<u>00</u>

20770
 31027

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13811

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

92

1A. NAME OF DECEDENT—FIRST (GIVEN) DOROTHY	1B. MIDDLE MARIE	1C. LAST (FAMILY) ROSS	2. DATE OF BIRTH MONTH DAY YEAR 11/04/1904	3. DATE OF DEATH MONTH DAY YEAR 03/04/1997	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 E. Busold - Sister 6751 Cypress Road Plantation FL 33317		
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>Judith E King</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7170 of the Health and Safety Code.		8B. DATE SIGNED 09/08/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 09/08/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J.E. King
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego CA 92102	11B. DATE BURIED 7-11-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Sharon P...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E13871



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

C O V E R

S H E E T

FAX

To: Dan/Humphrey
Fax #:
Subject: Interment of Dorothy Ross
Date: 9/5/97
Pages: 2 (including this page)

COMMENTS:

Dan attached is the Interment Order for Dorothy Ross. Remaining fee due is \$145.00 the handling fee for the liner.

Will you be bringing the check along with the permit on the day of service?

Please have family member sign Interment Order by X's and fax back to me.

Any further questions, please give me a call.

Thank you.

Karen

Our fax number is 619 527-3403.

From the desk of...

Karyn Baker
Administrative Aide
City of San Diego
3751 Market St
San Diego, Ca 92102

619-527-5474
Fax: 619-527-3403



DIVERSITY
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-5-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Smith

In a liner Type of Burial Container Funeral, date, time Tues. 9-9 1:00
 Church, Chapel, Graveside Graveside Featherhngill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. X Hall Yurme

Lot 111 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund PAID 2-16-99 -

Opening/Closing & Setup Per TREASURER'S 375.00

Burial Container office 190.00

Handling Fees 145.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 14.73

30 day note Total Due 1664.73

Paid receipt number R-48943 417.00

Balance due 1247.73

I hereby certify I am the X 504 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed.

Signature of recorded holder of deed _____

X Hall Yurme
 Signature
6350 Amberly St
 Address
S. O. CA 9420
 City Zip Code
(619) 287-9289
 Telephone

Work Order # E 13812

Invoice # 289149 289149
 Acct. # 093303

10-10-97

1000.00 paid
on acct known

600.00 cash
400.00 check

Balance Due 247.73

MT. HOPE CEMETERY

W.O. # E-13812

NOTE

\$ 1247.73 San Diego, California September 8 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 one thousand two hundred forty seven and 13/100 DOLLARS with interest from October 9, 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 X Hall Turner SIGNATURE X Hall Turner

ADDRESS X 6350 Amberly St.

CALIFORNIA DRIVER LICENSE NUMBER X B3794461 SSN # X 429-29-2316

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48943

Date: 9-8, 1997

From: HALL TURNER Address: 4350 AMBERLY ST. SAN DIEGO 92120

Four hundred seventeen and 00/100 Dollars (\$ 417.00)

In part Payment of interment of Emma Smith

Lot III Grave 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13812

BALANCE DUE 1247.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY C. Zuger

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>417</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>417</u>	<u>00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-13812

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

30

1A. NAME OF DECEDENT—FIRST (GIVEN) Emma	1B. MIDDLE Jean	1C. LAST (FAMILY) Smith	2. DATE OF BIRTH MONTH DAY YEAR 02/28/1946	3. DATE OF DEATH MONTH DAY YEAR 09/02/1997	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 Hall Turner, son 6350 Amberly St. San Diego, CA 92120	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Edward Pessell</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 07/03/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/03/1997 <i>Edward Pessell</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712083
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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)
--	--

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-7-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Thomas Ferguson</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COMPLETE ALL APPLICABLE ITEMS

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-8-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sybelles Karnasookh

in a Liner Funeral, date, time Wed. Sept. 10 12:00

Church, Chapel, Graveside Chapel of graveside Mayer Mortuary: Jim

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned X

✓ Lot 257 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund		_____
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		_____
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>14.73</u>

PAID
in full
AUG 18 1997

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due

Paid receipt number mc 1504.73

Balance due 0

Luba Karnasookh
(916) 632-9275

see attached

I hereby certify I am the X attached of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # **E 13813**

REA-104 (7-95)

This

Luba Karnasookh will be in on wed. to sign. will notify us of time of PVC.

9-8-97 10:00 am

Luba Kamacockh

(916) 632-9275

5118 Windham Way

Rocklin, CA 95765

authorized over telephone to charge
burial charges on her MC and for me
to pick out burial lot.

5420968409018255 8/98

E-13813

63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Sybelle	1B. MIDDLE -	1C. LAST (FAMILY) Karnookh	2. DATE OF BIRTH MONTH, DAY, YEAR 02/24/1934	3. DATE OF DEATH MONTH, DAY, YEAR 09/07/1997	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 Luba Karnookh-Daughter-In-Law 5118 Windham Way, Rocklin, CA 95765*		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	6A. SIGNATURE OF APPLICANT—Person Making Application <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 09/09/1997	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/09/1997 James Hale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712368
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7-10-77	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13813

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

DATE 9-8-97

Young family, address and instructions subject to our rules and regulations, to inter the remains

of Sybelie Karnasokh

in Liner Funeral date Wed. Sept 10 1997

at Chapel of the Holy Spirit Mayer 150.00

Funeral home must arrive before 3:30 p.m. at regular hours or before 10:00 a.m. on days of service
All funerals are held at 10:00 a.m. unless otherwise specified

257 Grave 9 Row 2 Section 12 795.00

Grave space & Care Fund

Additional services and care fund

Cremation & Care

Burial Case

Handling Fee

Final service - interment fee

Receiving and filing fee

Class 1000

PAID
AUG 18 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

375.00

95.00

145.00

45.00

14.73

1504.73

TYPE OF

MC

1504.73

Luba Karnasokh
(916) 632-9275

Signature

I hereby certify that I am the legal representative of the above named deceased and that I have the right to make the disposition of remains as herein provided. I certify and represent that I have the right to make the disposition and I agree to hold Mt. Hope Cemetery harmless from any claim, of action or suit, or other liability that may be asserted against it.

Funeral home address

Funeral home phone

Chapel of the Holy Spirit
 5118
 San Diego
 619-591-1111

Sign here
service
held at
at cemetery
before 3:30 pm
or \$150.00
late fee

Signature
address
City & Zip
Telephone

E 13813

Form 10-20-74

The Company is a duly licensed funeral home

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/8/97

Center Rights

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PATRICIA WATT

in a Ash Vault Funeral, date, time Mon. 6-15 11:30

Church, Chapel, Graveside Witness : Merkley Mitchell Mortuary, Scott

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

✓ Lot 6 Grave 7 Row — Section MAS Division/Block R

Grave space & Care Fund	<u>Dr. Wood E-4886</u>	<u>0</u>
Additional spaces and care fund	PAID	<u>—</u>
Opening/Closing & Setup	JUN 05 1998	<u>105.00</u>
Burial Container	MT. HOPE CEMETERY	<u>55.00</u>
Handling Fees	CITY OF SAN DIEGO, CALIF	<u>60.00</u>
Flower vases - Marker setting		<u>45.00</u>
Recording and filing fee		<u>4.26</u>
Sales taxes		<u>4.26</u>

Total Due 269.26

Paid receipt number R-50080 269.26

Balance due 0

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [Signature]
Signature
1152 SAN MIGUEL
Address
WILMINGTON CA
City
1925 939-5001 95596
Telephone Zip Code

Signature of recorded holder of deed _____

Work Order # **E 13814**

Invoice # _____

Acct. # _____

Family will contact us 9/8/97 when ready for Burial. Second person is ill. May bury two at once.

available in alternative formats upon request.

E-10672 12/10/97 Per Scott Still Pending

50236

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-29, 1998

From: Howard Watt Jr. Address: 2300 E. Valley Pky #110 Escondido

one hundred twenty five & 10/100 Dollars (\$) 125.00 #2027

In full Payment of marker setting fee for
Patricia Watt

Lot 6 Grave 7 Row _____ Section MAS Division Block R

Invoice No. _____

Acct. No. _____

W.O. E-13814

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

Catrina Avallone
ISSUED BY _____

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>125 00</u>
Pre-Need Trust	83033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

1408

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13814

50080

Date: 6-15, 1990

From Howard S. Watt Address: 2300 E. Valley Parkway 150

two hundred sixty line x 26 / 100 Dollars (\$ 269.26)

In full Payment of Interest of Patricia Watt

Lot 6 Grave 7 Row _____ Section MAS Division Block R

Invoice No. _____

Acct. No. _____

W.O. E-13814

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

0269

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184		
Opening/ Closing	100	105	00
Burial Containers	100	55	00
Handling Fee	100	60	00
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	63033		
Sales Tax	9022	4	26
TOTAL PAID	78990	\$	269 26

Recorded
92027

E-13814

41

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) PATRICIA	1B. MIDDLE L.	1C. LAST (FAMILY) WATT	2. DATE OF BIRTH MONTH, DAY, YEAR 06/13/1956	3. DATE OF DEATH MONTH, DAY, YEAR 09/04/1997	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MICHAEL J. ROGERS - 1/2 BROTHER 1750 SAN MIGUEL DRIVE WALNUT CREEK, CA 94596		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria A. Mitchell</i>		8B. DATE SIGNED 09/08/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 09/08/1997 T.C. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712260
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY, 1625 GISLER AVENUE, COSTA MESA, CA 92626 (ORANGE COUNTY)	12B. DATE CREMATED 09/02/1997	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-8-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bernita McCormick (X) 2:30

in a Ash vault Funeral, date, time FRI 9-20 AM

Church, Chapel, Graveside delivery only: Berge-Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 839 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund pre-need D-3121 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 100.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.26

PAID
in full
NOV 08 1997
Seat
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 269.26

Paid receipt number visa 269.26

Balance due ~~0~~

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X see attached
Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 13815 ✓

Invoice # _____
Acct. # _____

over

9-8-97
10:30 am

11/97

VISA 4060420013416648

Phyllis Susana Williams

1474 Marty Dr.

Reynoldsburg, OH 43068

(614) 860-9521 h

at daughter in Texas 5:00 9-9

(817) 354-4819 until 5:00pm

authorized to charge visa card.

sister Cathy Heynar to sign
203-3085

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

77

1A. NAME OF DECEDENT—FIRST (GIVEN) BERNITA	1B. MIDDLE ELAINE	1C. LAST (FAMILY) McCORMICK	2. DATE OF BIRTH MONTH, DAY, YEAR 01/15/1920	3. DATE OF DEATH MONTH, DAY, YEAR 09/07/1997	4. SEX F
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CATHY L. HEYMAR - DAUGHTER 402 63RD STREET SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY 607 NAT'L. CITY BLVD., NATIONAL CITY, CA 91950			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>Marla Souder</i>		
			8B. DATE SIGNED 09/09/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/09/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MARLA SOUDER	9D. LICENSE NUMBER 9712362
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9/26/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE., SAN DIEGO, CA 92113	12B. DATE CREMATED 09/11/97	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 SUF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-13815

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

9-8-97

To be filled out by authorized individuals. Subject to the rules and regulations of the cemetery.
Name of deceased Bernita McCormick (X)
Type of interment Ash Vault AYD
Casket, Urn, or other container delivered by Edge Roberts
If funeral services are to be held, date and time of service Sept 18 1997
Where services are to be held Edge Roberts

Case No. <u>839</u>	Price	Quantity	Amount
Grave Space & Casket Fund <u>pre-need D-3121</u>			\$
Additional spaces and casket fund			105.00
Opening/Closing & Service			50.00
Burial Container			20.00
Handling Fees			2.00
Flowers/Vases - Marker selling fee			45.00
Recording and filing fee			4.25
Sales Tax			219.21
Total Due			219.21
Payment received			0
Balance Due			219.21

PAID
18 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Payment Method VISA
Receipt Number 2129 210

I hereby certify that the X daughter of the above named deceased and that in your capacity as next of kin or executor of the will of the deceased, I certify and represent that I have the right to make the above named and I agree to hold the Grave Company harmless from any liability on account of said authorization and assent.

I hereby authorize the Master in left hand order deed.

Robert X Thorne ← sign
2129 210 ←
X daughter ←
X (M) 2129 210 ←

E 13815 ✓

over

20
8
10
1/2
L
H
W

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/8/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Allen Howell

in a _____ Funeral, date, time Wed, Sept 10, 1:30
Type of Burial Container _____
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 of \$ 150.00
will be applied and billed to undersigned. xxx

Lot 3702 Grave - Row _____ Section -1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 125.00

Burial Container

Handling Fees

Flower vases - Marker setting fee 23.78

Recording and filing fee 45.00

Sales taxes

Total Due 293.78

Paid receipt number R-48944 293.78

Balance due 0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Robert Allen
Signature
6924 Hyde Park St #320
Address
San Diego, CA 92119
City Zip Code
(619) 698-3905 / 266 3152
Telephone

Signature of recorded holder of dead _____

Work Order # E 13816

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-13816

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1 day

1A. NAME OF DECEDENT—FIRST (GIVEN) Robert	1B. MIDDLE Allen	1C. LAST (FAMILY) Howell	2. DATE OF BIRTH MONTH, DAY, YEAR 09/03/1997	3. DATE OF DEATH MONTH, DAY, YEAR 09/03/1997	4. SEX M
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rodlyn R. Allen, Mother 6924 Hyde Park Dr. #320 San Diego, CA 92119	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE 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.

Signature: *[Signature]* Date SIGNED: **09/08/1997**

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 09/10/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9712389
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-10-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-13816 48841



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY
 527-3408

From: Restyn Allen Address: 6924 Hyde Park Dr. #320 S.D. (414) 42119
 Date: 9/8, 1997
Two hundred seventy 00/100 Dollars (\$ 270.00)
 In Full Payment of Interment of Robert Allen Howell

Lot 3702 Grave 1 Row 1 Section 1 Division 9

Invoice No. _____

Acct. No. _____

W.O. E-13816

BALANCE DUE 0

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 Karantak

CREDIT			
20% Sales Care	77164		
80% Sales of Lots	100	100	00
Opening/Closing	77161	125	00
Burial Containers	100	10	00
Handling Fee	77165	13	00
Recording & Misc. Fees	77163	45	00
Pre-Need Trust	83033		
Sales Tax	80101		78
	78390		
TOTAL PAID		293	78

OFFICIAL RECEIPT

49349


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3409

From: Roslyn Allen Address: 1924 Hyde Park Dr # 320 5D Date: 1/5 1998
Thirty one & no/100 Dollars (\$) 31.55 4219
 In full Payment of temporary marker for
Robert Allen Howell
 Lot 3702 Grave _____ Row _____ Section 1 Division 9
 BLOCK _____

Invoice No. _____

Acct. No. _____

W.O. E-13810

BALANCE DUE _____

Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 8-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Catrina Arallone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	<u>10</u>
Recording & Misc. Fees	77183	<u>20</u>
Pre-Need Trust	63033	
	8022	
Sales Tax	80101	<u>1</u>
	78360	<u>55</u>
TOTAL PAID		<u>31</u> <u>55</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-8-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie H. Mitchell

in a Liner Funeral, date, time Thur. Sept. 11 2:00

Type of Burial Container: Church, Chapel, Graveside Church + graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X Martin

Lot 2825 Grave _____ Row _____ Section _____ Division/Block 10
Grave space & Care Fund 995.00

Additional spaces and care fund _____
Opening/Closing & Setup 375.00

Burial Container _____ PAID Sept 9 1997 190.00

Handling Fees _____ 145.00
Flower vases - Marker setting fee LATE SERVICE FEE 150.00

Recording and filing fee 45.00
Sales taxes 14.73

30 day note

Total Due 1704.73
Paid receipt number R-48945 441.00
Balance due 1323.73

BAL OVER R 150.00

I hereby certify I am the X John of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Tony Mitchell
Signature 738 So. Grand St
Address S.D. CA 92113
City 619-262-2741 Zip Code
Telephone

see reverse for late fee

Work Order # E 13817

Invoice # 289418
Acct. # 093441

Bal
PAID

1323.73

1323.73

9-9-97 R-48952

Bal

0

PAID

1997

OVER

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48945

Date: 9-8 1997

From: Anthony Mitchell Address: 731 SO 42nd Street San Diego 92113

Four hundred forty one and no/100 Dollars (\$ 441.00)

In part Payment of Interment of Willie H. Mitchell

Lot 2825 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13817

BALANCE DUE 1323.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1000

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY C. Jurgent-Avalon

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100	<u>441</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		
	78380		
TOTAL PAID	\$	<u>441</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13817 48052

Date: 9-9, 1997

From: Tom Mitchell Address: 731 S. 42nd Street San Diego 92113

One thousand three hundred twenty three & 73/100 Dollars (\$ 1323.73)

In full Payment of Interment of Willie Mitchell

Lot 2825 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13817

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

244524

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

Sept 9
CC

ISSUED BY J. MacMillan

CREDIT	67007		
20% Sales Care	77184	<u>199</u>	<u>00</u>
80% Sales of Lots	100	<u>355</u>	<u>00</u>
Opening/Closing	77184	<u>375</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
	77182	<u>145</u>	<u>00</u>
Handling Fee	100	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	78300		
TOTAL PAID	\$	<u>1323</u>	<u>73</u>

E-13817

79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIE	1B. MIDDLE HARMAN	1C. LAST (FAMILY) MITCHELL	2. DATE OF BIRTH MONTH, DAY, YEAR 07/28/1918	3. DATE OF DEATH MONTH, DAY, YEAR 09/06/1997	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 TONY MITCHELL-SON 731 SOUTH 42ND STREET SAN DIEGO, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person being permit <i>Jim Walker</i>		8B. DATE SIGNED 09/10/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/10/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>R. P. [Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7-11-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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
289418	09/19/97	093441	TONY MITCHELL 100 072		77183	000072	10/02/97	CK	111	150.00 150.00	E-13817 150.00	0.00 PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-8-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Veola Gamble

In a Liner Type of Burial Container Funeral date, time Thur. Sept. 11 11:00
Church, Chapel, Graveside Graveside ; Ragsdale Mortuary
Slipper/Pebble

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

✓ Lot 2609 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	<u>—</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	<u>—</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>
Total Due	<u>1504.73</u>
Paid receipt number <u>R-48971</u>	<u>1564.73</u>
Balance due	<u>0</u>

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 13818

Invoice # _____
Acct. # _____

OVER

9-8-97

2:30 pm

skipper from ragdale requested
that we choose the grave space for
burial.

per Debbie - 9-9-97
12:40P

Ragsdale mortuary
will bring a check
for the full amount.

Have the funeral
director sign interment
order.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

627-3400

E-13818 48971

Date: 9-11, 1997

From: Orzdale Address: 5050 Federal Blvd DD 92102

One Thousand Five Hundred Seventy Seven and 73/100 Dollars (\$ 1564.73)

In full Payment of Interment of Verla Lambie

Lot 269 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13818

BALANCE DUE ⊖

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 3-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Schellha

CREDIT	67007		
20% Sales Care	77184	159	00
80% Sales	100	636	00
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101	14	73
	78390		
TOTAL PAID	\$	1564	73

16469

E-13818

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

70

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Veola	-	Gamble	03/07/1927	09/05/1997	F
5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT		
San Diego	San Diego		Ethel C. Caldwell, Friend 2525 "L" St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			7B. CALIF. LICENSE NUMBER —IF APPLICABLE		
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			F-1329		
ACKNOWLEDGMENT OF APPLICANT			8A. SIGNATURE OF APPLICANT—Person taking permit		
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		
			Kebler Williams 09/09/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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	8B. DATE PERMIT ISSUED	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		\$7.00	09/10/1997	Williams
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
	Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1-11-77	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Herman Benjamin
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-8-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1221531

In a Liner Type of Burial Container Funeral, date, time _____
Church, Chapel, Graveside delivery only Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 77 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 120.00

Additional spaces and care fund

Opening/Closing & Setup 1105.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Kathenne Howard Total Due 3810.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 13819** ✓

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-9-97

*Mock
Set-up
for
3:00*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John E. Gray

in a _____ Funeral, date, time Tue 9-17 3:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ Debbie
will be applied and billed to undersigned. _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund Veterans Area _____

Opening/Closing & Setup _____

Burial Container paid in full _____

Handling Fees 9-15-97 _____

Flower vases - Marker setting fee _____

Recording and filing fee mock set-up 50.00

Sales taxes _____

Total Due 50.00

Paid receipt number R-48983 50.00

Balance due 0

*Mortuary
to bring check*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 13820**

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48983

Date: 9-15, 1997

From: Anderson-Ragsdale Mortuary Address: 5050 Federal Blvd. San Diego, CA 92102

Fifty and no/100

Dollars (\$ 50.00)

In full Payment of mock set-up for John E. Gray

Lot _____ Grave _____ Row _____ Section Veterans Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13820

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 6-94)

10478

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY C. Surgeni-Avallone

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100	<u>50</u>	<u>00</u>
Pre-Need Trust	77182		
Sales Tax	100		
TOTAL PAID	63033	<u>50</u>	<u>00</u>
	8022		
	60101		
	76360		

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/9/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JoAnn Campbell

in a Double Depth Funeral, date, time Tues, Sep 9, 11:00

Church, Chapel, Graveside Church/Graveside: SD Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned.

Lot 46 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>995.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.23</u>
Total Due	<u>1764.23</u>

VOID See Rec: 13821

Paid receipt number _____ Balance due _____

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # **E 13821** Invoice # _____
 Acct. # _____

MARK CALLED APPROX 10:00 9/9/97
SAID FAMILY FORGOT TO COME IN
AND MAKE ARRANGEMENTS ^{FOR BURIAL}. WANTED
TO KNOW IF WE COULD DO BURIAL
TODAY. ASKED FOR BOX SET
UP.

WHEN
MARK ARRIVED AT GYRESIDE
HE REQUESTED TO CHANGE LINER
TO DOUBLE DEPTH CRYPT.

HE TOOK BODY BACK TO
MORTUARY UNTIL GRAVE WAS
COMPLETED

9/9 MARK TO SIGN FOR FAMILY FAX
INTERMENT ORDER TO HIM.

9/10 FAX COPY OF INTERMENT OVER TO MARK
AGAIN TO SIGN.

9/11 CALLED MARK REGARDING INTERMENT TO SIGN

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/9/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JoAnn Campbell

in a Double Death Crypt Funeral, date, time Tues, Sep 9, 1997, 11:00 AM

Church, Chapel, Graveside Church/Graveside: S.D Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned.

✓ Lot 446 Grave 9 Row - Section 2 Division/Block 12

Grave space & Care Fund	<u>995.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>376.00</u>
Burial Container	<u>380.00</u>
Handling Fees	<u>320.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>29.45</u>

Total Due 2144.45

Paid receipt number R-48953 1764.73

R48960 Balance due 379.72

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # E 13822

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

13822 48960



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3409

Date: 7/19, 1997

From: S.D. Memorial Chapel Address: 2441 University Ave San Diego Ca 92104

Three hundred seventy nine 72/100 Dollars (\$ 379.72)

In Full Payment of Interment of J Ann Campbell

Lot 46 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13892

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 6-84)

1728

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Marjorie Baker

CREDIT	87007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77182	379	72
Sales Tax	100		
TOTAL PAID	77185		
	100		
	77183		
	80033		
	8022		
	80101		
	75390		
		379	72

OFFICIAL RECEIPT

48953



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY
527-3400

Date: 9/9, 1997

From: SID Memorial Address: 2441 University Ave S.D. CA 92104

One thousand seven hundred sixty four 73/100 Dollars (\$ 1764.73)

In Part Payment of Interment of John Campbell

Lot 46 Grave 9 Row - Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13822

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 6-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY Karyn Bak

CREDIT	67007	199	00
30% Sales Tax	77184		
30% Sales of Lots	100	1796	00
Opening/Closing	77184	375	00
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100	320	00
Pre-Need Trust	77183	45	00
Sales Tax	63033		
	9022	29	45
TOTAL PAID	80101	1764	45
	78380		

E-13822

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS **48 Found**

1A. NAME OF DECEDENT—FIRST (GIVEN) JoAnn	1B. MIDDLE -	1C. LAST (FAMILY) Campbell	2. DATE OF BIRTH MONTH DAY YEAR 11/06/1948	3. DATE OF DEATH MONTH DAY YEAR 09/03/1997	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 Bertha Campbell - Mother 3455 Newton Avenue San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED Francis X. Hester 09/08/1997		

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 09/08/1997 <i>Hester</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712269
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P. O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-1-97	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 CEMETARY
INTERMENT ORDER

City of San Diego

PRE NEED
 LOT & TRUST

Date 9-9-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IDA M. TOOMER

In a T-S. VAULT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 91 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund PAID IN 9-9-97

Opening/Closing & Setup FULL 375.00

Burial Container 250.00

Handling Fees SEE 185.00

Flower vases - Marker setting fee E-11283

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1,769.38

Paid receipt number R-48958 442.00

Balance due 1327.38

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Ida Toomer
 Signature

X 4841 54th St.
 Address

X San Diego, Ca. 92115
 City Zip Code

X 619-583-3619
 Telephone

Work Order # E 13823 ✓

Invoice # _____

Acct. # _____

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE NEED LOT & TRUST E13823

IDA M. TOOMER

4841 54th Street

San Diego, CA 92115

(91-9-2-11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									10		

Amount due when paid on, or before,
due date above

▶ \$ 55.00

Amount due if paid more than _____ days
after due date above.

▶ \$ _____

\$ _____

Amount Received

\$ 55.00

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 & TRUST E13823

IDA M. TOOMER

4841 54th Street

San Diego, CA 92115

(91-9-2-11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
									10		

Amount due when paid on, or before,
due date above.

▶ \$ 55.00

Amount due if paid more than _____ days
after due date above.

▶ \$ _____

\$ 55.00

NAME

Ida M. Toomer

Amount Received

\$ 55.00

ADDRESS

4841 54th St.

CITY

San Diego

STATE

Ca. ZIP 92115

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 LÓT & TRUST ~~118889~~**

IDA M. TOOMER

E-13823

4841 54th Street

San Diego, CA 92115

(91-9-2-11)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									10		

Amount due when paid on, or before,
due date above.

\$ 55.00

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 E13823**

IDA M. TOOMER

4841 54th Street

San Diego, CA 92115

(91-9-2-11)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
									10		

Amount due when paid on, or before,
due date above.



\$ 55.00

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 NEED³ LOT & TRUST** ~~#15883~~

IDA M. TOOMER

E-13823

4841 54th Street

San Diego, CA 92115

(91-9-2-11)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
									10		

Amount due when paid on, or before
due date above.



\$ 55.00

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 E13823**

IDA M. TOOMER

4841 54th Street

San Diego, CA 92115

(91-9-2-11)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									10		

Amount due when paid on, or before,
due date above

▶ \$ 55.00

Amount due if paid more than _____ days
after due date above.

▶ \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

637-3499

E-13823 48958

From: Ida M Toomer Address: 4841 54th Street San Diego 92105
 Date: 9-9, 1997
Four hundred forty two and no/100 Dollars (\$ 442.00),
 In part Payment of pre need lot + trust

Lot 91 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13823

BALANCE DUE 1327.38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 8-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

C. J. ...

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>442</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	83033		
8022			
Sales Tax	80101		
78380			
TOTAL PAID	\$	<u>442</u>	<u>00</u>

6743

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3490

E-13823 49197

Date: 11/21, 1997

From: IDA TOLMET Address: 4841 54th STREET SAN DIEGO 92115

Fifty five and no/100 Dollars (\$ 55.00)

In part Payment of pre need lot and trust

Lot 91 Grave 9 Row _____ Section 2 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13823

BALANCE DUE 1217.38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

6794

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

Catrina Avallone
 ISSUED BY _____

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	77184	<u>55</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	80053		
Sales Tax	8022		
	80101		
	76390		
TOTAL PAID	\$	<u>55</u>	<u>00</u>

49083

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

Date: 10/15, 19 97

From: Ida M. Toomer Address: 4841 54th Street San Diego 92115

Fifty five and no/100 Dollars (\$ 55.00)

In part Payment of pre need lot and trust

Lot 91 Grave 9 Row Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13823

BALANCE DUE 1272.38

Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AD-212 (Rev. 5-84)

6704

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Catma Jungkon -
ISSUED BY Avalone

CREDIT	67007		
20% Sales Tax	77184		
20% Sales Tax of Lots	100	55	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	60033		
	9022		
	60101		
	78980		
TOTAL PAID	\$	55	00

49200

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

Date: 12/9, 1997

From: Ida M. Toomer Address: 4841 54th Street San Diego 92115

Fifty five and 110/100 Dollars (\$ 55.00)

In part Payment of pre need lot & trust

Lot 91 Grave 9 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13823

BALANCE DUE 1102.38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

6821

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Catrina Avallone

CREDIT	57007		
20% Sales Tax	77184		
80% Sales of Lots	100	55	00
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	83053		
8022			
Sales Tax	80101		
78380			
TOTAL PAID	\$	55	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49772

Date: 3-19, 1998

From: Ida Toomer Address: 4841 54th St. San Diego 92115

one hundred ten and no/100 Dollars (\$ 110.00),

In part Payment of pre paid lot & trust

Lot 91 Grave 9 Row _____ Section 2 Division 11
 Block 110

Invoice No. _____

Acct. No. _____

W.O. E-13823

BALANCE DUE 997.38

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

6917

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Catrina Avallone

CREDIT	67007		
20% Sales Care	77184	<u>110</u>	<u>00</u>
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		
	80101		
	78380		
TOTAL PAID	\$	<u>110</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49386

From: Sadam Romer Address: 4841 54th Street San Diego 92115 Date: 1-13, 1998

In part Payment of Fifty five & 10/100 pre need lot & trust Dollars (\$) 55.00

Lot 91 Grave 9 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.o. E-13823

BALANCE DUE 1107.38

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

6825

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

Catrina Avallone

ISSUED BY _____

CREDIT	67007		
80% Sales Care	77184		
80% Sales of Lots	100	<u>55</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	93033		
	9022		
Sales Tax	90101		
	76390		
TOTAL PAID		<u>55</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-9-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary (Ginny) LAWSON Scot Scot 13 1:00

in a Liner Funeral, date, time Excl-Sept-12 1:00

Church, Chapel Graveside Chapel + graveside Humphrey Mortuary. Ray

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X mem

Lot 127 Grave 10

PAID
SEP 15 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Division/Block 12
795.00

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee Scot Overtime

Recording and filing fee

Sales taxes

Total Due 1504.73

Paid receipt number R-48997 2164.73

Balance due 0

*mortuary to bring check for the full amount for burial service.

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed.

X Margaret M. Lanopier
Signature
X 2706 E. 128th St.
Address
X Cleveland, Ohio 44120
City
X (216) 991-2751
Telephone

Signature of recorded holder of deed

Work Order # **E 13824**

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13824 48977

Date: 9-15, 1997

From: Hempden Mortuary Address: 855 Broadway Chula Vista 91911

Two thousand One hundred Sixty four & 73/100 Dollars (\$ 2164.73)

In full Payment of Interment of Mary Dawson

Lot 127 Grave 10 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13824

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

26770

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. MacLellan

CREDIT	87007	159	00
20% Sales Care	77184		
80% Sales of Lots	77184	636	00
Opening/Closing	100	375	00
Burial Containers	77182	190	00
Handling Fee	100	143	00
Recording & Misc. Fees	77183	645	00
Pre-Need Trust	89023		
	8022		
Sales Tax	80101	14	73
	78990		
TOTAL PAID		2164	73

E-13824

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

39

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY	1B. MIDDLE VIRGINIA	1C. LAST (FAMILY) LAWSON	2. DATE OF BIRTH MONTH DAY YEAR 12/20/1957	3. DATE OF DEATH MONTH DAY YEAR 09/07/1997	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 Margaret McLaughlin - Mother 2766 East 128th Street Cleveland OH 44120		
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 holding permit <i>Judith E. King</i>		

8B. DATE SIGNED
09/11/1997

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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/11/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712457 J.E. King
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market 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 N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/10/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mt Fu Ma

in a Liner Funeral, date, time Friday, Sept 12th 1:00pm
Type of Burial Container
 Church, Chapel, Graveside Graveside : Lewis Blomel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned. xjz

Lot 275 Grave 12 Row — Section 2 Division Block 12

Grave space & Care Fund	PAID	<u>775.00</u>
Additional spaces and care fund	SEP 10 1997	<u>315.00</u>
Opening/Closing & Setup	MT. HOPE CEMETERY	<u>190.00</u>
Burial Container	CITY OF SAN DIEGO, CALIF	<u>145.00</u>
Handling Fees		<u>45.00</u>
Flower vases - Marker setting fee		<u>14.73</u>
Recording and filing fee		<u>1564.73</u>
Sales taxes		<u>14.73</u>

Total Due 1564.73

Paid receipt number REC 48962 1564.73

Balance due 0

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

xjz
 Signature
7711 Dancy RD
 Address
SAN DIEGO CA 92126
 City
619 271-2352
 Telephone
Zip Code

Work Order # **E 13825**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

48966



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-10, 1997

From: Paul Franco Address: 7711 Dancy Rd SANDHILL 92120

Twenty three and 78/100 Dollars (\$ 23.78)

In full Payment of galvanized flower vase for
Ki Fu Ma

Lot 275 Grave 12 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-13825

BALANCE DUE 2

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181	10	00
Burial Containers	100		
	77182	13	00
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	80033		
	8022		
Sales Tax	80101		78
	78380		
TOTAL PAID	\$	23	78

ISSUED BY

Alma Wright

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13825 48962

From: Paul Franco Address: 7711 Daney Rd San Diego Ca 92126
 Date: 9/10, 1997
One thousand five hundred sixty four 73/100 Dollars (\$ 1564.73)
 In Full Payment of Interment of Mt Fu ma

Lot 275 Grave 12 Row — Section 2 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13825
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

SEP 10 1997

ISSUED BY Kayn Bak

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales	100	636	00
of Lots	77184		
Opening/	100	275	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fee	77183		
Pre-Need	69033		
Trust	9022		
Sales Tax	80101	14	73
	76380		
TOTAL PAID		1564	73

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 3998

E-13825

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

64

1A. NAME OF DECEDENT—FIRST (GIVEN) KIT	1B. MIDDLE FU	1C. LAST (FAMILY) NA	2. DATE OF BIRTH MONTH DAY YEAR 10/05/1932	3. DATE OF DEATH MONTH DAY YEAR 09/08/1997	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 SEUNG FRANCO - NINCE 7711 DANCT RD. SAN DIEGO, CA 92126	
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.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/10/1997	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 85111 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-10-97

DOB UNKN
Found 1-14-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe ME# 97-0097 / PA# 1220012

In a liner Funeral, date, time MON. Sept. 15 11:00
Type of Burial Container

Church, Chapel, Graveside delivery only: ADA Mortuary.
Dan

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

✓ Lot 101 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 50.00

Handling Fees paid in full 10/23/97

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 289420

Acct. # 000952

Work Order # **E 13826**



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2288
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-13826

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 10/23/97
BY: CA CK IF

PAYMENT REF NO 04-457036 AMT PAID: \$386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/19/97	10/19/97	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13826
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JANE DOE PA#1220012 SVCS	
LOT 101 GR 2 SEC 1 DIVN 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE. RETURN WITH PAYMENT INV NO. 289420

289420 09/19/97 000952 COUNTY OF SAN DIEGO

E-13826

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

10/23/97 CK 04-457036

386.00
165.00
50.00
45.00
126.00

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 772.00

386.00 PAID IN FULL 0.00

E-13826

Found
DDD
?

3-24

97 MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe ME# 97-0002 / PA# 1220020

In a liner Type of Burial Container Funeral, date, time MON. Sept 15 11:00

Church, Chapel, Graveside delivery only ; ADA Mortuary.
oan

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

✓ Lot 94 Grave 2 Row _____ Section 1 Division/BLOCK 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container paid in full 50.00

Handling Fees 10/23/97

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # **E 13827**

Invoice # 289419

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

13827
unknown

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN	3. DATE OF DEATH MONTH DAY YEAR 03/24/1997	4. SEX M
5A. CITY OF DEATH ESCONDIDO		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SAN DIEGO COUNTY MEDICAL EXAMINER 5555 OVERLAND AVENUE SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1469		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 14975 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 09/12/1997	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/12/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— 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 checked="" 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 92123	11B. DATE BURIED 9/15/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O. BOX 2289

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT

E-13827

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 10/23/97
BY: CA CK IF

PAYMENT REF NO 04-457036 AMT PAID: \$ 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/19/97	10/19/97	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13827
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1220020 SVCS	
LOT 94 GR 2 SEC 1 DIVN 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT INV NO. 289419

289419 09/19/97 000952 COUNTY OF SAN DIEGO

E-13827

100 072
100 072
100 072
67007

77181
77182
77183
77184

000072
000072
000072

10/23/97 CK 04-457036

386.00
165.00
50.00
45.00
126.00

386.00 PAID IN FULL 0.00

E-13827

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

DOD 9-11-97 78

Date 9/11/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Lee Kilcrease

in a _____ Funeral, date, time Monday, Sept 15th 10:00
Type of Burial Container
 Church, Chapel, Graveside Chapel/Graveside: Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150
 will be applied and billed to undersigned. X [Signature]

Lot 27 Grave 27 Row 16 Section 2 Division 2

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>375.00</u>
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	<u>28.78</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	_____

PAID
SEP 11 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Family purchased vault at Greenwood

Total Due 443.78
 Receipt number R-48968 443.78
 Balance due 0

I hereby certify I am the X HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

[Signature]
 Address X P.O. Box 461
X Ocotillo, CA 92055
 City _____ Zip Code _____
X 760 789 1857 (SD)
 Telephone _____

Work Order # **E 13828**

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13828 18968

Date: 9/11, 1997

From: Arthur R. Kilcrease Address: P.O. Box 461 Ocotillo Ca 92259

Four hundred forty three 78/00 Dollars (\$ 443.78)

In Full Payment of Interment of Ethel Lee Kilcrease

Lot 27 Grave 27 Row 16 Section 2 Division 2

Invoice No. _____

Acct. No. _____

W.O. E-13828

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

Kenneth Balle

CREDIT	67007	
30% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>375 00</u>
Burial Containers	100	<u>10 00</u>
Handling Fee	77185	<u>13 00</u>
Recording & Misc. Fees	100	<u>45 00</u>
Pre-Need Trust	60033	
Sales Tax	80101	<u>78</u>
TOTAL PAID	78380	<u>443 78</u>

E-13828

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

78

1A. NAME OF DECEASED—FIRST (GIVEN) ETHEL	1B. MIDDLE LEE	1C. LAST (FAMILY) KILCREASE	2. DATE OF BIRTH MONTH, DAY, YEAR 10/20/1918	3. DATE OF DEATH MONTH, DAY, YEAR 09/11/1997	4. SEX F
5A. CITY OF DEATH RAMONA		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ARTHUR M. KILCREASE - HUSBAND 16242 QUAIL ROCK ROAD RAMONA, CA 92065		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-843	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8B. DATE SIGNED
09/12/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 09/12/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9712532
--	--	---------------------------------------	---	---

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 92106-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
--	---	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENTOMBMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9/15/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. White</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 9-12-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of David Underwood
 in a Liner Funeral, date, time Tues. Sept. 16 3:30

Church, Chapel, Graveside graveside only: Feathering!! Mortuary,
 All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. ~~_____~~

Lot 89 Grave 1 Row _____ Section 17 Division/Block 7

Grave space & Care Fund Pre-need _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Dave
465-6437

PAID
in full
SEP 12 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

375.00
190.00
145.00
45.00
14.73
709.73
709.73
0

Total Due _____

Paid receipt number R-48976

Balance due _____

I hereby certify I am the X SON of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
 hold under deed.

Signature of recorded holder of deed _____

Signature [Signature]
 Address 29790 Buckhorn Ct
Canyon Lake CA 92587
 City _____ Zip Code _____
 Telephone 909 244 0463

Invoice # _____

Work Order # **E 13829**

Acct. # _____

48976

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-12, 1997

From: David Underwood Address: 9320 Earl Street #10 La Mesa 91942

seven hundred sixty nine and 73/100 Dollars (\$ 769.73)

In full Payment of interment of David Underwood

Lot 89 Grave 1 Row 17 Section 17 Division Block 7

Invoice No. _____
Acct. No. _____
W.O. E-13829
BALANCE DUE 7800

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

7800
ISSUED BY C. Zungor - Avalon

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>575</u>
77181		<u>00</u>
Burial Containers	100	<u>190</u>
77182		<u>00</u>
Handling Fee	100	<u>145</u>
77185		<u>00</u>
Recording & Misc. Fees	100	<u>45</u>
77183		<u>00</u>
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>14</u>
78390		<u>15</u>
TOTAL PAID	\$	<u>769.73</u>

E-13829

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) David	1B. MIDDLE Oren	1C. LAST (FAMILY) Underwood	2. DATE OF BIRTH MONTH DAY YEAR 10/17/1916	3. DATE OF DEATH MONTH DAY YEAR 09/12/1997	4. SEX M	
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Evelyn Underwood, wife 9320 Earl St. #6 La Mesa, CA 91942			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 09/12/1997
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 09/15/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712555 <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 09/16/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/13/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arthur Glasgow

in a Liner Funeral, date, time Thurs Sept 18th 10:00

Church, Chapel, Graveside Graveside Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$1750

will be applied and billed to undersigned. Clara B. Skipper

Lot 74 Grave 4 Row - Section 1 Division/Block 11

Grave space & Care Fund Pre Need D-3736 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 14.73

Total Due 769.73

Paid receipt number Rec 48989 769.73

Balance due 0

PAID
SEP 16 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

*Clara Skipper
4707 Miccosukee
Tella Hassler FI
32308*

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

Clara B. Skipper
Signature
4707 Miccosukee Road
Address
Tella Hassler, 32308
City Zip Code
850/671-2565
Telephone

Work Order # **E 13830**

Invoice # _____
Acct. # _____

9/15/97 Per Conrad Family will not
be in till Tuesday to make
arrangement service to be determined

Clara Skjops
4707 Miesosuskoe Rd
Tallahassee Florida
850-671-2565 - 32308

E-13830

91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ARTHUR	1B. MIDDLE CHARLES	1C. LAST (FAMILY) GLASGOW SR.	2. DATE OF BIRTH MONTH DAY YEAR 11/26/1905	3. DATE OF DEATH MONTH DAY YEAR 09/11/1997	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 CLARA G. SKIPPER - DAUGHTER 4707 MICCOSUSKEE ROAD TALLAHASSEE, FL 32308		
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 F-941	8A. SIGNATURE OF APPLICANT—Personal being permit, 8B. DATE SIGNED <i>Conrad</i> 09/15/1997		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/17/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Dorcas J. Conrad</i> 9712697
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 Co. of San Diego Dept. of Health Services VITAL RECORDS/P.O. Box 85222 San Diego, CA 92186-3222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9/18/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>White</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

48883

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9/16, 1997From: Clara Skipper Address: 4707 W McCaskey Rd Tallahassee FL 32308In Full Payment of Seven hundred sixty nine ^{73/100} Dollars (\$ 769.73)
 Lot 74 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13830BALANCE DUE 0Pre-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 Karyn Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
Handling Fee	77185	<u>145</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	83033		
Sales Tax	9022	<u>14</u>	<u>73</u>
	80101		
	78390	<u>769</u>	<u>73</u>
TOTAL PAID	\$		

L 22
W 10 1/2
H 7 1/2

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 9-12-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jackie LaTre Ross

In a Funeral, date, time Tues 9-16 10:00

Church, Chapel, Graveside Chapel Graveside; La Buriel Mortuary Janette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.

✓ Lot 2106 Grave Row Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 125.00

Burial Container

Handling Fees

Flower vases - Marker setting fee 45.00

Recording and filing fee

Sales taxes

Total Due 270.00

Paid receipt number R-48978 270.00

Balance due 0

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Tomia Ross
Signature 5714 Roswell St
Address So CA 92114
City 2642771/670 Zip Code 0757
Telephone

Work Order # **E 13831**

Invoice #
Acct. #

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13831 48878

Date: 9-15, 1997

From: Lonia Ross Address: 5714 Roswell St San Diego 92114

In Two Hundred Seventy Dollars (\$ 270.00)

in full Payment of Interment of Jackie Letric Ross

Lot 2106 Grave 1 Row 1 Section 1 Division Block 9

Invoice No. _____
 Acct. No. _____
 W.O. E-13831
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J. Schellton

CREDIT	87007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	100	<u>80</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100	<u>125</u>	<u>00</u>
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>270</u>	<u>00</u>

13831

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1 day

1A. NAME OF DECEDENT—FIRST (GIVEN) JACKIE	1B. MIDDLE LATRE	1C. LAST (FAMILY) ROSS	2. DATE OF BIRTH MONTH DAY YEAR 09/10/1997	3. DATE OF DEATH MONTH DAY YEAR 09/10/1997	4. SEX MALE
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF. SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE TONIA ROSS—MOTHER 5714 ROSWELL ST. SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 09/16/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/16/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712619 M. MITCHELL
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9/16/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-15-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Richard Dean Todd

in a liner Type of Burial Container Funeral, date, time Wed 9-17 10:00

Church, Chapel, Graveside Church, Graveside Memorial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 50.00 will be applied and billed to undersigned. [Signature]

Lot S341 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1864.73

Paid receipt number VISA 1864.73

Balance due 0

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

[Signature]
Signature
20059 Brown St
Address
FERRIS, CALIF. 92570
City Zip Code
909 6576663
Telephone

Work Order # E 13832

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13832
42

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Richard	1B. MIDDLE Dean	1C. LAST (FAMILY) Todd	2. DATE OF BIRTH MONTH, DAY, YEAR 12/22/1954	3. DATE OF DEATH MONTH, DAY, YEAR 09/13/1997	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 Ilene Gradney - Sister 20059 Brown St. Perris, CA 92570	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1575		8A. SIGNATURE OF APPLICANT—Person taking permit <i>J. L. Martin</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/16/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 09/16/1997 <i>J. L. Martin</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712631
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (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 9/16/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>White</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

1st burial
 Double Depth

Date 9-15-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Katherine Spencer

In a Double Depth Chapt Funeral, date, time Wed 9-17 11:00

Church Chapel Graveside church & graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 107 Grave 7 Row — Section 2 Division/Bleek 11

Grave space & Care Fund pre-need E-11744

Additional spaces and care fund 1994

Opening/Closing & Setup pre-need E-11744

Burial Container pre-need E-11744

Handling Fees pre-need E-11744

Flower vases - Marker setting fee _____

Recording and filing fee pre-need E-11744

Sales taxes pre-need E-11744

Betty Augustus
 267-0878

Total Due

Paid receipt number _____

Balance due

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 13833**

Acct. # _____

E-13833

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

79

1A. NAME OF DECEDENT—FIRST (GIVEN) KATHERINE	1B. MIDDLE -	1C. LAST (FAMILY) SPENCER	2. DATE OF BIRTH MONTH DAY YEAR 09/10/1918	3. DATE OF DEATH MONTH DAY YEAR 09/10/1997	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 BETTY AUGUSTUS—DAUGHTER 2885 ALTA VIEW DR. #104 SAN DIEGO, CA 92138		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			
				8B. DATE SIGNED 09/13/1997	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/16/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712603
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9/17/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

mock set-up for 2:00pm

MT. HOPE CEMETERY INTERMENT ORDER

15 chairs requested

City of San Diego

Date 9-15-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Jackson

In a _____ Funeral date, time Fri Sept. 19 2:00

Church, Chapel, Graveside _____ CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees PAID IN FULL _____

Flower vases - Marker setting fee 9-15-97 _____

Recording and filing fee mock set-up fee 50.00

Sales taxes _____

Total Due 50.00

Paid receipt number mastercard 50.00

Balance due 0

military honors service

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 13834**

military honors service for Samuel Jackson
to guarantee an honor service for Samuel Jackson
angela Jackson
canceled
mock set-up
9-15-97
2:05pm

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/15/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James Stokes

in a liner type of Burial Container Funeral, date, time WED 9-24 11:00

Church, Chapel, Graveside Graveside : Ragsdale Mortuary, Skinner

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. X

Lot 168 Grave 1 Row — Section 1 Division/Block 12

Grave space & Care Fund Pre Need E-13670 D

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Market calling fee Personalized VASE 23.78

Recording and filing fee 45.00

Sales taxes MT. HOPE CEMETERY 14.75
CITY of SAN DIEGO, CALIF

Total Due 793.51

Paid receipt number R-49011 193.51

Balance due Q

Mortuary to bring check

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature
X Address
✓ City
X Telephone

Work Order # E 13835

REA-104 (7-86)

This info

*Service for Friday cancelled. per Skinner 9/15/97
Ragsdale will call*

9/17/97

Cancelled per Skipper/Ragsdale ~~on Friday~~
will Reschedule for sometime
next week

He will call back to let us know.

24 S Bldg
MILWAUKEE COUNTY
LABORATORY

SEARCHED _____
SERIALIZED _____
INDEXED _____
FILED _____
OCT 1 1997
FBI - MILWAUKEE

49011

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-24, 1997

From: Anderson-Ragsdale Address: 5050 Federal Blvd. SD 92102

Seven hundred ninety three and 5/100 Dollars (\$ 793.51)

In full Payment of Interment of James Stokes and galvanized flower vase

Lot 108 Grave 1 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13835

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>375</u> <u>00</u>
Burial Containers	100	<u>200</u> <u>00</u>
Handling Fee	77185	<u>158</u> <u>00</u>
Recording & Misc. Fees	100	<u>45</u> <u>00</u>
Pre-Need Trust	63033	
Sales Tax	9022	<u>15</u> <u>51</u>
TOTAL PAID	80101	<u>793</u> <u>51</u>
	78390	

ISSUED BY Catherine Duggan

10511

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

F-13835
105

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE Edward	1C. LAST (FAMILY) Stakes	2. DATE OF BIRTH MONTH, DAY, YEAR 02/02/1932	3. DATE OF DEATH MONTH, DAY, YEAR 09/10/1997	4. SEX M
5A. CITY OF DEATH Jacksonville		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Florida	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ruba Locke, Daughter 5156 Palkn St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED <i>[Signature]</i> 09/23/1997		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 09/23/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712999
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED <i>[Signature]</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COMPLETE, ALL APPLICABLE ITEMS

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-15-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter C. Williamson

In a liner Funeral, date, time Tues. Sept. 16 1:00

Type of Burial Container
 Church, Chapel, Graveside church+graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X Corena Williamson

Lot 115 (254) Grave 11 (9) Row _____ Section 2 Division/Block 12

Grave space & Care Fund 20-159 80=245 795.00

Additional spaces and care fund

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 14.73

30 day note

Total Due 1504.73

Paid receipt number R-48984 391.00

Balance due 1173.73

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Corena Williamson
 Signature X 348 S. 48th St
 Address X San Diego, CA 92113
 City X (619) 264-7950 Zip Code
 Telephone

Work Order # **E 13836** ✓

Invoice # 289417
 Acct. # 093440

MT. HOPE CEMETERY

W.O. # E-13836

NOTE

\$ 1173.73 San Diego, California September 15 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred seventy three and 73/100 DOLLARS with interest from October 16, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Lorena Williamson SIGNATURE X Lorena Williamson

ADDRESS X 348 S. 48th St

CALIFORNIA DRIVER LICENSE NUMBER X A1467709 SSN # X 570-11-8138

OFFICIAL RECEIPT

48981



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

From: Lorena Williamson Address: 348 South 48th Street San Diego 92113 Date: 9-15, 1997
Three hundred ninety Dollars (\$ 391.00)
 In part Payment of Interment of Walter C Williamson

Lot ~~115~~ 115 Grave ~~11~~ 11 Row 11 Section 2 Division ~~12~~ 11 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-13830
 BALANCE DUE 1173.73

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>391</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>391</u>	<u>00</u>

13836

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

510

1A. NAME OF DECEDENT—FIRST (GIVEN) WALTER	1B. MIDDLE C.	1C. LAST (FAMILY) WILLIAMSON	2. DATE OF BIRTH MONTH, DAY, YEAR 02/06/1941	3. DATE OF DEATH MONTH, DAY, YEAR 09/10/1997	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 OVETTA WILLIAMSON-WIFE 348 S. 48TH STREET SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAMINO BELVO., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
KNOWLEDGMENT 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 09/15/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/15/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9712591
	ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92002	11B. DATE BURIED <i>[Signature]</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON CHARGE OF DISPOSING OF THE CREMATED REMAINS.

401

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-29-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Buchanan PA # 1272376

in a Urn Funeral, date, time Wednes 10:00 Oct 8

Church, Chapel, Graveside Delivery Only: Mayer Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 58 Grave 11 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

paid in full 11/25/97

Handling Fees

Flower vases - Marker setting fee 45.00

Recording and filling fee

Sales taxes

Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due 0

see prime

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13837**

Invoice # 290439

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Judy

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2209
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-13837

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE

11-25-97

BY: CA CK IF

PAYMENT REF NO

04-480255

AMT PAID:

\$ 386.00

INVOICE DATE
10/13/97

PAYMENT DUE
11/12/97

PERIOD COVERED
SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13837
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

MARY BUCHANAN PA#1222376 SVC	
LOT 58 GR 11 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE. RETURN WITH PAYMENT INV NO. 290439

E-13837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

01

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary		1B. MIDDLE -	1C. LAST (FAMILY) Buchanan	2. DATE OF BIRTH MONTH, DAY, YEAR 02/26/1936	3. DATE OF DEATH MONTH, DAY, YEAR 09/19/1997	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 Public Admin. L. Jamme 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT, <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

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 10/06/1997 James Hale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT. 9713527
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/2/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/16/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Chester Hicks

in a T.S. Vault Funeral, date, time Monday, Sept 22, 1997 1:00 PM

Church, Chapel, Graveside Chapel/Graveside : Ragsdale Mortuary Debbie

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ x150

will be applied and billed to undersigned. Cassandra J Blakely Archie

✓ Lot 2 Grave 12 Row - Section 2 Division/Block 12

Grave space & Care Fund Pre-need D-8068 0

Additional spaces and care fund -

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 19.38

PAID
 SEP 16 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 874.38
 R-48986 291.46
 R-48987 583.38

Paid receipt number 58248

Balance due 0

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

Cassandra J Blakely Archie
 Signature 8572 Leppert St
 Address San Diego CA 92114
 City 1-619 263-8714
 Telephone

Work Order # **E 13838**

Invoice # _____
 Acct. # _____

(\$ 291.40)

$$\$874.38 \div 3 = \$291.40$$

\$ 874.38 total
- 291.40 R-48980

583.38 balance
- 583.38 R-48987

~~Q~~ paid in full

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

48886

Date: 9-16, 1997

From: Dorothy Williams Address: 15133 Farnington Street Hesperia 92341

Two hundred ninety one and 10/100 Dollars (\$ 291 40)

In Port Payment of Interment of Chester Hicks

Lot 2 Grave R2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13838

BALANCE DUE ~~582.38~~ 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

1164

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY C. Marm-Avalle

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>291</u>
Burial Containers	100	<u>40</u>
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	60101	
TOTAL PAID	\$	<u>291 40</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

48987



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 9-100, 19 97

From: Cassandra Blake/Kenes/Headline 4387 Delta St SD 92113
Address: Five hundred Eighty Two

In part Payment of Interment of Chester Hoke Dollars (\$ 582.92)

Lot 2 Grave 12 Row 1 Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-13838
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>83 54</u>
Burial Containers	100	<u>250 00</u>
Handling Fee	77182	<u>185 00</u>
Recording & Misc. Fees	100	<u>45 00</u>
Pre-Need Trust	83033	
Sales Tax	9022	<u>19 38</u>
TOTAL PAID	60101	<u>582 92</u>
	78390	

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY [Signature]

E 13838

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Chester	1B. MIDDLE Alexander	1C. LAST (FAMILY) Hicks	2. DATE OF BIRTH MONTH DAY YEAR 12/25/1909	3. DATE OF DEATH MONTH DAY YEAR 09/15/1997	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 Williams, Daughter 516 Elizabeth St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Dorothy Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/16/1997			

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 09/18/1997 <i>Dorothy Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712772
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/15/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-16-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EXIGUIA LOYA
 in a Double Death Crypt Funeral, date, time Thurs 9-18 11:30am
Type of Burial/Container
 Church, Chapel, Graveside Graveside : Berge Roberts Mortuary then

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. [Signature]

Lot <u>96</u> Grave <u>4</u>	Row <u>PAID</u> Section <u>3</u> Division/Block <u>12</u>	
Grave space & Care Fund	PAID IN FULL	<u>795.00</u>
Additional spaces and care fund	SEP 18 1997	<u>—</u>
Opening/Closing & Setup	<u>2nd of c</u>	<u>750.00</u>
Burial Container	MT. HOPE CEMETERY	<u>380.00</u>
Handling Fees	CITY OF SAN DIEGO CALIF	<u>320.00</u>
Flower vases - Marker setting fee	<u>1 galvanized flower vase</u>	<u>23.78</u>
Recording and filing fee	<u>2nd Recording</u>	<u>90.00</u>
Sales taxes		<u>29.45</u>
	Total Due	\$ 2388.23 (2364.45)

Berge Roberts to bring check

Paid receipt number R-48993 2388.23
 Balance due 0

I hereby certify I am the X FRANK LOYA (SON) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

[Signature]
 Address 6433 W Riviera Dr
 City GLENDALE AZ Zip Code 85304-2423
 Telephone (602) 979-0246

Work Order # **E 13839**

Invoice # _____

Acct. # _____

9-15-97

FAX 474-8546

3:05 pm

Ben at Berge-Roberts said family will be in on 9-16-97 to pick out lot and sign interment order. The mortuary will bring check for the full amount, plus included in check is the second opening / closing, and recording fee for double depth crypt.

MT. HOPE CEMETERY

W.O. # E-13839

NOTE

\$ 2364.45 San Diego, California September 16 1997

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 THOUSAND THREE HUNDRED SIXTY FOUR DOLLARS

with interest from _____ on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X SIGNATURE Y

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

48993

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-18, 1997

From: EL CANINO NURTUREARY Address: 5000 CARROLL CANYON ROAD SAN DIEGO

TWO THOUSAND THREE HUNDRED EIGHTY EIGHT + 23/100 Dollars (\$ 2388.23)

In FULL Payment of INTERMENT OF EXIBLIA LOYA, SECOND OPENING / CLOSING FEE, SECOND RECEIVING FEE + GALVANIZED FLOWER VASE

Lot 90 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-13839
BALANCE DUE 25402

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

C. Jurgon-Avalone
ISSUED BY _____

CREDIT	67007	157	00
20% Sales Care	77184		
80% Sales of Lots	100	630	00
77184			
Opening/Closing	100	750	60 375.00
77181			
Burial Containers	100	390	00
77182			
Handling Fee	100	333	00
77185			
Recording & Misc. Fees	100	90	60 45.00
77183			
Pre-Need Trust	83033	420	00
9022			
Sales Tax	80101	30	23
78390			
TOTAL PAID	\$	2388	23

E-13839

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

95

1A. NAME OF DECEDENT—FIRST (GIVEN) EXIQUILA	1B. MIDDLE FUENTES	1C. LAST (FAMILY) LOYA	2. DATE OF BIRTH MONTH DAY YEAR 04/20/1902	3. DATE OF DEATH MONTH DAY YEAR 09/14/1997	4. SEX F	
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANK LOYA - SON 6433 W. RIVIERA DRIVE GLENDALE, AZ 85304			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BL., NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Marla Souder</i>			8B. DATE SIGNED 09/17/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/17/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MARLA SOUDER	9712740
	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 ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9/18/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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-13839

MT. HOPE CEMETERY

NO. E-13839

NOTE

\$ 2364.45

San Diego, California September 16 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 171 Market Street, San Diego, CA 92101, the sum of TWO THOUSAND THREE HUNDRED SIXTY FOUR (2364.45) dollars with interest from _____ 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.

NAME X BENSON F. RICH'S SIGNATURE X *[Signature]*

ADDRESS X 607 NATIONAL CITY BLVD. NATIONAL CITY, CA

CALIFORNIA DRIVER LICENSE NUMBER X AL 537397 ISSUED X 571-844856

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nina Canady

in a Liner Funeral, date, time Thur. Sept. 18, 11:00

Type of Burial Container: Church Chapel Graveside church + graveside CA Burial Mortuary. Gary/Gloria

All Funeral cars must arrive before 3:30 p.m. of regular work day of an extra charge of \$ 150.00 will be applied and billed to undersigned X.C.

Lot 123 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 20=179 80=300 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

30 day note

Total Due 10004.73

Paid receipt number R-48994 410.00

Balance due 1248.73

I hereby certify I am the Xy Walker of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Xy Helene Canady
 Signature

45234th St
 Address

X B.N. CA 92102
 Zip Code

2531 7913
 Telephone

Invoice # 289421

Work Order # **E 13840**

Acct. # 093442

RE GARY 3:00 PM alternative formats upon request.

CA Burial - 9-10-97

mortuary to bring check for 25%. + will sign 30 day note for balance.

Faxed copy for signature, will be faxed back to U.S.

CA BURIAL FAX

286-2674

9-16-97
3:00 pm

per Gary at CA Burial -
mortuary will bring check for
25% down payment and mortuary
will also sign the 30 day note for
the remaining balance.

9-16-97

Faxed copy to Gary to sign
and fax back to us

mortuary to bring
check for 25% down
mortuary will sign
30 day note for
remaining balance
per Gary to sign
and fax back to us

MT. HOPE CEMETERY

W.O. # E-13840

NOTE

\$ 1248.73 San Diego, California SEPTEMBER 10 1997

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 TWO HUNDRED FORTY EIGHT DOLLARS with interest from OCTOBER 18, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

OFFICIAL RECEIPT

48994



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

Date: 9-18, 1997

From: CA BURIAL CHAPEL Address: 5880 EL CAJON BLVD SAN DIEGO 92115

FOUR THOUSAND SIXTEEN AND NO/100 Dollars (\$ 416.00)

In part Payment of burialment of NINA CANADY

Lot 123 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13840

BALANCE DUE 1248.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

3065

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

C Duran-Avallone
 ISSUED BY _____

CREDIT	87007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>416</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	80101		
78390			
TOTAL PAID	\$	<u>416</u>	<u>00</u>

E-13840

34

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NINA	1B. MIDDLE MARIE	1C. LAST (FAMILY) CANADY	2. DATE OF BIRTH MONTH DAY YEAR 09/14/1962	3. DATE OF DEATH MONTH DAY YEAR 09/10/1997	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 ETHELLEN CANADY—MOTHER 452 34TH STREET SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	6A. SIGNATURE OF APPLICANT—Person taking permit, DATE SIGNED <i>[Signature]</i> 09/16/1997		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the Proposed 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 09/17/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712698
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS-PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9/18/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13840

1121 PR

INTERMENT ORDER

157 S. 4th Street

Date: 9-10-97

You the bearer/submitter are authorized subject to your title and signature to take the remains of NINA CARADY

to LINCOLN funeral home on THUR SEPT 18, 11:00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

at 1233 GARDEN 10 street in San Diego, California

for the purpose of interment in CA BURIAL with 150.00

MT. HOPE CEMETERY

W.D. # E-13840

NOTE

\$ 1248.73

San Diego, California SEPTEMBER 10 1997

Thirty days after date hereof, the undersigned maker promises to pay San Diego City Treasurer, or order at 3761 Market Street San Diego, CA 92101, the sum of ONE THOUSAND TWO HUNDRED FORTY EIGHT AND 73/100 DOLLARS with interest from OCTOBER 18, 1997 on the unpaid amount 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, with interest at the rate indicated above. Principal and interest are payable in lawful money of the United States. I, the maker, do hereby warrant and consent to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waive 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 had against his/her separate property for any obligation evidenced hereon. If any action be instituted on this note, the undersigned promisor(s) to pay such sum as the Court may fix at attorney's fees.

Part of Chapter 1, Article 2, Paragraph 1000 of the State of California Health and Safety Code authorizes the removal of a person's name from the public record if a person's name is paid for and unpaid.

SIGNATURE: GARY W. THOMAS
ADDRESS: 5880 S. GARDEN ROAD
CALIFORNIA DRIVER LICENSE NUMBER: 123456789
DATE: SEP 10 1997

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/16/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth H. St Cyr

in a Liner Funeral, date, time Thurs Sept 18 1:00
Type of Burial Container
 Church, Chapel, Graveside Graveside: Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150
 will be applied and billed to undersigned. X B [Signature]

Lot 84 Grave 3 Row - Section 3 Division/Block 12

Grave space & Care Fund	<u>795.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting	
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>14.73</u>

PAID
 SEP 16 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 1564.73
 Paid receipt number R: 48988 1564.73
 Balance due D

I hereby certify I am the X BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X B [Signature]
 Signature
X 6088 JOHNSON DR
 Address
X OAKLAND, CA 94611
 City Zip Code
X 619 (479-5885)
 Telephone

Work Order # E 13841

Invoice # _____
 Acct. # _____

48883

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9/16, 1997

From: Lucy St Cyr Address: 7042 Silverwood St San Diego CA 92114

One thousand five hundred sixty four ^{13/100} Dollars (\$ 1564.73)

In Full Payment of Interment of Kenneth A. St. Cyr

Lot 84 Grave 3 Row 1 Section 3 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-13841
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

Karpetak
ISSUED BY _____

CREDIT	67007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>136</u>	<u>00</u>
Opening/Closing	77181	<u>35</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
	77182		
Handling Fee	100	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77155		
	100	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1564</u>	<u>73</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13841
35

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN) Kenneth	1B. MIDDLE Anthony	1C. LAST (FAMILY) St. Cyr	2. DATE OF BIRTH MONTH DAY YEAR 09/08/1962	3. DATE OF DEATH MONTH DAY YEAR 09/12/1997	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 Elise M. St. Cyr, Mother 7042 Silverwood St. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

88. DATE SIGNED: **09/17/1997**

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 09/17/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712723
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 92186-52222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 9/17/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Lat #
263-1507

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Christina Robinson
in a liner Funeral, date, time Thur 9-18 11:30

Church, Chapel, Graveside Church/graveside; Ragsdale Mortuary Debbie

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$150.00 will be applied and billed to undersigned.

Lot 131 Grave 10 Row _____ Section 3 Division 19

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-48992 1504.73

Balance due 0

PAID
IN FULL
SEP 18 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO CALIF.

*Ragsdale to
bring check for
full amount*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X _____
Signature
X _____
Address
X _____
City
X _____
Telephone

note attached

Work Order # **E 13842**

Invoice # _____
Acct. # _____

263-15

INTERMENT ORDER

E-13842

9-17-17

To be interred in the Interment of Interment

On Wed at 11:30

at St. Joseph's Cemetery

By X J. R. [Signature]

Gravestone	12
Gravestone	745.00
Additional	-
Gravestone	375.00
Gravestone	250.00
Gravestone	3.00
Gravestone	45.00
Gravestone	2.75
Gravestone	1344.75

Received
Full Payment

MORTICIAN

I hereby certify that the above is a true and correct copy of the interment order as filed in my office.

J. R. [Signature]
 3000 Federal Bldg.
 San Diego 92102
 Tel. 263-3141

E 13842

E-13842

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Christina	1B. MIDDLE -	1C. LAST (FAMILY) Robinson	2. DATE OF BIRTH MONTH, DAY, YEAR 03/10/1920	3. DATE OF DEATH MONTH, DAY, YEAR 09/14/1997	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 Marion T. Ketcher, Daughter 622 Billow Dr. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Raggdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Marion T. Ketcher</i>		8B. DATE SIGNED 09/17/1997
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 09/17/1997 <i>Sublet</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712756
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 09/18/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

48992



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-18, 1997

From: ANDERSON-RAGSDALE MURT Address: 550 FEDERAL BLVD SAN DIEGO 92112

ONE THOUSAND FIVE HUNDRED SIXTY FOUR + 73/100 Dollars (\$ 1504.73)

In FULL Payment of WILBURNE OF CHRISTOPHER ROBINSON

Lot 131 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-13842
BALANCE DUE X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007	159	(C)
20% Sales Care	77184		
80% Sales	100	630	(C)
of Lots	77184		
Opening/	100	375	(C)
Closing	77181		
Burial	100	190	(C)
Containers	77182		
	100	145	(C)
Handling Fee	77185		
Recording &	100	45	(C)
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101	14	73
	78390		
TOTAL PAID	\$	1504	73

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY C. Surgen - Avallone

10490

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter O' Brian

In a T.S. Vault Type of Burial Container Funeral, date, time Fri 9-19 12:00
 Church, Chapel, Graveside Chapel/ Delivery; Greenwood M.O. Terry Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 376 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Need F-5836 0

Additional spaces and care fund **PAID** _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 250.00

Handling Fees _____ 185.00

Flower vases - Marker setting MT. HOPE CEMETERY _____

Recording and filing fee CITY of SAN DIEGO _____ 45.00

Sales taxes _____ 19.38

Total Due 874.38

Paid receipt number R-48990 874.38

Balance due 0

I hereby certify I am the X Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Marie O' Brian M.O.
 Signature _____
X 347 E. Park Ave.
 Address _____
X El Cajon Ca 92020
 City _____ Zip Code _____
X 619 583-6018
 Telephone _____

Work Order # **E 13843**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1384348990

Date: 9-17, 1997

From: Marie O'Brien Address: 847 E. Park Ave El Cajon 92020

Eight Hundred Seventy Four Dollars (\$ 874.38)

In full Payment of Interment of Walter O'Brien

Lot 376 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13843

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		
	77184	375	00
Opening/Closing	100		
	77181	250	00
Burial Containers	100		
	77182	185	00
Handling Fee	100		
	77186	45	00
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101	19	38
	78390		
TOTAL PAID	\$	874	38

ISSUED BY J. Schellto

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13843
79

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) WALTER	1B. MIDDLE -	1C. LAST (FAMILY) O'BRIAN	2. DATE OF BIRTH MONTH DAY YEAR 04/09/1918	3. DATE OF DEATH MONTH DAY YEAR 09/16/1997	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 MARIE O'BRIAN - WIFE 847 E. PARK AVENUE EL CAJON, CA 92020		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102			7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-843		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7150 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>	
				8B. DATE SIGNED 09/18/1997	

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 09/18/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT VICTORIA MEZA 9712797
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A 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 <i>9/18/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lenore Long

In a T.S. Vault Funeral, date, time Tues 9-23 11:00
Type of Burial Container

Church, Chapel, Graveside Church/Graveside: Regedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned: X LB

✓ Lot 133 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

30 day note

Total Due 1669.38

Paid receipt number M/C 400.00

Balance due 1269.38

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Leatha Britt
Signature
X 337 Las Flores Tr
Address
X San Diego 92114
City Zip Code
X 262-1943
Telephone

Signature of recorded holder of deed _____

Work Order # E 13844

Invoice # 289560
Acct. # 093483

9-29-97

~~PAID~~ ~~CHK~~

forwarded invoice and
check # 972 for 1269.38 to
Treasurers office

11-30-97

STOP VAD DE

OK

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13844
85

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Lenora	1B. MIDDLE Lee	1C. LAST (FAMILY) Long	2. DATE OF BIRTH MONTH DAY, YEAR 07/06/1912	3. DATE OF DEATH MONTH DAY, YEAR 09/17/1997	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 Leatha Britt, Daughter 337 Las Flores Terrace San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		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 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 09/17/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/22/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712910
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/23/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY --	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS --	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED --	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION --	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

289560 09/25/97 093483 LEOTHA BRITT

E-13844

100 072
100 072
100 072
100 072
100 072
60101
67007

09/29/97 CK 972
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

1,269.30
374.98
249.98
45.00
235.99
184.99
19.38
158.98

1,269.38 0.08
PARTIAL PAYMENT

E-13844

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mellie E. Jones

In a T.S. VAULT Funeral, date, time TUES 9-23 10:00

Church, Chapel, Graveside Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

✓ Lot 990 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre-need A-6751 8

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

PAID
SEP 18 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 874.38

Paid receipt number R-48991 874.38

Balance due 0

I hereby certify I am the Son in Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

✓ Charles R. Bailey
Signature
✓ 5062 ART ST
Address
✓ SAN DIEGO CA 92115
City Zip Code
✓ 582-9359
Telephone

Work Order # E 13845

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

13845 48891

Date: 9-18, 1997

From: Charlie Wesley Address: 5062 2nd St. San Diego 92115

Eight Hundred Seventy Four Dollars (\$ 874.30)

In full Payment of Interment of Millie Jones

Lot 990 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13845

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1087

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY L. McMillon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184	375	00
Burial Containers	100	250	00
Handling Fee	77182	185	00
Recording & Misc. Fees	100	45	00
Pre-Need Trust	77183		
Sales Tax	60033	19	38
	9022		
	60101		
	78390		
TOTAL PAID	\$	874	30

49228

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 12/2, 1997

From: Featherinall Mortuary Address: 4322 El Cajon Blvd. San Diego 92115

one hundred twenty five & no/100 Dollars (\$ 125.00)

In full Payment of marker setting fee for
millie jones

Lot: 990 Grave 11 Row 1 Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13845

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1715

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Cristina Alvarez

CREDIT	67007		
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	<u>125</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	66101		
76390			
TOTAL PAID	\$	<u>125</u>	<u>00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13845

95

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Millie	1B. MIDDLE /e E	1C. LAST (FAMILY) Jones	2. DATE OF BIRTH MONTH DAY YEAR 01/15/1902	3. DATE OF DEATH MONTH DAY YEAR 09/16/1997	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 Coy Baxley, daughter 5062 Art St. San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

Signature: *Ju Mendola* Date Signed: **09/17/1997**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/17/1997 <i>Edward Russell</i>	9C. SIGNATURE OF LOCAL REGISTRAR—ISSUING PERMIT 9712742
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 9/23/97	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 PLAGE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN 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-13844

NOTE

\$ 1269.38 San Diego, California September 17 1997

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 two hundred sixty nine DOLLARS ³⁸/₁₀₀ with interest from October 24, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Leatha Britt SIGNATURE X Leatha Britt

ADDRESS X 337 Las Flores Ter

CALIFORNIA DRIVER LICENSE NUMBER X H0581181 SSN # X 549-64-9535

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/19/97

*Pre Need
Lot 4 Trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Zelma R. Stateman

in a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary, _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned _____

Lot 106 Grave 4 Row — Section 2 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 48996 1664.73

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Margaret Davis
Signature

X 4488 "G" ST
Address

X San Diego Ca 92102
City Zip Code

X 619-2633298
Telephone

Signature of recorded holder of deed _____

Invoice # _____

Work Order # **E 13846**

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13846

48096

From: Margaret Davis Address: 4488 G St San Diego Ca 92102
 Date: 9/19/ 1997
One thousand ~~one~~ hundred sixty four ~~and~~ 73/100 Dollars (\$ 11664.73)
 In Full Payment of Pre Need lot & Trust for Zelma Stetman

Lot 106 Grave 4 Row 2 Section 2 Division 11 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-13846
 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 Kay Baker

CREDIT	67007		
20% Sales Com	77184	179	00
80% Sales of Lots	100	716	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	769	73
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	11664	73

MT. HOPE GEMETERY
INTERMENT ORDER

City of San Diego

Date 9/19/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arthur Gardner

in a T.S. Vault Funeral, date, time Wed 9-24 11:00

Church, Chapel, Graveside Graveside only. he was Colonial Mortuary, 1291 N. 16th

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned.

✓ Lot 656 Grave — Row — Section 3 Division/Block 8

Grave space & Care Fund Pre Need - B0220 0

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 1938

Total Due 87438

Paid receipt number Rec 49010 87438

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

See attached
Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # E 13847

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9/24, 1997

From: Vicky L. Daniels Address: 1116 Circle Drive Escondido Ca 92045

In Eight hundred Seventy Four 38/100 Dollars (\$ 874.38)

In Full Payment of Interment of Arthur Gardner

Lot 656 Grave - Row - Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13847

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Kanya D...

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>250</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	63033		
Sales Tax	9022	<u>19</u>	<u>38</u>
TOTAL PAID	78390	<u>874</u>	<u>38</u>

OFFICIAL RECEIPT

49154



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 11/7, 1997

From: Allyser Wilson Mortuary Address: 225 S BROADWAY ESCORTADO 92025

ONE HUNDRED TWENTY FIVE + 10/100 Dollars (\$ 125.00)

In Full Payment of marker setting fee for Arthur Gardner

Lot 656 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. F-13847

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

2208

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	
Recording & Misc. Fees	77185	
	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

E-13847

84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ARTHUR	1B. MIDDLE EDWARD	1C. LAST (FAMILY) GARDNER	2. DATE OF BIRTH MONTH DAY YEAR 01/26/1913	3. DATE OF DEATH MONTH DAY YEAR 09/19/1997	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 VICKY L. DANIELS - DAUGHTER 1116 CIRCLE DR. ESCONDIDO, CA 92025		
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— <i>[Signature]</i>		8B. DATE SIGNED 09/22/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/22/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9/24/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/19/97

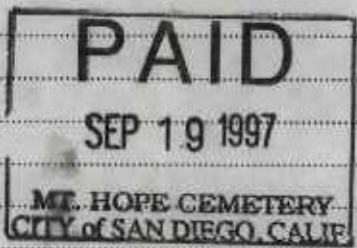
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William F. Covington

In a Double Death Crypt Funeral, date, time Wed, Sept 24 1:00 pm
Type of Burial Container
 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 of \$ 150 will be applied and billed to undersigned. x Alissa Covington
William F. Covington

Lot 186 Grave 12 Row - Section 2 Division Block 12

Grave space & Care Fund	<u>895.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>380.00</u>
Handling Fees	<u>320.00</u>
Flower vases - Marker setting fee	<u>45.00</u>
Recording and filing fee	<u>29.45</u>
Sales taxes	<u>29.45</u>



Total Due 2044.45

Paid receipt number VISA 2044.45

Balance due 0

I hereby certify I am the x son x daughter-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x William F. Covington
x Alissa Covington
 Signature
13562 FAIRMONT Way
 Address
TUSTIN 92780
 City
714.838.8780
 Telephone Zip Code

Work Order # **E 13848**

Invoice # _____
 Acct. # _____

E-13848

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

77

1A. NAME OF DECEDENT—FIRST (GIVEN) William	1B. MIDDLE Franklin	1C. LAST (FAMILY) Covington, Sr.	2. DATE OF BIRTH MONTH DAY, YEAR 08/27/1920	3. DATE OF DEATH MONTH DAY, YEAR 09/17/1997	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 Wm F. Covington Jr., Son 13562 Fairmont Way Tustin, CA 92780		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Albert Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/22/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/22/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712915
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 05222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/24/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/29/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of River Lee Jackson

in a Liner Funeral date, time Wed Sept 24 11:00
Type of Partial Container
 Church, Chapel, Graveside Church/Graveside: CA Burial Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned. J Henry Henderson

Lot 157 Grave 5 Row - Section 1 Division/~~Block~~ 12

Grave space & Care Fund Pre Need E-3345 0

Additional spaces and care fund

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees..... 145.00

Flower vases - Marker setting fee.....

Recording and filing fee..... 45.00

Sales taxes..... 14.73

Total Due..... 769.73

Paid receipt number 48997 300.00

Balance due 469.73

30 day
note

*paid in full
9/1/97*

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X J Henry Henderson
 Address 205150 CERVAITES AVE
SAN DIEGO CA. 92114
 City San Diego Zip Code
 Telephone (619) 262-1469

Work Order # **E 13849**

Invoice # 289501
 Acct. # 093484

MT. HOPE CEMETERY

W.O. # E-13849

NOTE

469.73 San Diego, California September 22 1997
Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Four hundred sixty nine ^{73/100} DOLLARS with interest from October 24, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Johnny Henderson SIGNATURE X Johnny Henderson
ADDRESS X 5150 CERVANTES AVE SAN DIEGO CA. 92114
CALIFORNIA DRIVER LICENSE NUMBER X DO 446433 SSN # X 554-44-2650

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

E-13849 19272

Date: 12-11, 1997

From: Johnny Henderson Address: 5150 Cervantes Ave San Diego 92114

Twenty three & 78/100 Dollars (\$ 23,78)

In full Payment of galvanized floor vase

Lot 151 Grave 51 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13849

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Lee Sheddler

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100	10	00
77182			
Handling Fee	100	13	00
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101		70
78390			
TOTAL PAID	\$	23	70

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48997

From: Johnny Henderson Address: 3150 Cervantes Ave San Diego CA 92114 Date: 9/22, 1997
Three hundred 00/00 Dollars (\$ 300.00)
 In Part Payment of Interment of River Lee Jackson

Lot 151 Grave 5 Row - Section 1 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-13849
 BALANCE DUE 469.73

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 Kanya Bakh

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>300.00</u>
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Seize Tax	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>300.00</u>

E-13849

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

77

1A. NAME OF DECEDENT—FIRST (GIVEN) RIVER	1B. MIDDLE LEE	1C. LAST (FAMILY) JACKSON	2. DATE OF BIRTH MONDAY DAY YEAR 10/01/1919	3. DATE OF DEATH MONTH DAY YEAR 09/18/1997	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 DIANA WILLRICH—DAUGHTER 758 OLIVEWOOD TERRACE SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person holding permit. <i>Mount Mitchell</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/24/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/24/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. MITCHELL
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—PO BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED <i>9/24/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Hurt</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

289561 09/25/97 093484 JOHNNY HENDERSON

E-13849

100 072
100 072
100 072
100 072
60101

09/29/97 CK 1287CK
77181 000072
77182 000072
77183 000072
77185 000072
78390

469.73
75.00
190.00
45.00
145.00
14.73

469.73 PAID IN FULL 0.00

MT. HOPE CEMETERY,
INTERMENT ORDER

City of San Diego

Date 9/22/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Melvin Tate
 in a T.S. vault Funeral date time Friday, Sept 26th 1:00
 Church, Chapel Graveside Chapel & graveside Kaysdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150
 will be applied and billed to undersigned. XL 1

Lot 140 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 67007 77184 179 895.00

Additional spaces and care fund 100 77184 274. —

Opening/Closing & Setup 77181 375.00

Burial Container 77182 250.00

Handling Fees 77185 185.00

Flower vases - Marker setting fee 77183 45.00

Recording and filing fee 60101 78390 19.38

Sales taxes 60101 78390 19.38

30 day note Total Due 1,769.38

Paoline Staff Paid receipt number R-49003 442.00

Balance due 1,327.38

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. Beraldine Tate

Signature of recorded holder of deed _____

Signature Beraldine Tate
 Address X 4961 Soloka Ave
X San Diego, CA 92113
 City X 619 264-7562 Zip Code _____
 Telephone _____

Work Order # **E 13850**

Invoice # 290193
 Acct. # 093558

MT. HOPE CEMETERY

W.O. # E-13850

NOTE

\$ 1,327.38 San Diego, California September 22 1997

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 THREE HUNDRED TWENTY SEVEN DOLLARS with interest from October 27, 1997 on the unpaid principal 38/100

at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X GERALDINE TATE SIGNATURE Geraldine Tate

ADDRESS X 4961 SOLOLA AVE SAN DIEGO, CA. 92113

CALIFORNIA DRIVER LICENSE NUMBER X D0721384 SSN # X 556-36-4961

49003

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-22, 1997

From: Geraldine Tate Address: 4961 Solala Avenue, San Diego 92113

Four hundred forty two and 10/100 Dollars (\$ 442.00)

In part Payment of interment of Melvin Tate

Lot 140 Grave 5 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13850

BALANCE DUE 1527.38

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

5888

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

C. Surgron - Avallone
ISSUED BY _____

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>442</u>	<u>00</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>442</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13850 49790

Date: 3/26, 1998

From: Geraldine Tate Address: 4961 Solita Ave S. CA 92112

In Full Payment of One hundred twenty five 00/100 Dollars (\$ 125.00)

Payment of Settling fee for Mrs Tate

Lot 140-5- Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13850

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	
	53033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY

Tangbak

608

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50217



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 7-22 1998

From: Michele White Address: 5510 La Jolla Village Ter. S12114

Twenty five and no/100 Dollars (\$ 25.00)

In full Payment of setting fee for 1 pet new marker - copper for Melvin, date

Lot 140 Grave 15 Row 5 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13850

BALANCE DUE 2

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	<u>25 00</u>
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>25 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

4913
ISSUED BY Patricia Vallone

E-13850

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Melvin	1B. MIDDLE Lee	1C. LAST (FAMILY) Tate, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 07/08/1920	3. DATE OF DEATH MONTH DAY YEAR 09/19/1997	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 Geraldine Tate, Wife 4961 Solola Ave. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Abbe Williams</i>		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/25/1997 <i>Abbe Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9/25/1997
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/24/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

290193 10/02/97 093558 GERALDINE TATE

10/09/97 CK 2007

1,327.38

1,327.38

0.00

E-13850

100	072
100	072
100	072
100	072
100	072
60101	
67007	

77181	000072
77182	000072
77183	000072
77184	000072
77185	000072
78390	
77184	

375.00
250.00
45.00
274.00
185.00
19.38
179.00

PAID IN FULL

E-13850

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-21-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anita Munschweiler

in a Liner Funeral, date, time THUR. SEPT. 25 11:00

Church, Chapel Graveside Graveside : Merbley Mitchell Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X Alex Munschweiler

Lot 868 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Paid B-7113 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____ —

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

PAID
 SEP 23 1997
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

Total Due 769.73

Paid receipt number R-49004 769.73

Balance due 0

I hereby certify I am the X Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Alex Munschweiler
 Signature
X 6808 Mission Heights
 Address
X San Diego CA 92120
 City Zip Code
X 619-583-9554
 Telephone

Work Order # **E 13851**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13851 49001

Date: 9-23, 1997

From: Alex Munchweiler Address: 6808 Mission Gorge Rd San Diego 92120

Seven Hundred Sixty Nine ⁷³/₁₀₀ Dollars (\$ 769.73)

In full Payment of Interment of Anita Munchweiler

Lot 868 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____
 Acct. No. _____
 W.O. E-13851
 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	375 00
	77181	
Burial Containers	100	190 00
	77182	
Handling Fee	100	145 00
	77185	
Recording & Misc. Fees	100	45 00
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	14 73
	78390	
TOTAL PAID	\$	769 73

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY L. Shickelton

E-13854

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

80

1A. NAME OF DECEDENT—FIRST (GIVEN) ANITA	1B. MIDDLE CLARA	1C. LAST (FAMILY) MUNCHMEILER	2. DATE OF BIRTH MONTH, DAY, YEAR 07/05/1917	3. DATE OF DEATH MONTH, DAY, YEAR 09/21/1997	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 ALEXANDER L. MUNCHMEILER - HUSBAND 6808 MISSION GORGE ROAD SAN DIEGO, CA 92120		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-NITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria S. Mitchell</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 09/23/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN 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 09/24/1997 V.I. NITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713018
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 9/25/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/22/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lois E. Luitjens

In a Linear Funeral, date, time Mon 9-29 10:00

Church, Chapel, Graveside Crossroads Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. X CHR.

Lot 40 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Pre Need C-1045 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting _____ 0

Recording and filling fee _____ 45.00

Sales taxes _____ 14.73

PAID
SEP 23 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

Total Due _____ 769.73

Paid receipt number R-49006 769.73

Balance due 0

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Robert H. Luitjens
Signature
X 32020 Buena Ventura Rd
Address
Winchester CA 92596
City Zip Code
(909) 696-1220 Home
Telephone (619) 505-6064 WORK

Signature of recorded holder of deed _____

Work Order # E 13852

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13852 49006

Date: 9-23, 1977

From: Robert Lutzgens Address: 32020 Buena Ventura Rd Winchester

Seven Hundred Sixty Nine ⁷³/₁₀₀ Dollars (\$ 769.73) 92596

In full Payment of Interment of Lois Lutzgens

Lot 40 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____
 Acct. No. 13852
 W.O. E-13852
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Schiller

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	575	00
	77181		
Burial Containers	100	190	00
	77182		
Handling Fee	100	145	00
	77185		
Recording & Misc. Fees	100	45	00
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101	14	73
	78390		
TOTAL PAID	\$	769	73

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 1263

E-13852

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

910837

1A. NAME OF DECEDENT—FIRST (GIVEN) LOIS	1B. MIDDLE EVELYN	1C. LAST (FAMILY) LUITJENS	2. DATE OF BIRTH MONTH DAY YEAR 10/23/1908	3. DATE OF DEATH MONTH DAY YEAR 09/21/1997	4. SEX F
5A. CITY OF DEATH Corona		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Riverside	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert Luitjens - Son 32020 Buena Ventura Rd. Winchester, CA 92396		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary, 7322 El Cajon Bl. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1083	6A. SIGNATURE OF APPLICANT— <i>Robert Luitjens</i> 6B. DATE SIGNED 09/29/1997		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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	9E. DATE PERMIT ISSUED 09/24/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gary Feldman, M.D. <i>PK</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 7600 Riverside, CA 92513-7600		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/29/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Watts</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need
Int - trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-22-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Shigeru & Misao Moriyama

in a double death crypt Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 131 Grave 3 Row _____ Section 11 Division/Block 7

Grave space & Care Fund 1395.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2544.45

Paid receipt number R-48998 2544.45

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Shigeru Moriyama
Signature
X 6738 Akira Ave.
Address
X San Diego, Ca 92114
City Zip Code
X 264-4600
Telephone

Invoice # _____

Work Order # E 13853 Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

E-13853 48898

Date: 9-22, 1997

From: Shig Moriyama Address: 6738 Akers St. San Diego 92114

Two thousand five hundred forty four ^{4/100} Dollars (\$ 2544.45)

In full Payment of Pre-Need Lot & Trust

Lot 131 Grave 3 Row _____ Section 11 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-13853

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-04)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184	279	00
80% Sales of Lots	77184	1116	00
Opening/Closing	100		
Burial Containers	77181		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033	1149	45
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	2544	45

ISSUED BY J. Schellin

1313

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/22/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stepan Arutyunyan

in a liner Funeral, date, time Wed, Sep 24, 10:00

Church, Chapel, Graveside Church/Graveside Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. [Signature]

Lot 5302 Grave - Row - Section - Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 4.73

Recording and filing fee 1864.73

Sales taxes 864.73

Total Due 1864.73

Paid receipt number 48999 864.73

Balance due 0

I hereby certify I am the son-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

[Signature]
Address 4443 Kansas St #1
San Diego CA 92116
City (619) 584-4762 Zip Code
Telephone _____

Work Order # **E 13854**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13854 458877

Date: 9/22/97, 1997

From: Vitaliy Chudmin Address: 4443 Kansas St #150 (1/92116
One thousand eight hundred Sixty four 1/2

In Full Payment of Interment of Stepan Arutyunyan Dollars (\$ 1814.73)

Lot 5322 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13854

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Yanp... [Signature]

CREDIT	67007		
20% Sales Care	77184	219	00
80% Sales of Lots	100	876	00
77184			
Opening/Closing	100	315	00
77181			
Burial Containers	100	190	00
77182			
Handling Fee	100	145	00
77185			
Recording & Misc. Fees	100	45	00
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	14	73
78390			
TOTAL PAID	\$	1814	73

E-13854
72

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Stepan		1B. MIDDLE -	1C. LAST (FAMILY) Arutyunants		2. DATE OF BIRTH MONTH, DAY, YEAR 11/10/1924	3. DATE OF DEATH MONTH, DAY, YEAR 09/20/1997	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 Karlen Dzhabaryan - Nephew 5188 Balboa Arms Dr. #A6, San Diego, CA 92117			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424		8A. SIGNATURE OF APPLICANT—Person taking permit. <i>John Mayer</i>		8B. DATE SIGNED 09/23/1997

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/23/1997 John Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9712982
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONER'S USE ONLY

- I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-23-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Audrey Lopez
in a T.S. Vault Funeral, date, time MON 9-29 10:00

Church, Chapel, Graveside CHURCH GRAVESIDE: Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. ~~X~~

Lot 3534 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee —

Recording and filling fee 45.00

Sales taxes 19.38

Total Due 1869.38

Paid receipt number VISA 1869.38

Balance due 0

I hereby certify I am the 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]
Signature
17521 DONALD AVE ST.
Address
LAPORTE CA 91746
City
(626) 962-5469
Telephone
Zip Code

Work Order # E 13855

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13855

49007

Date: 9-23, 1997

From: Ellie Logan Address: 14524 Donald Ave La Puente 91748

Lot's Exp - 43/100 Dollars (\$ 46.93)

In: full Payment of Iron flower vase

Audrey Lot

Lot 5534 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13855

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		
	77181		
Burial Containers	100	25	00
	77182		
Handling Fee	100	20	00
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	63033		
Sales Tax	9022	1	93
	80101		
	78300		
TOTAL PAID	\$	46	93

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13855 49124

Date: 11/3, 19 97

From: Andersen-Ransdale Mort. Address: 5050 Federal Blvd. San Diego 92102

one hundred twenty five and 00/100 Dollars (\$ 125.00)

In full Payment of marker setting fee for Audrey Foxx

Lot 3534 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13855

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

10748

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

C. J. WIGGEM - AVALON

ISSUED BY _____

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100	125	00
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	125	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13855

666

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Audrey	1B. MIDDLE -	1C. LAST (FAMILY) Fox	2. DATE OF BIRTH MONTH DAY YEAR 05/20/1931	3. DATE OF DEATH MONTH DAY YEAR 09/22/1997	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Donald Logans, Brother 6748 Roswell St. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mmet.; 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.

Signature of Applicant: *Arthur Williams* 8B. DATE SIGNED: **09/26/1997**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/26/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713165
---	---	---	---

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)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED <i>9/26/97</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <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

COMPLETE ALL APPLICABLE ITEMS

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

279
1114

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-23-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Janeus H. Davis

in a Normal Death Funeral, date, time Fri 9-26 12:00

Church, Chapel, Graveside Church Graveside; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X 3rd

Lot 485 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund 107007 77184 279 1395.00

Additional spaces and care fund 100 77184 480 —

Opening/Closing & Setup 77181 325.00

Burial Container 77182 380.00

Handling Fees 77185 320.00

Flower vases - Marker set 77183 45.00

Recording and filing fee 100101 78390 29.45

Sales taxes 77183 45.00

Total Due 2544.45

Paid receipt number R-49008 636.00

Balance due 1908.45

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.

X Mrs. Zephah M. Davis
Signature
X 2023 Helix St.
Address
X Spring Valley, CA 91977
City Zip Code
X (619) 460-0182
Telephone

Signature of recorded holder of deed

Work Order # E 13856

Invoice # 290195
Acct. # 093500

✓

PAID IN
FOLL 10-22-97

PAID
SEP 23 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

10/2/97

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13856 49008

Date: 9-23, 1997

From: Joseph Davis Address: 2025 Holis St Spring Valley 91977

Six Hundred Thirty Six Dollars (\$ 636.00)

In part Payment of Interment of Joseph Davis

Lot 485 Grave _____ Row _____ Section 1 Division 8 Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13856

BALANCE DUE 1908.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

[Handwritten signature]

ISSUED BY *[Signature]*

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>636 00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	83033	
	9022	
	60101	
	78390	
		<u>636 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13856 50073

Date: 6/11 1998

From: Zephal M. Davis Address: 2023 Helix Street Spring Valley

One hundred twenty five 00/100 Dollars (\$ 125.00)

In Full Payment of Setting fee for Junius Hamell Davis marker

Lot 485 Grave 1 Row 1 Section _____ Division 8 Block 8

Invoice No. _____

Acct. No. _____

W.O. E-13856

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

11
Hamp Baker

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>125.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

10/11

E-13856

71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Junius	1B. MIDDLE Harrell	1C. LAST (FAMILY) Davis	2. DATE OF BIRTH MONTH DAY YEAR 08/13/1926	3. DATE OF DEATH MONTH DAY YEAR 09/20/1997	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 Zephal M. Davis, Wife 2023 Helix St. Spring Valley, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person having 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 09/23/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/25/1997 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713113
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP-IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/26/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

290195 10/02/97 093560 ZEPHAL M. DAVIS

E-13854

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

10/22/97 CK 101

1,908.45
375.00
380.00
45.00
480.00
320.00
29.45
279.00

1,908.45

0.00
PAID IN FULL

E-13856

NUMBER OF INVOICES PAID

?

PRE-NEED
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-23-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of JOE AND DOUVIE WILEY

in a DOUBLE DEPTH CRYPT Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 273 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 1944.45

Paid receipt number VISA 480.00

Balance due 1458.45

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

(E-13877)

Work Order # E 13857 ✓

X Douvie L. Wiley
Signature
X 1888 Ballina St
Address
X San Diego Ca 92114
City Zip Code
X 262-4837
Telephone

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-24-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OLGA SUTTON

in a T.S. VAULT Funeral, date, time FRI 9-26 10:00
Type of Burial Container

Church, Chapel, Graveside CHURCH GRAVESIDE CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 84 Grave 11 Row _____ Section 16 Division/Block 7

Grave space & Care Fund PRE-NEED D-4059 0

Additional spaces and care fund _____ 1

Opening/Closing & Setup PRE-NEED E-10278 0

Burial Container " " 0

Handling Fees " " 0

Flower vases - Marker setting fee _____ 1

Recording and filing fee " " 0

Sales taxes " " 0

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature See attached

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Work Order # E 13858

Acct. # _____

1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

E-13858

93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) OLGA	1B. MIDDLE SAMANISKY	1C. LAST (FAMILY) SUTTON	2. DATE OF BIRTH MONTH, DAY, YEAR 07/24/1904	3. DATE OF DEATH MONTH, DAY, YEAR 09/23/1997	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 ANTHONY S. PALUCH - NEPHEW 1303 MISSOURI STREET SAN DIEGO, CA 92109		
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 F-941	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 09/24/1997			

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 Deanna J. Conrad	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CD. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9/26/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/25/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Chupinin Vitaliy

In a _____ Type of Burial Container _____ Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 5323 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund

Opening/Closing & Setup PAID IN

Burial Container

Handling Fees FULL

Flower vases - Marker setting fee 7-2-99

Recording and filing fee

Sales taxes

Total Due 1095.00

Paid receipt number 49012 300.00

Balance due 795.00

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 dead _____

[Signature]
Signature
4443 Kansas st # 1
Address
San Diego, CA 92116
City Zip Code
(619) 584-4762
Telephone

Work Order # **E 13859**

Invoice # _____

Acct. # _____

VITALIY, CHUPININ 4443 Kansas St. #1 San Diego 92116

		DEBIT	CREDIT	BALANCE
09-25-97	Opened Pre-need Lot: Lot 5323, Division 10	1095.00		1095.00
09-25-97	Receipt #R-49012		300.00	795.00
10/30 97	R-49110 Cpn #1		33.00	762.00
12/5 97	R-49242 Cpn #2		33.00	729.00
1-6 98	R-49360 Cpn #3		33.00	696.00
2-17 98	R-49650 Cpn #4		33.00	663.00
3-3.98	R-49706 Cpn #5		33.00	630.00
4-6 98	R-49814 Cpn #6		33.00	597.00
5-4 98	R-49907 Cpn #7		33.00	564.00
6-2 98	R-450031 Cpn 8		33.00	531.00
7-6 98	R-50133 Cpn 9		33.00	498.00
8-4 98	R-50262 Cpn 10		33.00	465.00
9-9 98	R-50374 Cpn 11		33.00	432.00
10-6-98	R-50447 " 12		33.00	399.00
11-6-98	R-50541 " 13		33.00	366.00
12-7 98	R-50618 Cpn 14		33.00	333.00
1-5-99	R-50701 " 15		33.00	300.00
2-8 99	R-50821 " 16		33.00	267.00

Chupinin, Vitality

267
~~270.00~~

3-3 99 R 50908 CPN 17
4-5 99 R 50994 CPN 18
5-5 99 R- 51103 19
6-2 99 R 51197 20
7-2-99 R-51299

bal. to 20%

33.00	237.00
38.00	201.00
33.00	111.00
38.00	138.00
	135.00
135.00	0

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Pre-need~~ Lot E-13859

Chupinin Vitaliy

4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 10

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										10	

Amount due when paid on, or before,
due date above



\$ 33.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME Vitaliy Chupinin

Amount Received \$

33.00

ADDRESS 4443 Kansas St # 1

CITY San Diego STATE CA ZIP 92116

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-13859

Chupinin Vitaliy

4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 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.

\$ 33.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME *Chupinin Vitaliy* Amount Received \$ 33.00

ADDRESS *4443 Kansas St. #1*

CITY *San Diego* STATE *CA* ZIP *92116*

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-13859**

Chupinin Vitaliy

4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 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.



\$ **33.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ **33.00**
NAME **VITALIY CHUPININ**

ADDRESS **4443 KANSAS ST # 1**

CITY **SAN Diego** STATE **CA** ZIP **92116**

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 #-13859

Chupinla Vitaliy

4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 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.



\$ 33.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$

38.00

NAME

VITALIY CHUPININ

ADDRESS

4443 KANSAS ST #1

CITY

SAN DIEGO

STATE CA

ZIP 92116

check (✓) if this is new address

COUPON

5

Bring one coupon with each remittance
DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid LOC E-13859

Chupinin Vitaliy
4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 10

E-13859

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



\$ 33.00

Amount due if paid more than _____ days
after due date above.



\$ 33.00

\$ _____

Amount Received, \$ 33.00

NAME VITALIY CHUPININ

ADDRESS 4443 KANSAS ST # 1

CITY SAN DIEGO STATE CA ZIP 92116

check if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: **Pre-wood Lot E-13859**

Chupinin Vitaliy

4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 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.



\$ 33.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

Vitaliy Chupinin

ADDRESS

4443 KANSAS ST #1

CITY

SAN DIEGO STATE CA ZIP 92116

check (✓) if this is new address

Send or bring only coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-paid LOC E-13837*

Chupinin Vitaliy

4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 10

E-13859

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										<i>10</i>	

Amount due when paid on, or before,
due date above.



\$ *33.00*

Amount due if paid more than _____ days
after due date above.



\$ *33.00*

\$ _____

Amount Received \$ _____

NAME *4443 KANSAS ST #1*

ADDRESS *VITALIY CHUPININ*

CITY *SAN Diego* STATE *CA* ZIP *92116*

check (X) 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-13859

Chupinin Vitaliy
4443 Kansas St. #1
San Diego, CA 92116
Lot 5323 Division 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.

\$ 33.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME VITALIY CHUPININ Amount Received \$ 33.00

ADDRESS 4443 KANSAS ST #1

CITY SAN DIEGO STATE CA ZIP 92116

check () if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pro-pool Lot 1-13859*

Chupin's Vitality

4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 10

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										<i>10</i>	

Amount due when paid on, or before,
due date above

33.00

Amount due if paid more than _____ days
after due date above.

33.00

\$ _____

NAME *Vitality Chupin's* Amount Received \$ *33.00*

ADDRESS *4443 KANSAS ST #1*

CITY *SAN DIEGO* STATE *CA* ZIP *92116*

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Founders Lot E-13859*

Chaplin Vitaliy
4443 Kansas St. #1
San Diego, CA 92116
Lot 5323 Division 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

\$ 33.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME *Vitaliy Chaplin* Amount Received \$ 33.00

ADDRESS *4443 KANSAS ST #1*

CITY *SAN Diego* STATE *CA* ZIP *92116*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON**11****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. *Pre-paid Int 5-13859**Chapman Vitally**4443 Kansas St. #1**San Diego, CA 92116**Lot 5323 Division 19***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.\$ 33.00Amount due if paid more than _____ days
after due date above.\$ 33.00

\$ _____

Amount Received \$ _____

NAME *Vitaliy Chapman*ADDRESS *4443 Kansas St. #1*CITY *San Diego* STATE *CA* ZIP *92116* check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Chupinin Vitality
4443 Kansas St. #1
San Diego, CA 92116
Lot 3333 Division 10

E-13859

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.

\$

33.00

Amount due if paid more than _____ days
after due date above.

\$

33.00

\$

NAME

~~444~~ Chupinin Vitality

\$

33.00

ADDRESS

4443 Kansas St. #1

CITY

San Diego

STATE

CA

ZIP

92116

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Franklin Inst E-13859*

Chapman Vivaldi

4443 Kinross St. #1

San Diego, CA 92116

Lot 3223 Delafonte 10

E-13859

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										<i>10</i>	

Amount due when paid on, or before,
due date above



\$ *33.00*

Amount due if paid more than _____ days
after due date above.



\$ *33.00*

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-13859*

20

Chaplin Vitaliy
4443 Kansas St., #1
San Diego, CA 92116
Lot 3313 Division 10

E-13859

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
										<i>10</i>	

Amount due when paid on, or before,
due date above.



\$ *33.00*

Amount due if paid more than _____ days
after due date above.



\$ *33.00*

\$ _____

Amount Received \$ _____

NAME *Vitaliy Chaplin*

ADDRESS *4443 KANSAS ST #1*

CITY *SAN DIEGO* STATE *CA* ZIP *92116*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

4443 Kansas St., #1
San Diego, CA 92116
Lot 3223 Division 10

E-13859

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG

Amount due when paid on, or before due date above.



\$ 13.29

Amount due if paid more than _____ days after due date above.



\$ 13.00

\$ _____

NAME

Vitaliy Churpin

Amount Received

\$ 33.00

ADDRESS

4443 KANSAS ST. #1

CITY

SAN DIEGO

STATE

CA

ZIP

92116

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 E-13859*

Chaplain Vitaliy

4443 Kansas St. #1

San Diego, CA 92116

Lot 5323 Division 10

E-13859

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										<i>10</i>	

Amount due when paid on, or before,
due date above



\$

33.00

Amount due if paid more than _____ days
after due date above.



\$

33.00

\$

NAME *Vitaliy Chupin* Amount Received \$ *33.00*

ADDRESS *4443 KANSAS ST #1*

CITY *San Diego* STATE *CA* ZIP *92116*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Company: Vitality
4443 Mansa St. #1
San Diego, CA 92116
Lot 3323 Division 10

E-13859

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.



\$ 33.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ 33.00

Amount Received \$ _____

NAME Vitality Champion

ADDRESS 4443 MAN SA ST #1

CITY SAN Diego STATE CA ZIP 92116

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Personal Ltd E-13859*

Coupon Vitaliy

4443 Kansas St. #1

San Diego, CA 92116

Lot 5327 Mission Dr

E-13859

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
										<i>18</i>	

Amount due when paid on or before due date above

▶ \$ ~~36.00~~

Amount due if paid more than _____ days after due date above

▶ \$ *33.00*

\$ _____

Amount Received \$

36.00

NAME

Vitaliy drupinid

ADDRESS

4443 Kansas St #1

CITY

SAN Diego

STATE

CA

ZIP

92116

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13859 51103

Date: 5-5 1999

From: Vitality Chapman Address: 4443 Kansas St, #1 San Diego 92116

In thirty three Dollars (\$ 33.00)
 In part Payment of Pre-Need Lot

Lot 5333 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-13859
 BALANCE DUE 171.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE

ISSUED BY J. Shelton

327

CREDIT	67007	
20% Sales Care	77184	<u>33.00</u>
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>33.00</u>

OFFICIAL RECEIPT

50994



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

From: Vitaly chupinin Address: 4443 KANAPA PT #1 SD 92116 Date: 4-5 1999
thirty three Dollars (\$ 33.00)
 In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division Block 10
33 | 00

Invoice No. _____
 Acct. No. _____
 W.O. E13859
 BALANCE DUE 204.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

Catrina Avallone
 ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>33</u> <u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
320

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51197



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Vitaliy Chupinin Address: 4443 KAMPAR PT. #1 SD 92116 Date: 4-2 1999
thirty three Dollars (\$ 33.00)
In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E 13859
BALANCE DUE 138.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	33	100
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101		
78390			
TOTAL PAID	\$	<u>33</u>	<u>100</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY Catrina Avallone

330

OFFICIAL RECEIPT

51299



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

From: Vitaliy Chupinin Address: 4443 Kansas St. #1 San Diego 92116
One hundred thirty five Dollars (\$ 135.00)
 In full Payment of Pre-Need Lot

Lot 5323 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

355

PAID
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 JUL 2 1999
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.
 ISSUED BY D. Shultz

CREDIT	67007		
20% Sales Care	77184	135	00
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	135	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13859 51103

From: Vitality Chipman Address: 4443 Kansas St. #1 San Diego 92116
Date: 5-5, 1999

thirty three Dollars (\$ 33.00)
In part Payment of Pre-Need Lot

Lot 5323 Grave _____ Row _____ Section _____ Division 10
Block _____

Invoice No. _____
Acct. No. _____
W.O. E-13859
BALANCE DUE 171.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY D. Shelton

CREDIT	67007	
20% Sales Care	77184	33.00
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	33.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
327

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50374



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

5278400

From: Vitaly Chupinin Address: 4526 Illinois St. #11B SD 92110 Date: 9-9-98
thirty three & no/100 Dollars (\$) 33.00
 In part Payment of pre need lot

Lot 5323 Grave _____ Row E-13859 Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-13859
 BALANCE DUE 432.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Catrina Avallone

CREDIT	87007	
20% Sales Cars	77184	
80% Sales of Lots	77184	<u>33</u>
Opening/Closing	77181	<u>00</u>
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
TOTAL PAID	75390	<u>33 00</u>

Pre-Need Lot At Need On Acct.
 Pre-need Trust Cash Check
250

OFFICIAL RECEIPT

50262



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-4 1998

From: Vitaliy Chupinin Address: 4526 Illinois St. #11B SD 92116

thirty three + 110/100 Dollars (\$ 33.00)

In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 405.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>33</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	80101		
78390			
TOTAL PAID	\$	<u>33</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

Lacina Avalone
 ISSUED BY _____

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50031



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY
 527-3400

From: Vitaliy Chupirin Address: 4520 Helms II B SD 92116 Date: 6-2 1998
thirty three & 10/100 Dollars (\$ 33.00)
 In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-13859
 BALANCE DUE 531.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Com	77184		
90% Sales of Lots	100	<u>33</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID		\$ <u>33</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY Cratina Avallone

221

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-13859 50133



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-16 1998

From: Vitaliy Chupinin Address: 4526 Illinois St. 11B SD 92116
Thirty three & 10/100 Dollars (\$ 33 00)

In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 498.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

Catrina Avallone
ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	77184	<u>33 00</u>
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>33 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

232

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

E-13859 49012

Date: 9/95, 19 97

From: Chapman Vitality Address: 4443 Karibay St #1 San Diego CA 92116

Three hundred and 00/100 Dollars (\$ 300.00)

In Full Payment of Pre Need Lot

Lot 5323 Grave - Row - Section - Division 10 Block -

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 795.00

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 Cars	77184		
80% Sales of Lots	100	<u>300</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		
78390			
TOTAL PAID	\$	<u>300</u>	<u>00</u>

ISSUED BY: [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49116

Date: 10/30, 1997

From: Chapman Vitalin Address: 4526 L. Lincoln St. # 115 San Diego 92116

Thirty three and 00/100 Dollars (\$ 33 00)

In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 702.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

C. Jungren - Avalos
 ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>33</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>33</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49242

Date: 12/5 1997

From: Vitaliy Chuplunin Address: 4524 1. Clinton St Apt #15 SD 92116

Thirty three and 00/100

Dollars (\$ 33 00)

In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 729.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>33</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>33</u>	<u>00</u>

ISSUED BY Katrina Avallone

148

49360

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 1-6, 1998

From: Vitaly Chuplin Address: 4524 Illinois St Apt 113 SD 92116

Thirty three and 00/100

Dollars (\$ 33.00)

In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 496.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

180

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

Catrina Avalone
ISSUED BY _____

CREDIT	67007		
20% Sales Com.	77184		
80% Sales of Lots	100	<u>33</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	80101		
78390			
TOTAL PAID	\$	<u>33</u>	<u>00</u>

49656

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

 MOUNT HOPE CEMETERY
 527-3400
Date: 2-17, 1998
 From: Vitaliy Chupinin Address: 4526 Illinois St. Apt. 11B SD 92116
Thirty three and 10/100 Dollars (\$) 33.00

 In part Payment of pre need lot

 Lot 5323 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13859BALANCE DUE 643.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100	<u>33</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	80101		
	78390		
TOTAL PAID	\$	<u>33</u>	<u>00</u>

ISSUED BY Catrina Hvallone186

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

E-13859 49706



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 3/3, 1998

From: Victoria V. Chapman Address: 4526 Mission St # 115 San Diego CA 92116

Twenty three & 00/100 Dollars (\$ 23.00)

In Part Payment of Pre Need Lot

Lot 5323 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 630.00

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	77194	
80% Sales of Lots	100	<u>33.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handing Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	75390	
TOTAL PAID	\$	<u>33.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13859 49814

Date: 3-10, 1998

From: Chupinin Vitaliy Address: 4443 KANIPPO CT. # 1 SD 92116

thirty three and 10/100 Dollars (\$ 33.00)

In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13859

BALANCE DUE 597.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77164	
80% Sales of Lots	77164	<u>33 00</u>
Opening/ Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>33 00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY Catrina Avallone

202

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49907



WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

MOUNT HOPE CEMETERY
 527-3400

From: Vitaliy Chupirin Address: 4526 Illinois Pt. HB SD 92116
Thirty three + nr 110
 Date: 5-4 1998
 Dollars (\$) 33.00
 In part Payment of pre need lot

Lot 5323 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-13859
 BALANCE DUE 564.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

Catrina Avallone
 ISSUED BY _____

CREDIT	57007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>33</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>33</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 5-94) 213

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-25-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Miles Michael

in a Ciner Funeral, date, time Mon. 9-29 2:00

Church, Chapel, Graveside Chapel / Graveside: Dagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. RJM

Lot 22 Grave 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Paid E-109 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number VISA 769.73

Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature [Signature]
 Address 11016 Elderwood Lane
 City San Diego 92131
 Telephone 566-4809 Zip Code

Work Order # **E 13860**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-13860

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

86

1A. NAME OF DECEDENT—FIRST (GIVEN) Miles	1B. MIDDLE -	1C. LAST (FAMILY) Michaels, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 02/15/1911	3. DATE OF DEATH MONTH DAY YEAR 09/24/1997	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 J. Michaels, Son 11016 Elderwood Lane San Diego, CA 92139	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert J. Michaels</i>		
			8B. DATE SIGNED 09/26/1997		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/29/1997 <i>William</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713228
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/29/1997	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-20-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GRETTA SOLOMON XIROGIANNIS

in a LINER Funeral, date, time Thur. 10:00 Oct 2nd

Church, Chapel, Graveside CHAPEL & GRAVESIDE MERKLEY-MITCHELL Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X C J

Lot 255 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 67007 77184 159 795.00

Additional spaces and care fund 100 77184 245 -

Opening/Closing & Setup 77181 375.00

Burial Container 77182 190.00

Handling Fees 77185 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 77183 45.00

Sales taxes 60101 78890 14.73

30 day note

Total Due 1504.73

Paid receipt number R-49015 391.00

Balance due 1173.73

I hereby certify I am the X FRIEND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Chris Sampson
Signature
X 10618 CARILLON CT
Address
X SAN DIEGO CA 92131
City Zip Code
X (619) 586-0186
Telephone

Work Order # E 13861

Invoice # 290335
Acct. # 093616

MT. HOPE CEMETERY

W.O. # E-13861

NOTE

1173.73

San Diego, California

September 26 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of ONE THOUSAND ONE HUNDRED SEVENTY THREE DOLLARS with interest from OCTOBER 27, 1997 on the unpaid principal 73/100 at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

X CHRIS LAMPROU

SIGNATURE

X Chris Lampron

ADDRESS

X 10618 CARILLON CT. SAN DIEGO CA 92131

CALIFORNIA DRIVER LICENSE NUMBER

X N0129907

SSN #

X 283-56-2105

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1386/49015

Date: 9-26 1997

From: CHRIS LAMPICA Address: 10618 CARRIAGE COURT SANDHOG 12131

Three hundred ninety one & 10/100 Dollars (\$ 391.00)

In part Payment of Interment of Eretta Xiragianis

Lot 255 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1386/1

BALANCE DUE 1173.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

C. Jungco - Avalon
ISSUED BY _____

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>391</u>	<u>70</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>391</u>	<u>10</u>

E-13861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

59

1A. NAME OF DECEDENT—FIRST (GIVEN) GRETTA		1B. MIDDLE -	1C. LAST (FAMILY) XIROGIANNIS		2. DATE OF BIRTH MONTH DAY YEAR 08/03/1938	3. DATE OF DEATH MONTH DAY YEAR 09/16/1997	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 Chris Lamprou-Attorney 10618 Carillon Ct. San Diego, CA 92131		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—(Person taking permit)	

09/29/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/27/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT D. R. Williams
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10/2/97	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

290335 10/09/97 093616 CHRIS LAMPROU

11/01/97 CK 381

1,173.73

1,173.73

0.00

E-13861

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

375.00
190.00
45.00
245.00
145.00
14.73
159.00

PAID IN FULL

E-13861

NUMBER OF EMPLOYEES PAID

1

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alma Diaz

In a Double Depth Crypt Funeral, date, time Mon Sept. 29 12:00

Church, Chapel, Graveside Church graveside Pagsdale Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 81 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 100 77181 355 375.00

Burial Container 77182 380.00

Handling Fees 77185 320.00

Flower vases - Marker setting fee paid in full _____

Recording and filing fee 10-15-97 183 45.00

Sales taxes 60101 78390 29.45

Total Due 1944.45

Paid receipt number R-49019 815.00

Balance due 1129.45

Harold G. Diaz
585-4886
30 day note

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X see attached
Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 13862

Invoice # 290198
Acct. # 093559

3:15 pm 9-26-97
E-13862
SKIPPER from Pagsdale
MORTUARY came in to
Schedule burial.
*to fax back

available in alternative formats upon request. 10/2/97
paper

SKIPPER requested that grave
be close to Dolores Wallace's
grave.

MT. HOPE CEMETERY

W.O. # 13862

NOTE

\$ 1129.45 San Diego, California September 26 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 one thousand one hundred twenty nine DOLLARS with interest from October 29, 1997 on the unpaid principal 4510 at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X SIGNATURE X
ADDRESS X
CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

49019

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-29, 1997

From: Anderson - Fagsdale Mkt. Address: 5050 Federal Blvd. San Diego 92102

Eight hundred fifteen and no/100 Dollars (\$ 815.00)

In part Payment of Interment of Alma Diaz

Lot 81 Grave 111 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13862

BALANCE DUE 1129.45

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

10536

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

C. Jurgan - Available
ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>795</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100	<u>20</u>	<u>00</u>
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	63033		
	9022		
	60101		
	78300		
TOTAL PAID	\$	<u>815</u>	<u>00</u>

E-13862

2:30 pm

\$ 1564.73

SKIPPER Ragsdale

Veola Gamble

Thur. 11.00 grv. sd.

PICK OUT lot

near street

E-13862

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Colo

1A. NAME OF DECEDENT—FIRST (GIVEN) Alma	1B. MIDDLE Lee	1C. LAST (FAMILY) Diaz	2. DATE OF BIRTH MONTH DAY YEAR 03/23/1931	3. DATE OF DEATH MONTH DAY YEAR 09/24/1997	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 Harold G. Diaz, Husband 324 6Cth St. Apt. 162 Chula Vista, CA 91910-1059		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.		8B. DATE SIGNED 09/29/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 09/29/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	9713220
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/29/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Skinner / Ryedale

Volves Walker in
60-8-3-12

available lot 61 gr 6 on end

lot 81

1, 3, 6, 8, 11

~~8~~ 815

MT: HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Aima Diaz
 in a DOUBLE DEPTH CHURCH GROVE PAGE SCALE
Type of burial container Funeral date, time Mortuary
MON SEPT 29 12:00
 All funeral cars must arrive before 3:30 P.M. on regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. check

Lot 81 Grave 11 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 _____
 Total Due 795.00

Harold G. Diaz
585-4880
30 day note
 Paid receipt number _____ Balance due 1129.45
 Total Due 794.45
815.00
29.45
45.00

I hereby certify I am the Harold G. Diaz of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I 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 recipient holder of deed _____
Harold G. Diaz
 Address 324 "C" Street
Chula Vista, CA 91910
 Telephone (619) 585-4886

Work Order # E 13862

REA-104 (7-95)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

W.O. # 13862

NOTE

\$ 1129.45 San Diego, California September 26 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand one hundred twenty nine DOLLARS with interest from October 29, 1997 on the unpaid principal 45.00 at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 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 Harold G. Diaz SIGNATURE Harold G. Diaz
 ADDRESS 324 "C" Street; ~~San Diego, CA~~ Chula Vista, CA 91910
 CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # _____

290198 10/02/97 093559 HAROLD G. DIAZ

E-13862

100 072
100 072
100 072
100 072
60101

77181 000072
77182 000072
77183 000072
77185 000072
78390

10/15/97 CA

1,129.45
355.00
380.00
45.00
320.00
29.45

1,129.45

0.00
PAID IN FULL

E-13862

NUMBER OF INVOICES PAID
TOTAL AMOUNT PAID

1
1,129.45

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/26/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wesley Hivens

In a liner Type of Burial Container: Funeral, date, time Tuesday Sept 29, 1997
 Church, Chapel, Graveside delivery only : Merkley Mitchell Mortuary, 1030

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 79 Grave 10 Row - Section 1 Division/Block 12

Grave space & Care Fund	<u>245.00</u>
Additional spaces and care fund	<u>-</u>
Opening/Closing & Setup	<u>375.00</u>
Burial Container	<u>190.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	<u>-</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>-</u>
Total Due	<u>1000.00</u>

*Public Admin
 Karna Stromach
 5201 Ruffin Rd
 S.F. CA 94123*

Paid receipt number _____

CREDITORS CLAIM
10-14-97 SS

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 13863**

Invoice # _____

Acct. # _____

49112

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 10/29, 1997

From: County of SD Public Evangelian Address: 5201-A Huffman Rd., San Diego 92123

one thousand and 00/100

Dollars (\$ 1,000.00)

In full Payment of interment of Wesley Stevens

Lot 79 Grave 10 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13803

BALANCE DUE 0

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

AC-212 (Rev. 5-96)

107059

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

Carina Vallone
ISSUED BY _____

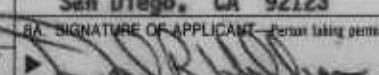
CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>245</u>	<u>00</u>
Opening/Closing	77184	<u>375</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
	77182	<u>145</u>	<u>00</u>
Handling Fee	100	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	60333		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>1000</u>	<u>00</u>

E-13863

78


APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MESLEY		1B. MIDDLE P.		1C. LAST (FAMILY) ALVENS		2. DATE OF BIRTH MONTH DAY YEAR 11/27/1918		3. DATE OF DEATH MONTH DAY YEAR 09/22/1997		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 Roma Steonach—Public Administrator, 5201-A Ruffin Road San Diego, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit 		8B. DATE SIGNED 09/29/1997	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 09/29/1997 D. R. Williams		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713236			
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"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)							
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> F. DISINTERMENT									
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA									
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA									

COMPLETE ALL APPLICABLE ITEMS	BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102		11B. DATE BURIED 9/29/97		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	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-29-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FIDEL GARCIA

In a LINER Funeral, date, time TUES 9-30 2:00

~~Church, Chapel, Graveside~~ GRAVESIDE : MAYER Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

Lot 97 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund PRENEED E-10960 ⊕

Additional spaces and care fund 1995 _____

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 X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature SEE
X Address ATTACHED
X City _____ Zip Code _____
X Telephone _____

Work Order # E 13864

Invoice # _____

Acct. # _____

E-13864 8-9-2000

Dear Sue:

I Antonio Garcia give permission to my brother "Al Garcia" to put a flat marker 12" x 24" on my fathers grave.

Lot 97 - Grave 6 Sect. 3 Div. 12

FIDEL

GARCIA

Sincerely Antonio Garcia

P.S. If you have any questions

Call me at (619) 453-0981

MT HOPE CEMETERY
INTERMENT ORDER

E-13864

9-29-97

You are hereby authorized and authorized action to you to acquire the following to inter the deceased

FIDEL GARCIA
LINER TRUS 9-30 2.00
GRAVE: DE MAYER
 All Funds are to be paid to the cemetery office in full for the interment of the deceased 150.00

Lot <u>97</u> Area <u>6</u> Section <u>3</u> Row <u>12</u>		
Grave Mark & Cap Fee	<u>PREPARED E-10960</u>	<u>0</u>
Additional Marker		<u>0</u>
Gravestone		<u>0</u>
Gravestone		<u>0</u>
Gravestone		<u>0</u>
Gravestone		<u>0</u>
Gravestone		<u>0</u>
Gravestone		<u>0</u>
Gravestone		<u>0</u>
Gravestone		<u>0</u>

I, Fidel Garcia hereby authorize the cemetery to take the above described action on my behalf and I agree to pay the amount of the above stated charges to the cemetery office in full for the interment of the deceased.

Witness my hand and seal this 29th day of September 1997 at San Diego, California

Fidel Garcia
Gravestone
Gravestone
Gravestone

E 13864

E-13804

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

96

1A. NAME OF DECEDENT—FIRST (GIVEN) Fidel		1B. MIDDLE -	1C. LAST (FAMILY) Garcia	2. DATE OF BIRTH MONTH, DAY, YEAR 04/21/1901	3. DATE OF DEATH MONTH, DAY, YEAR 09/27/1997	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 Amelia Porras-Daughter 2728 Terrace Pine Dr., San Ysidro, CA 91973		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT— <i>[Signature]</i> , 8B. DATE SIGNED 09/29/1997		
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 09/29/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT James Hale	9713255
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego, P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/30/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

D. I. P.

City of San Diego

Date 9-29-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Esperanza Gilbert

In a Liner

Funeral, date, time Wed. Oct. 1 10:30

Church, Chapel, Graveside Church/graveside de Conrad Mortuary Tom

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. F.F.

Lot	-	Grave	29	Row	3	Section	3	Division/Block	2
Grave space & Care Fund	pre-need C-5570								0
Additional spaces and care fund									—
Opening/Closing & Setup	pre-need C-5570								0
Burial Container	pre-need C-5570								0
Handling Fees	pre-need C-5570								0
Flower vases - Marker setting fee									—
Recording and filing fee	pre-need C-5570								0
Sales taxes	pre-need C-5570								0
Total Due									0

Paid receipt number _____

Balance due _____

I hereby certify I am the X D. I. P. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Edith Conall
 Signature
 X 3801 A PACIFIC AV.
 Address
 X SAN DIEGO, CA 92117
 City Zip Code
 X 276-6486
 Telephone

Work Order # **E 13865**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

W.O. # E-13865

NOTE

\$ 1908.45 San Diego, California Sept 23, 1997

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 nine hundred eight DOLLARS ^{15/100} with interest from October 27, 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 X Zephal m. Davis SIGNATURE X Zephal m. Davis
ADDRESS X 2023 Helix St., Spring Valley, CA 91977
CALIFORNIA DRIVER LICENSE NUMBER X SSN # X 50379139

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13865
80

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ESPERANZA	1B. MIDDLE —	1C. LAST (FAMILY) GILBERT	2. DATE OF BIRTH MONTH DAY YEAR 06/29/1917	3. DATE OF DEATH MONTH DAY YEAR 09/28/1997	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ESTHER ERDELL - DAUGHTER 3201 APACHE AVENUE SAN DIEGO, CA 92117		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-941	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Donna J. Conrad</i> 09/30/1997		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00
AUTHORIZATION OF LOCAL REGISTRAR	9B. DATE PERMIT ISSUED 09/30/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Conrad 9713296
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 CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. 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 10/1/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-29-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Almaleene Rose Ritchey

in a Liner Funeral, date, time Fri Oct. 31:00

Church Chapel / graveside Chapel / graveside Merkley - Mitchell Scott Merrill

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X Faye L. Daniels

✓ Lot 1089 Grave — Row — Section — Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1764.73

Paid receipt number 49024 1764.73

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Faye L. Daniels
Signature
X 5612 Olvera Ave
Address
X San Diego CA 92114
City Zip Code
X 312 0290
Telephone

Work Order # E 13866 ✓

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13866 49021

From: Faye Daniels Address: 5312 Clavera Ave, San Diego Ca 92117
 Date: 9/30, 1997
One thousand seven hundred sixty-four 7/100 Dollars (\$ 1764.73)
 In Full Payment of Interment of Almatene Rose Pilchey

Lot 1684 Grave 1 Row 1 Section 1 Division 10 Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-13866
 BALANCE DUE 450

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Konjuba

CREDIT	57007	199	00
20% Sales Care	77184		
80% Sales of Lots	77184	496	00
Opening/Closing	77181	375	00
Burial Containers	77182	190	00
Handling Fee	77185	145	00
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	63033		
	8022	14	73
Sales Tax	80101		
	76390		
TOTAL PAID		1764	73

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-138660
81

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ALMALEERE	1B. MIDDLE ROSE	1C. LAST (FAMILY) RITCHEY	2. DATE OF BIRTH MONTH DAY YEAR 08/30/1916	3. DATE OF DEATH MONTH DAY YEAR 09/27/1997	4. SEX 2F2
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Faye L. Daniels-Daughter 5312 Olivera Ave. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Merkley Mitchell Mortuary 3655 Fifth Ave. San Diego, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	7C. SIGNATURE OF APPLICANT—Person taking permit 		7D. DATE SIGNED 09/30/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 10/01/1997 D. R. Williams	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713332
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA San Diego County P.O. Box 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 92102	11B. DATE BURIED 10/31/97	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need
Lot

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-30-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Irina & Archobalys Tuniyants

In a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 5153 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1095.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 1095.00

Paid receipt number R-49020 274.00

Balance due 821.00

PAID IN FULL
10-4-99

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X JULIA IRINA TUNIYANTS
Signature
X 108916 EVANOSKI # SDC/19219
Address
X SAN DIEGO
City
X (619) 672-89-55 Zip Code
Telephone

Work Order # **E 13867**

Invoice # _____

Acct. # _____

TUNIYANTS, IRINA & ARSHALUYS 10891 GERENA ST #A SAN DIEGO 92129

			DEBIT	CREDIT	BALANCE
09-30-97	Opened Pre-need Lot 5153, Division 10		1095.00		
	Receipt #49020			274.00	821.00
11/10 97	R-49158	cpn #1		34.00	787.00
12/11 97	R-49274	cpn #2		34.00	753.00
1-14 98	R-49540	cpn 3		34.00	719.00
2-17 98	R-49658	cpn 4		34.00	685.00
3-5 98	R-49716	" 5		34.00	651.00
4-3 98	R-49810	" 6		34.00	617.00
5-6 98	R-49923	" 7		34.00	583.00
6-3 98	R-50037	" 8		34.00	549.00
7-8 98	R 50152	" 9		34.00	515.00
8-5 98	R-50207	" 10		34.00	481.00
9-15 98	R-50391	" 11		34.00	447.00
10-15 98	R 50481	" 12		34.00	413.00
11-4 98	R-50524	" 13		34.00	379.00
12-8 98	R 50623	" 14		34.00	345.00
1-6 99	R 50717	" 15		34.00	311.00
2-5 99	R 50815	" 16		34.00	277.00
6-2 99	R 51196	" 20		34.00	243.00

TUNIYANTS, IRINA & ARSHALUYS Pre-need Lot

267.00

3-3	99	R 50906			34.00	233.00
4-6	99	R 51000	cpn 18		34.00	199.00
5-5	99	R 51111	cpn 19		34.00	165.00
6-2	99	51190	cpn 20		34.00	131.00
7-7	99	R 51318	cpn 21		34.00	97.00
8-9	99	R 51423	cpn 22		34.00	63.00
9-7	99	R 51501	cpn 23		34.00	29.00
10-4-99		R-51500	24		39.00	0

51006

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-0 1999

From: Irina Tumiant Address: 10891 Cerana Pt. ASD 92129

thirty four Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E13807
BALANCE DUE 199.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.
Labra Avalon
ISSUED BY _____

CREDIT	57007	
20% Sales Care	77184	<u>34</u>
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	
	80101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

744

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51196



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-2 99

From: Inna Tuniyants Address: 10891 Geranda St. A SD 92129

thirty four Dollars (\$ 34 00)

In PAH Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 13807

BALANCE DUE 233.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>34</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>34</u>	<u>00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY Catrina Avalina

752

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51111

Date: 5-10 1999

From: Irma Tuniyants Address: 10891 Geranna St. #A SD 92129

thirty four Dollars (\$ 34 00)

In part Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E13807

BALANCE DUE 165.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

749

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

Catrina Avallone
 ISSUED BY _____

CREDIT	57007	
25% Sales Com	77184	<u>34</u>
80% Sales of Lots	100	<u>00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>34 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1386749274

Date: 12/11, 199

From: IRINA TULLIANTIS Address: 10891 GURANDA ST. #1A SD 92129

Thirty four and no/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13867

BALANCE DUE 753.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-04)

431

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

IRINA TULLIANTIS

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>34</u>
Opening/Closing	77181	<u>00</u>
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1386749020

Date: 7-30, 1997

From: Mina Teniente Address: 10891 Lerana St. A San Diego 92129

Her Husband's Burial Dollars (\$ 274.00)

In part Payment of Pre-need lot for
Mina - Archuleta Teniente

Lot 515B 5153 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13867

BALANCE DUE 221.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

616

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY S. Schultz

CREDIT	67007		
20% Sales Calc	77184		
80% Sales of Lots	100	274	00
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	60033		
9022			
Sales Tax	60101		
78300			
TOTAL PAID	\$	274	00

49158

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 11/10, 1997

From: Erina Junuyants Address: 10891 E. Maria Street, A Palmdale 92170

part Payment of Pre need lot Dollars (\$ 34.00)

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-13807
BALANCE DUE 787.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>34.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	53033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY Erina Junuyants

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49540

From: Tunivants, Irina + Akshat Address: 10891 Gerena St. #A SD 92129
Thirty four + no/100 Dollars (\$ 34.00)
 In part Payment of Pre need lot

Date: 1-14, 1998

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-13867
 BALANCE DUE 719.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>34</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>34</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

Catrina Avaline
 ISSUED BY _____

~~13867~~
635

OFFICIAL RECEIPT

49658



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA,
MOUNT HOPE CEMETERY
527-3400

Date: 2-17, 199

From: WILIA TUNNYANTS Address: 10891 Gerarda Street, A. SD 92129

Thirty-four and 10/100

Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13867

BALANCE DUE 685.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>34.00</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>34.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

ISSUED BY Catalina Avalos

042

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1386749716

Date: 3-5, 1998

From: Mina Turayants Address: 10891 Berana St # A San Diego 92129

Washington Dollars (\$ 34.00)

In part Payment of Pre-need lot

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13867

BALANCE DUE 651.00

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.

CREDIT	57007	
20% Sales Com.	77184	
80% Sales of Lots	100	<u>34.00</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>34.00</u>

ISSUED BY S. McMillan

646

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49810



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-3, 1998

From: Irina Tuniyants Address: 10891 Gerana St. A SD 92129

Thirty four & 10/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13867

BALANCE DUE 617.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

651

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY Irina Tuniyants

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>34.00</u>
77184		
Opening/ Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	11185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>34.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49923

Date: 5-6, 1998

From: Irina Tuniyants Address: 10891 Gerana St. A SD 92129

Thirty four & no/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13867

BALANCE DUE 583.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE

455 ISSUED BY Catrina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>34</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	80101		
78390			
TOTAL PAID		\$ <u>34</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50037



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 6-3, 1998

From: Irina Tuniyants Address: 10891 Gerana Pt A SD 92129

Thirty four & no/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13867

BALANCE DUE 549.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

6002

ISSUED BY Scatuna Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>34</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50152

From: Irina Tuniyants Address: 10891 Granada St A SD 92129
thirty four & no 1100
In part Payment of pre need lot

Date: 7-8, 1998

Dollars (\$ 34 00)

Lot 5153 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-13807
BALANCE DUE 515.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY Carina Avallone

CREDIT	67007	
20% Sales Comm	77184	
90% Sales of Lots	100	<u>34 00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	60030	
9022		
Sales Tax	80101	
78390		
TOTAL PAID		\$ <u>34 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

667

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50267

From: Irina Tuniyants Address: 10891 Gerana St. #A SD 92129 Date: 8-5, 1998
thirty four & no/100 Dollars (\$ 34.00)
 In part Payment of pre need lot

Lot 5153 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13807

BALANCE DUE 481.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
30% Sales Care	77184	
90% Sales of Lots	100	<u>34.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>34.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY Scatuna Avallone

677

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50391



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 9-15 1998

From: Irina Tuniwants Address: 10891 Gevada St. A. SD 92129

Thirty four & no/100 Dollars (\$ 34.00)

In part Payment of pre paid lot

Lot 5153 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-138107

BALANCE DUE 447.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>34.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77185	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID		<u>\$ 34.00</u>

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

081

ISSUED BY Katrina Anderson

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51580



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 10-4, 1999

From: Irma Tunizants Address: 10891 Kerana Street A San Diego
thirty nine Dollars (\$ 39.00)

In full Payment of Pre-Need Lot

Lot 5153 Grave _____ Row _____ Section _____ Division 10
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13867

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

800

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

PAID IN FULL
10-4-99

ISSUED BY Shelton

CREDIT	67007	
20% Sales Care	77184	39 00
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	\$	39 00

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK .

ACCOUNT No. Pre-need Lot E-13867

Irina & Arshaluys Tuniyants

10891 Gerena St. #A

San Diego, CA 92129

Lot 5153 Division 10

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										10	

Amount due when paid on, or before,
due date above:

▶ \$ 34.00

Amount due if paid more than _____ days
after due date above:

▶ \$ _____

\$ _____

NAME

IRINA TUNIYANTS

ADDRESS

10891 GERENA ST #A

CITY

SAN DIEGO

STATE

CA

ZIP

92129

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-13867

Irina & Arshaluys Tuniyants

10891 Gerena St. #A

San Diego CA 92129

Lot 5153 Division 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



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 34.00

NAME

IRINA TUNIYANTS

ADDRESS

10891 GERENA ST #A

CITY

SAN DIEGO

STATE

CA

ZIP

92129

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-Seed Lot E-13867**

Irina & Arshaluys Tuniyants

10891 Gerena St. #A

San Diego, CA 92129

Lot 5153 Division 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.



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 34.00

NAME IRINA TUNIYANTS

ADDRESS 10891 GERENA ST. #A

CITY SAN DIEGO STATE CA ZIP 92129

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-13867

Irina & Arshaluys Tuniyants

10891 Gerena St. #A

San Diego CA 92129

Lot 5153 Division 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

\$ 34.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME IRINA TUNIYANTS Amount Received \$ 34.00

ADDRESS 10891 GERENA ST. #A

CITY SAN DIEGO STATE CA ZIP 92129

check (✓) if this is new address

bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Pre-need Lot # E-13867~~ 2129

Irina & Arshaluys Tuniyants

10891 Gerena St. #A

San Diego, CA 92129

Lot 5153 Division 10

E-13867

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.



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME

IRINA

Amount Received

\$ 34.00

ADDRESS

10891 GERENA ST. #A

CITY

SAN DIEGO

STATE

CA

ZIP

92129

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 B-13867**

Irina & Arshaluysa Tumlyants

10891 Gerona St. #A

San Diego CA 92129

Lot 5153 Division 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.



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

34 00

NAME

IRINA TUMLYANTS

ADDRESS

10891 GERONA ST #A

CITY

SAN DIEGO

STATE

CA

ZIP

92129

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

8

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-used Lot E-13867

Irina & Arshaluys Tuniyants

10891 Gerena St. #A

San Diego CA 92129

Lot 5153 Division 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.

\$ 34.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ 34.00.
NAME IRINA TUNIYANTS

ADDRESS 10891 GERENA ST #A

CITY SAN DIEGO STATE CA ZIP 92129

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-paid Lot 2-13867*

Irina & Archalaya Tomiyants

10891 Geneva St. #A

San Diego, CA 92129

Lot 5153 Division 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



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ 34.00

NAME IRINA TOMIYANTS

ADDRESS 10891 Geneva St. #A

CITY SAN DIEGO

STATE CA

ZIP 92129

check if this is new address

Send or bring one coupon with each remittance **COUPON**

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot E-13667

Irina & Archalaya Juniyants

10891 Gerona St. #A

San Diego CA 92129

Lot 5153 Division 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

\$ 34.00

Amount due if paid more than _____ days after due date above.

\$

\$

NAME IRINA JUNIYANTS Amount Received \$ 34.00

ADDRESS 10891 GERONA ST #A

CITY SAN DIEGO CA 92129

check (✓) if this is new address

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot E-13867

Irina & Archelays Tomiyants

10891 Geneva St. #A

San Diego, CA 92129

Lot 5153 Division 10

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



\$ 34.00

Amount due if paid more than _____ days after due date above.



\$ _____

\$ _____

NAME

IRINA TOMIYANTS

Amount Received \$

34.00

ADDRESS

10891 Geneva St #A

CITY

SAN DIEGO

STATE

CA

ZIP

92129

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Forwarded List E-13867*

Irwin & Anshelays Toyman

10891 Genana St. #A

San Diego CA 92120

Lot 2153 Division 10

E-13867

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



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME IRINA Amount Received \$ 34.00

ADDRESS 10891 GENANA ST. #A

CITY SAN DIEGO STATE CA ZIP 92120

check (✓) if this is new address

Bring one coupon with each remittance

COUPON

19

NOT MAIL ENTIRE BOOK

ACCOUNT No.

10891 Geneva St., #4
San Diego, CA 92120
Tel. 3153 Division 10

E-13867

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



\$

34.00

Amount due if paid more than _____ days
after due date above.



\$

\$

Amount Received

\$

34.00

NAME

IRINA

ADDRESS

10891 Geneva St. #4

CITY

San Diego

STATE

CA

ZIP

92120

check (✓) if this is new address

one coupon with each remittance **COUPON**

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Prepared Let E-13867*

Leino & Associates San Diego
 10891 Geneva St. #A
 San Diego CA 92129
 Lot 3153 Division 10

E-13867

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
										<i>10</i>	

Amount due when paid on, or before,
 due date above.



\$ *34.00*

Amount due if paid more than _____ days
 after due date above.



\$ _____

\$ _____

NAME *IRINA* Amount Received

\$ *34.00*

ADDRESS *10891 Geneva St. #A*

CITY *San Diego* STATE *CA* ZIP *92129*

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *10891 Genana St #1*

10891 Genana St. #1

San Diego CA 92120

Lot 3153 Mission St

E-13867

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

\$ ~~39.00~~
39.00

Amount due if paid more than _____ days
after due date above

\$ _____

\$ _____

Amount Received \$ *39.00*

NAME *IRINA*

ADDRESS *10891 GENANA ST. #1*

CITY *SAN DIEGO* STATE *CA* ZIP *92120*

check (✓) if this is new address

Pre-need
Lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-30-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Raisa Valerijants

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 5338 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1095.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 1095.00

Paid receipt number 500.00

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 _____

Raisa Valerijants
Signature
Address 5530 Genesee Court EAST #203
City SAN Diego CA 92111 Zip Code
Telephone (619) 560-1206

Work Order # **E 13868**

Invoice # _____

Acct. # _____

Disinterment / Reinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-30-97

Pre-Need
dot
and of
a trust
Disinterment
Robert Vaduvants

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raisa Vaduvants

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot _____ Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund

Opening, Closing & Setup 250.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 1000.00

Recording and filing fee 90.00

Sales taxes 29.45

Total Due 3664.45

Paid receipt number R-49021 500.00

Balance due 3164.45

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

+ Raisa Vaduvants +
Signature
+ 5550 Genesee Court EAST #203
Address
+ SANDIEGO CA 92111
City Zip Code
+ (619) 560-1206
Telephone

Work Order #

E 13869

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need
 Lot & Trust
 1st burial only

Date 9-30-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raisa Vadiyants

in a Double Depth crypt Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 5338 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1095.00

Additional spaces and care fund _____

Opening/Closing & Seal FOR 2 375.00 ~~750.00~~

Burial Container _____ 380.00

Handling Fees _____ 320.00

Flower vases - Market setting fee _____

Recording and filing fee 45.00 ~~90.00~~

Sales taxes _____ 29.45

Total Due 2244.45 ~~2604.45~~

Paid receipt number R-49025 500.00

Balance due 2104.45 ~~1744.45~~

Pre-need payment for 2nd burial only

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13870

Invoice # _____
 Acct. # _____

Pre Need
LOT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-30-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Raisa Vadiyants & Rafael Vadiyants

In a _____ Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary:

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 5338 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund —

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases - Marker setting fee —

Recording and filing fee —

Sales taxes —

Total Due 1095.00

Paid receipt number R-49025 274.00

Balance due 821.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Raisa Vadiyants -
Signature
X 5550 Geneva Court Edg
Address
X # 203 San Diego, CA 92111
City
X (619) 560-1206 Zip Code
Telephone

Work Order # E 13871

Invoice # _____

Acct. # _____

E-13871

DEAR

!!!

I finished all payment for place
(Lot 5338, Division 10) in Cemetery for
RAISA VADIYANTS AND RAFAEL VADIYANTS.

THANK YOU.

Raisa Vadiyants *[Signature]*
10/04/99.

VADIYANTS, RAFAEL

E-13871

VADIYANTS, RAISA 5550 Genesee Court East #203, San Diego 92111

		Debit	Credit	Balance
09-30-97	Opened Pre-need Lot			
	Lot 5338 Division 10	1095.00		
	Receipt #49025		274.00	821.00
11-13-97	Coupon # 1 R-49169		34.00	787.00
12/8 97	Cpn # 2 R-49250		34.00	753.00
1-6 98	Cpn # 3 R-49302		34.00	719.00
2-4 98	Cpn # 4 R-49406		34.00	685.00
3-20 98	Cpn # 5 R-49778		34.00	651.00
4-13 98	Cpn # 6 R-49847		34.00	617.00
5-11 98	Cpn # 7 R-49943		34.00	583.00
6-9 98	Cpn # 8 R-50007		34.00	549.00
7-13 98	Cpn # 9 R-50170		34.00	515.00
8-11 98	Cpn 10 R-50285		34.00	481.00
9-8 98	Cpn 11 R-50366		34.00	447.00
10-5 98	Cpn 12 R-50442		34.00	413.00
11-9 98	Cpn 13 R-50540		34.00	379.00
12-10 98	Cpn 14 R-50638		34.00	345.00
1-12 99	Cpn 15 R-50739		34.00	311.00
2-9 99	Cpn 16 R-50828		34.00	277.00
3-9 99	17 R-50927		34.00	243.00

VADIYANTS, RAISA

Pre-need Lot

5338-10

E13871

243.00

4-6-99 R 51010 CPH 18

34.00

209.00

5-12-99 R 51136

34.00

175.00

6-1-99 R 51210 20

34.00

141.00

7-6-99 R-51306 21

34.00

107.00

8-4-99 R 51405 22

34.00

73.00

9-7-99 R 51498 23

34.00

39.00

10-7-99 R-51599 24

39.00

~~39.00~~

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-13871

Raisa Vadiyants

5550 Genesee Court East #203

San Diego, CA 92111

Lot 5338 Division 10

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										10	

Amount due when paid on, or before
due date above

\$ 34.00

Amount due if paid more than _____ days
after due date above.

\$ 34.00

\$ _____

NAME Raisa Vadiyants

Amount Received

\$ 34.00

ADDRESS 5550 Genesee Court EAST apt. 203

CITY SANDIEGO STATE CA ZIP 92111

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-13871

Raisa Vadiyants

5550 Genesee Court East #203

San Diego, CA 92111

Lot 5338 Division 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



\$ 34.00

Amount due if paid more than _____ days
after due date above



\$ 34.00

12/06/97

\$ _____

Amount Received

\$ 34.00

NAME Raisa Vadiyants

ADDRESS 5550 Genesee Court East #203

CITY SAN Diego STATE CA ZIP 92111

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-13871**

Raisa Vadiyants

5550 Genesee Court East #2030

San Diego, CA 92111

Lot 5338 Division 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.

\$ 34.00

Amount due if paid more than _____ days
after due date above.

\$ 34.00

\$ _____

Amount Received

\$ 34.00

NAME RAISA VADIYANTS

ADDRESS 5550 GENESSEE COURT EAST #203

CITY SAN DIEGO STATE CA ZIP 92111

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-13871**

Raisa Vadiyants

5550 Genesee Court East #203

San Diego, CA 92111

Lot 5338 Division 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.



\$ **34.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **34.00**

NAME **RAISA VADIYANTS**

ADDRESS **5550 GENESSEE COURT EAST, 203**

CITY **SAN DIEGO** 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 B-13871**

Raisa Vadiyants

5550 Genesee Court East ~~20370~~

San Diego, CA 92111

Lot 5338 Division 10

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										10	10

Amount due when paid on, or before,
due date above.



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 34.00

NAME RAISA VADIYANTS

ADDRESS 5550 Genesee Court East 203

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pre-read Lot E-13871**

Raisa Vadiyants

5550 Genesee Court East #203

San Diego, CA 92111

Lot 5338 Division 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.



\$ **34.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **34.00**

NAME **RAISA VADIYANTS**

ADDRESS **5550 GENESSEE COURT EAST 203**

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-13871*

Raisa Vadiyants

5550 Genesee Court East #20370

San Diego, CA 92111

Lot 5338 Division 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:



\$ 34.00

Amount due if paid more than _____ days
after due date above:



\$ _____

\$ _____

NAME *Raisa Vadiyants* Amount Received \$ 34.00

ADDRESS *5550 Genesee Court East 203*

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-13871**

Raisa Vadiyants

5550 Geneese Court East #203

San Diego, CA 92111

Lot 5338 Division 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.



\$ **34.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **34.00**

NAME **RAISA VADIYANTS**

ADDRESS **5550 GENESEE COURT EAST**

apt # 203 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-13871**

Raisa Vadiyants

5550 Genesee Court East #203

San Diego, CA 92111

Lot 5338 Division 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.



\$ **36.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **34.00**

NAME **RAISA VADIYANTS**

ADDRESS **5550 GENESEE COURT EAST #203**

CITY **SAN DIEGO** 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-13871**

Raisa Vadiyants

5550 Genesee Court East #203

San Diego, CA 92111

Lot 5338 Division 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.



\$ **34.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **34.00**

NAME **RAISA VADIYANTS**

ADDRESS **5550 GENESSEE COURT E. #203**

CITY **SAN DIEGO** STATE **CA** ZIP **92111**

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. ~~Free~~ Lot 5-13871

Raisa Vadiyants
5550 Genesee Court East #203
San Diego, CA 92111
Lot 5338 Division 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.



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 34.00

NAME RAISA VADIYANTS

ADDRESS 5550 GENESEE COURT E. #203

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

5550 Genesee Court East #203
San Diego, CA 92111
Lot 5338 Division 10

E-13871

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.



\$ 34.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 34.00

NAME KAISA VADIYANTS

ADDRESS 5550 GENESEE COURT EAST #203

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-ordered Lot E-13871*

Balsa Vadiyants

5550 Genesee Court East #203

San Diego, CA 92111

Lot 5338 Division 18

E-13871

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										18	

Amount due when paid on, or before,
due date above.



\$

34.00

Amount due if paid more than _____ days
after due date above.



\$

34.00

Amount Received

\$

34.00

NAME

BALSA VADIYANTS

ADDRESS

5550 GENESSEE COURT EAST 203

CITY

SAN DIEGO

STATE

CA

ZIP

92111

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

RAISA VADIYANTS
5550 Genesee Court East #203
San Diego, CA 92111
Lot 5338 Division 10

E-13871

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.



34.00

\$

Amount due if paid more than _____ days
after due date above.



\$

34.00

\$

Amount Received

\$

34.00

NAME RAISA VADIYANTS

ADDRESS 5550 GENESSEE COURT E. 203

CITY SAN DIEGO STATE CA ZIP 92111

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 E-13871*

Raisa Vadiyants

5550 Genesee Court East #203

San Diego, CA 92111

Lot 5333 Division 10

E-13871

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										<i>10</i>	

Amount due when paid on, or before,
due date above



\$ *34.00*

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ *34.00*

NAME *RAISA VADIYANTS*

ADDRESS *5550 GENESSEE COURT EAST*

CITY *#203 SANDIEGO* STATE *CA* ZIP *92111*

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

5550 Genesee Court East #203
San Diego, CA 92111
Lot 5338 Division 10

E-13871

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.

\$ ~~36.00~~
39.00

Amount due if paid more than _____ days
after due date above

\$ _____
\$ _____

Amount Received \$

39.00

NAME RAISA VADIYANTS

ADDRESS 5550 GENESEE COURT EAST
#203
CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1387140169

From: Raisa Vadyants

Address: 5550 Genesee Ct. East 203 , 19 97

In part Payment of Pre-need lot Dollars (\$) 34.00 92111

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 787.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY S. Michelle

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	34 00
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	80101	
	78390	
TOTAL PAID	\$	34 00

OFFICIAL RECEIPT

51210



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-4 1999

From: Raupa Vadiants Address: 5550 Geneva Ct. E 203 SD 92111

thirty four Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E 13871
BALANCE DUE 14.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Catrina Avallone
ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184	<u>34</u>	<u>00</u>
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390	<u>34</u>	<u>00</u>
TOTAL PAID	\$		

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

1388

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13871 51136

Date: 5-12, 1999

From: Raisa N. Vadiyants Address: 5550 Genesee Ct. East, 203 SD 92111

Thirty Four and 00/100 Dollars (\$ 34.00)

In part Payment of preneed trust of lot for Raisa Vadiyants

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE E13871

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>34.00</u>
80% Sales of Lots	77184	
Opening/ Closing	100	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	80033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1382

ISSUED BY Lynda

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1387 51599

Date: 10-7, 1999

From: Beira Vadiyants Address: 5550 Genesee Ct. East 203 San Diego

Thirty Nine Dollars (\$ 39.00)

In full Payment of Pre-Need Lot

Lot 5338 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>39 00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>39 00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

1409

ISSUED BY S. Shultz

51010

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-6 1999

From: Kaipa Vaduvants Address: 5550 Campbell CTE 203 SD #12111

thirty four Dollars (\$ 34 00)

In part Payment of pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 40

Invoice No. _____

Acct. No. _____

W.O. E13871

BALANCE DUE 209 00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	<u>4</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>34 00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1376

ISSUED BY Kaipa Vaduvants

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13871 49025

Date: 9-30, 1997

From: Raisa Vadiyants Address: 5550 Genesee Court East #203 SD

Two hundred seventy four and no/100 Dollars (\$ 274.00) 92111

In part Payment of Pre-need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 821.00

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 C. Durgam-Avalone

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>274</u>
Opening/Closing	77184	<u>00</u>
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>274 00</u>

OFFICIAL RECEIPT

49250



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

Date: 12/8, 1997

From: Rajna Vadickumar Address: 5550 E. Lincoln Ct. E-203 SD 92111

Thirty four and no/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 753.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1278

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

Catrina Avalos

ISSUED BY _____

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100	<u>34</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	83033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

49302

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 1-4, 1998

From: Rajna Vadiyanna Address: 5550 E. WILLOW CT. EAST 203 SD 92111

In part Payment of trust fee and 110/100 Dollars (\$ 34 00)
pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 719.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1284

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

Cristina Avalosone
ISSUED BY _____

CREDIT	87007		
20% Sales Care	77184		
50% Sales of Lots	100	<u>34</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
77182			
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78300			
TOTAL PAID	\$	<u>34</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49847

Date: 4-13 1998

From: Raisa Vaidinants Address: 5550 General Ct. E. 203 SD 92111

thirty four and no/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 017.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1304

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Carina Avalos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	77184	<u>34</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
TOTAL PAID	80101	\$ <u>34</u>	<u>00</u>
	78390		

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49606

Date: 2-4, 1998

From: Raisa Vadiyants Address: 5550 Genesee Ct. E. 203, SD 92111

In part Payment of pre need lot Dollars (\$ 34.00)

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 485.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1291

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Calina Malone

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>34</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	63003		
9022			
Sales Tax	80101		
78390			
TOTAL PAID	\$	<u>34</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49778



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 3-20 1998

From: Raisa Vadiyants Address: 5550 Genessee Ct. E. 203 SD 92111
Thirty four and no/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 651.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>34</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>34</u> <u>00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY

Rauna Avallone

1298

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49943



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-11 1998

From: Raiza Vadinanto Address: 5550 Geniville Ct E, 203 SD 92111

part Payment of pre need lot Dollars (\$ 34.00)

Lot 5338 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____
Acct. No. _____
W.O. E-13871
BALANCE DUE 583.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

1308
ISSUED BY Cratina Avallone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>34</u>
Opening/ Closing	100	<u>00</u>
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID		\$ <u>34</u> <u>00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50067



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 6-9 1998

From: Raisa Vadiyants Address: 5550 Genesee Ct. E. 203 SD 92111

Thirty four & no/100 Dollars (\$ 34 00)

In part Payment of pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 549 00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>34 00</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	80033	
	9022	
Sales Tax	60101	
	79390	
TOTAL PAID	\$	<u>34 00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

ISSUED BY Carolina Avallone

1316

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13871 50285

Date: 8-11 1998

From: Raiva Vadiyants Address: 5550 Genelee Ct. E. 203 SD 92111

thirty four and no/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 481.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1328

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

Catrina Avallone

CREDIT	67007		
20% Sales Care	77184	<u>34</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	50101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50176



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Raipa Vadiyants #203 Date: 7-13 1998
Address: 5550 Genesee Ct. SD 92111
thirty four & no/100
In part Payment of pre need lot Dollars (\$ 34.00)

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 515.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1322

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

Catrina Avalle

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>34.00</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>\$ 34.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13871 50366

Date: 9-8 1998

From: Raisa Vadiyants Address: 5550 Genesee Ct. E. 203 SD 92111

Thirty four & 10/100 Dollars (\$ 34.00)

In part Payment of pre need lot

Lot 5338 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 447.00

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

AC-212 (Rev. 5-94) 1335

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Catalina Avallone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	34.00
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
TOTAL PAID	78390	\$ 34.00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13871 51306

From: Raisa Vadiyants Address: 5550 Tennessee Ct East 203 SD 92111 Date: 7-6 1999
Thirty Four Dollars (\$ 34.00)

In part Payment of Pre-Need Lot

Lot 5338 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13871

BALANCE DUE 107.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

L. Shelton

CREDIT	67007	
20% Sales Care	77184	<u>34.00</u>
90% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

1395

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51599



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10-7, 1999

From: Raisa Vadiyants Address: 5550 Genesee Ct. East 203 San Diego
thirty nine Dollars (\$ 39.00) 92111

In full Payment of Pre-Need Lot

Lot 5338 Grave _____ Row _____ Section _____ Division 10
Block 39 00

Invoice No. _____
Acct. No. _____
W.O. E-13871
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
PAID
OCT 07 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
ISSUED BY S. Sullivan

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78360		
TOTAL PAID	\$	<u>39 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
1409

MT. HOPE CEMETERY
INTERMENT ORDER

Pre Need
 Trust

City of San Diego

Date 9-30-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence DAVIS

in a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 71 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund pre-need E-10945 2

Additional spaces and care fund _____

Opening/Closing & Setup paid in full 11-5-97 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

Total Due 769.73

Paid receipt number R-49026 400.00

Balance due 369.73

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Edna M. Mugbaid
 Signature
2634 "K" St.
 Address
San Diego, Ca. 92102
 City Zip Code
(619) 239-3855
 Telephone

Work Order # E 13872

Invoice # _____

Acct. # _____

43144

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY
 527-3400
Date: 11/5, 1997
 From: Clarence Davis Address: 2434 K Street San Diego 92102
Three hundred sixty nine + 73/100 Dollars (\$) 369.73

 In Full Payment of Pre need trust

 Lot 71 Grave 18 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13872BALANCE DUE 2Pre-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	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	80303	
	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>369 73</u>

ISSUED BY Patricia Halloran

49026

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 9-30, 1997

From: Clarence Davis Address: 2634 K Street San Diego 92102

Four hundred and 10/100 Dollars (\$ 400.10)

In part Payment of part held trust

Lot 71 Grave 8 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13872

BALANCE DUE 319.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY C. Dungen-Avalone

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	100	
TOTAL PAID	83033	<u>400.00</u>
	9022	
	80101	
	78390	
		<u>400.00</u>

Muqtasid, Edna (for Clarence Davis)

2634 K Street San Diego, CA 92102

DEBIT CREDIT BALANCE

			DEBIT	CREDIT	BALANCE
09-30	97	Pre-need Trust Opened (for 71-8-3-12: E-10945) Trust includes: (1) Opening/Closing, (1) Liner, (1) Handling Fee, (1) Recording Fee, and Tax on Liner.			769.73
09-30	97	Receipt #49026 <i>Receipt # 49144</i>		400.00 <i>369.73</i>	369.73 769.73

PRE-NEED TRUST

MUQTASID, EDNA

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
BURIAL WILL BE Date 10-1-97

Will bring extra, permit and check

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHESTER TEFFT

in a ASH VAULT Funeral, date, time Sat. Oct. 11 11:00
Type of Burial Container Mortuary. SERVICE ONLY

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 49 Grave 3 Row _____ Section 5 Division 5

Grave space & Care Fund PRENEED C-9068

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container OCT 13 1997 55.00

Handling Fees 60.00

Flower vases - Marketed in MT. HOPE CEMETERY 210.00
City of San Diego, Calif. OVER TIME

Recording and filling fee 45.00

Sales taxes 4.26

Total Due 479.26

Paid receipt number R-49066 479.26

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of authorized holder of deed

Stevie phone # 970-464-1299

X Signature _____
X Address See attached
X City _____
X Telephone _____

Work Order # E 13873

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

E-13873

Date 10-1-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CHESTER TEFFT

in a ASH VAULT Funeral date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned _____

Lot 49 Grave 3 Row _____ Section 5 Division/Block 5

Grave space & Care Fund PRENEED C-9068 _____

Additional spaces and care fund _____

Dressing, Casing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee SAT. OVERTIME 210.00

Recording and filing fee _____ 45.00

Sales tax _____ 4.26

Total Due 479.26

Paid receipt number _____

Balance due _____

I hereby certify that the K. H. Tefft of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment as set forth under deed _____

Signature of authorized person _____

K. H. Tefft
Signature

573 S MAJAL ST
Address

PAISADE CO 81526
City

970 464-1299
Telephone

Interment Order # E 13873

Invoice # _____

Acct # _____



THE CITY OF SAN DIEGO

E-13873

SUE SHACKELTON

Clerical Assistant II • Mt. Hope Cemetery
Real Estate Assets • (619) 527-3400

MEMO

- 10-01-97 Talked to Mr. Neff. Told him about burial permit and charges due. Also faxed copy of Interment Order for signature and reminded him of permit.
- 10-11-97 Service for Chester Tefft. Mr. Neff showed up without permit. He promised JoAnn to get one.
- 10-27-97 Faxed note reminding of burial permit.
- 10-28-97 Mr. Neff called Sue but she was not in.
- 10-29-97 Sue returned his phone call and gave him the name of Greenwood and Featheringill and phone numbers.
- Approx.
- 11-10-97' Sue called Greenwood and Featheringill to see if they had heard from him. Answer was no.
- Sue called and talked to Mr. Neff again. He promised to get it taken care of.
- 11-20-97 Karen called at 4:00 p.m. and left message.
- 11-21-97 JoAnn called and left message at approx. 10:00 a.m.
- 11-21-97 12:20 p.m. Mr. Neff called & talked to Karen. He told her to return ashes to him.
- 11-26-97 Karen called Mr. Neff at 2:00 p.m. to confirm address to ship cremains.
- 11-26-97 Mailed Ashes 11-26-97.



DIVERSITY
UNION OF PEOPLE

To Sue S E-13873
Date 10/28/97 Time 12:45 AM PM

WHILE YOU WERE OUT
M. Steve Neff

of _____

Phone Numbers

Office _____
Area Code _____ Number _____ Ext. _____

Voicemail _____

FAX Victoria _____

Pager Greenwood _____

Mobile _____

e-mail _____

- Telephoned
- Please call
- Returned your call
- Called to see you
- Wants to see you
- Will call again
- URGENT

Message

he is returning your phone call.

Catina



GreenCycle®
RECYCLED PAPER

Operator

Reorder
#23-700

F-13873

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Steve Neff
P.O. Box 21
Patisade CO 81526

4a. Article Number

V-661624563

4b. Service Type

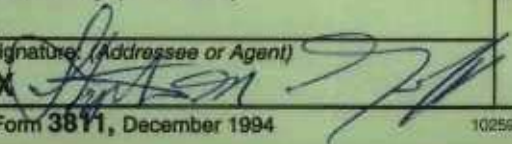
- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input checked="" type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

X 

Our Post Office Address Completed on the reverse side.

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Karyn Baker
Mt Hope Cemetery
3751 Market St
San Diego Ca 92102

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13873 43066

Date: 10-13, 1997

From: Steve Jeffl Address: P.O. Box 21 Palisade Co 81526

Twenty Seven Nine 26/100 Dollars (\$ 479.26)

In full Payment of Interment of Chester Jeffl

Lot 49 Grave 3 Row _____ Section 5 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-13873

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY D. Schellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	100	55	00
Handling Fee	77182	60	00
Recording & Misc. Fees	77185	255	00
Pre-Need Trust	83033		
Sales Tax	9022	4	26
TOTAL PAID	80101	\$	479 26
	78390		



E-13873



DENVER P&DC ISS#3 20-59 10-1997

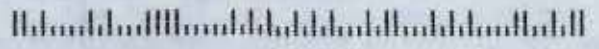


USA 32

Mt. Hope Cemetery
3751 Market St.
San Diego, California
92102

ATTN: SUE

92102-4827 13





COLORADO DEPARTMENT OF HEALTH
AUTHORITY FOR FINAL DISPOSITION

E-13873

This final disposition permit, when completely filled out and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with Section 25-2-111 C.R.S. 1982. This permit must accompany the remains to their destination.

Name of Decedent Chester L. TEFFT Date of Death Sept. 12, 1997

Sex M Age 92 Date of birth Dec 5, 1904 Place of Death Littleton Arapahoe
City County

Name of Funeral Establishment DRINKWINE MORTUARIES

Address of Funeral Establishment 999 W. Littleton Blvd. - Littleton, CO 80120

Type of Disposition Removal from State Place Mt. Hope Cemetary-San Diego, Ca.
Cemetery or Crematory City State

I have examined the completed death certificate for the decedent named above and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to Section 25-2-103 C.R.S. 1982 in the county where the death occurred, or if such an office does not exist in the county where the death occurred by the coroner or the coroner's designate.)

Alta M Jones, Deputy
 Signature, Title

TRI-COUNTY HEALTH DEPARTMENT
7000 E. Bellevue Ave. Suite 301
Englewood, CO 80111-1628
Address

Oct 15, 1997
 Date

Items below are to be completed by the cemetery or crematory official.
 Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

Body was _____ Date _____ In Lot _____ Block _____ Section _____

Place _____

 Signature, Title Date

E-13873



COLORADO DEPARTMENT OF HEALTH
AUTHORITY FOR FINAL DISPOSITION

This final disposition permit, when completely filled out and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with Section 25-2-111 C.R.S. 1982. This permit must accompany the remains to their destination.

Name of Decedent CHESTER L. TEFFT Date of Death Sept. 12, 1997
 Sex M Age 92 Date of birth Dec 5, 1904 Place of Death Littleton Arapahoe
City County
 Name of Funeral Establishment DRINKWINE MORTUARIES
 Address of Funeral Establishment 999 W. Littleton Blvd. - Littleton, CO 80120
 Type of Disposition Removal from State Place Mt. Hope Cemetary-San Diego, Ca.
Cemetery or Crematory City State

I have examined the completed death certificate for the decedent named above and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to Section 25-2-103 C.R.S. 1982 in the county where the death occurred, or if such an office does not exist in the county where the death occurred by the coroner or the coroner's designee.)

Alta M. Jones Deputy
 Signature Title

TRI-COUNTY HEALTH DEPARTMENT
 7000 E. Belleview Ave. Suite 301
 Englewood, CO 80111-1628

Oct 16, 1997
 Date

Items below are to be completed by the cemetery or crematory official.
 Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

Body was _____ Date _____ In Lot _____ Block _____ Section _____

Place _____

Signature Title

Date



COLORADO DEPARTMENT OF HEALTH
AUTHORITY FOR FINAL DISPOSITION

This final disposition permit, when completely filled out and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with Section 25-2-111 C.R.S. 1982. This permit must accompany the remains to their destination.

Name of Decedent Chester L. TEFFT Date of Death Sept. 12, 1997

Sex M Age 92 Date of birth Dec 5, 1904 Place of Death Littleton Arapahoe
City County

Name of Funeral Establishment DRINKWINE MORTUARIES
Address of Funeral Establishment 999 W. Littleton Blvd. - Littleton, CO 80120

Type of Disposition Removal From State Place Mt. Hope Cemetary-San Diego, Ca.
Cemetery or Crematory City State

I have examined the completed death certificate for the decedent named above and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to Section 25-2-103 C.R.S. 1982 in the county where the death occurred, or if such an office does not exist in the county where the death occurred by the coroner or the coroner's designate.)

Alta M. Jones, Deputy
Signature Title

TRI-COUNTY HEALTH DEPARTMENT
7800 E. Bellevue Ave. Suite 301
Englewood, CO 80111-1628

Oct 15, 1997
Date

Items below are to be completed by the cemetery or crematory official.
Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

Body was _____ Date _____ In Lot _____ Block _____ Section _____

Place _____

Signature, Title _____ Date _____

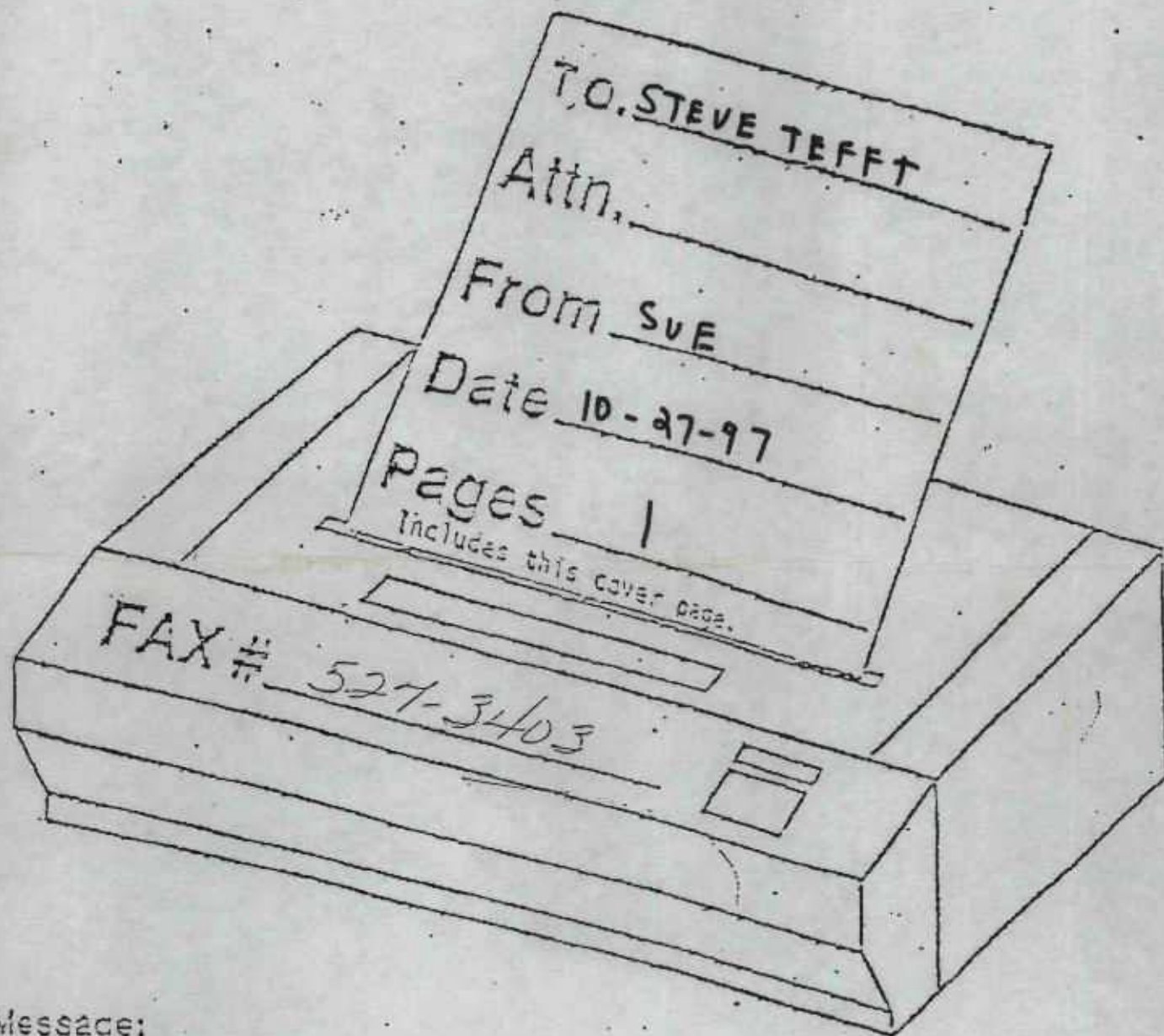


SAN DIEGO

E-13873

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



Message:

WE ARE STILL WAITING FOR THE BURIAL PERMIT.
WE NEED AS SOON AS POSSIBLE. THANK YOU.

If all pages are not received, please call (619) 527-3400.

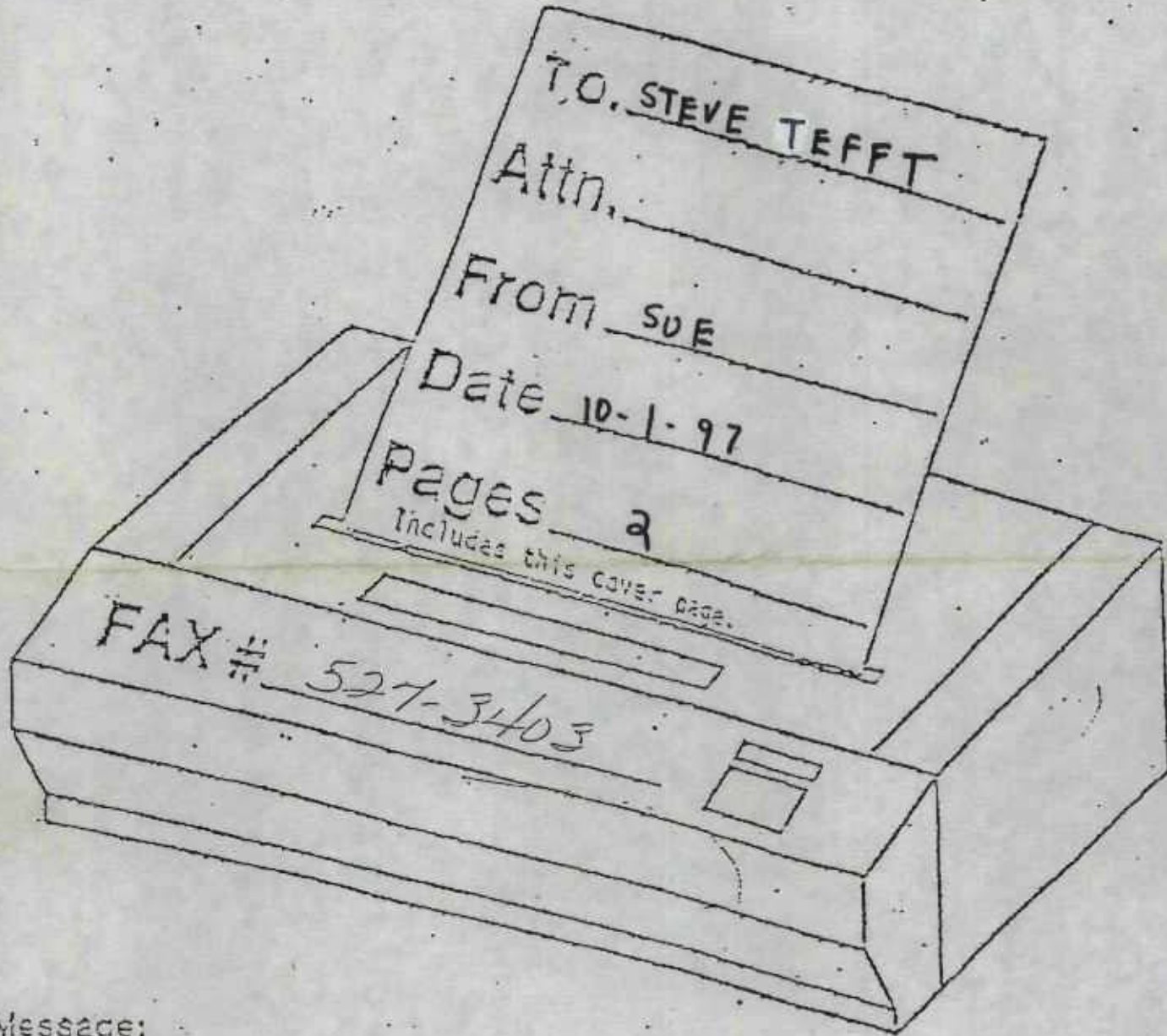


SAN DIEGO

E-13873

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



Message:

NEED CALIF BURIAL PERMIT. IF THIS SAT. OCT. 4th
PLEASE LET US KNOW AS SOON AS POSSIBLE. A NOTE IN OUR
FILE SAYS FAMILY MEMBER SHOULD NOTIFY SEAMAN ROB TO
ENGRAVE MARKER.

If all pages are not received, please call (619) 527-3400.

E-13873

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-1-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHESTER TEFFT

In a ASH VAULT Type of Burial Container Funeral, date, time _____
Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 49 Grave 3 Row _____ Section 5 Division/Block 5

Grave space & Care Fund PRENEED C-9068 0

Additional spaces and care fund _____ -

Opening/Closing & Setup _____ 105.00

Burial Container _____ 55.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee SAT. OVERTIME 210.00

Recording and filing fee _____ 45.00

Sales taxes _____ 4.26

Total Due 479.26

Paid/receipt number _____

Balance due _____

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X _____
Signature
X _____
Address
X _____
City Zip Code
X _____
Telephone

Work Order # E 13873

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Send ~~Q.O.D~~ ^{11/25}

P.O. Box 21

Palisade Colorado

81526

Per Steve Neff

970 964-1299

11-21
12:20
to Karen talked
Mr. Neff

12/26
Call Mr Neff
2:00 to confirm
Address to ship
Remains

Mailed Ashes 11/26/99

10-13-97

Mr. Neff did not get
permit. Had service
only on Sat. 10-11.
If don't hear in a
week send a letter.
Actual burial will be
at a later date,

Sue

Sue - See Inurement
Order on
Pending
mortuary in
Colorado, faxed
their copy of
burial permit
chester Neff (X)
waiting for
CA Burial permit.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-1-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William Francis
 in a liner Funeral, date, time Mon. 10-6 10:30
Type of Burial Container
 Church, Chapel, Graveside Delivery Only; Merley Mitchell Mortuary. Scott

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Lot 27 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 345.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container paid in full 190.00

Handling Fees 11/21/97 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes —

Total Due 1100.00

Paid receipt number R-49200 1100.00

Balance due 0

*John Edwards
creditors claim
10-15-97*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

Signature of recorded holder of deed _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # **E 13874**

Acct. # _____

49200

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 11/21, 1997

From: County of S.D. - P.A. Address: 5201-A Euphor Road San Diego 92123

One thousand one hundred and no/100 Dollars (\$ 1100 00)

In full Payment of interment of William Francis

Lot 27 Grave 40 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 13874

BALANCE DUE X

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.

107805
Catalina Avalos
ISSUED BY _____

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>345</u>	<u>00</u>
Opening/Closing	77184	<u>375</u>	<u>00</u>
Burial	100	<u>190</u>	<u>00</u>
Containers	77182	<u>145</u>	<u>00</u>
Handling Fee	100	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>1100</u>	<u>00</u>

13874

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

75

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM	1B. MIDDLE	1C. LAST (FAMILY) FRANCIS	2. DATE OF BIRTH MONTH, DAY, YEAR 11/27/1921	3. DATE OF DEATH MONTH, DAY, YEAR 09/23/1997	4. SEX M	
5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Edwards—Public Administrator 5201-A Ruffin Road San Diego, CA 92123				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Herkley-Mitchell Mortuary 3655 Fifth Ave. San Diego, CA 92103		7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT—Person taking permit			8B. DATE SIGNED 09/01/1997
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/01/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT D. R. Williams
	NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA San Diego County P. O. Box 85222 San Diego, CA 92186-5222			

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 Street San Diego, CA 92102	11B. DATE BURIED 10/6/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-1-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Niven Robinson PA # 1222309
in a Liner Funeral, date, time Fri 10-3 10:00am
Church, Chapel, Graveside delivery only : Humphrey Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

✓ Lot 58 Grave 6 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 paid in full
Flower vases - Marker setting fee 11-25-97
Recording and filing fee 45.00
Sales taxes

Lee Jaime

Total Due 380.00
Paid receipt number INVOICE 380.00
Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 13875

Invoice # 290330
Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112

E-13875

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE

11/6/97

BY: CA CK IF

PAYMENT REF NO

04-469935

AMT PAID:

\$ 386.00

INVOICE DATE
10/09/97

PAYMENT DUE
11/08/97

PERIOD COVERED
SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13875
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

HELEN ROBINSON PA#1222309 SVC	
LOT 58 GR 6 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE. RETURN WITH PAYMENT INV NO. 290336

E-13875

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

87

1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN	1B. MIDDLE NIVEN	1C. LAST (FAMILY) ROBINSON	2. DATE OF BIRTH MONTH DAY YEAR 05/07/1910	3. DATE OF DEATH MONTH DAY YEAR 09/23/1997	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 Kathryn F. Robinson-Dtr.-in-law 1105 Fourth Avenue, #217 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 issuing permit <i>Judith E. King</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 11076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/02/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/02/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713395 J.E. King
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S): CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 10/3/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. King</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego.

Date 10/2/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James H. Thomas

in a Linear Funeral, date, time Oct Thurs 9th 11:00AM
Type of Burial Container
 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 of \$ 150 will be applied and billed to undersigned. Lucia J Thomas

Lot 80 Grave 11 Row - Section 3 Division Block 12

Grave space & Care Fund 159.00 1795.00

Additional spaces and care fund 245.00

Opening/Closing & Setup 345.00

Burial Container PAID IN FULL 220.00 170.00

Handling Fees 11/7/97 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 17.05 14.03

Sales taxes see attached 1597.05 1564.93

Total Due 3911.00

Balance due 1193.73

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

Lucia J Thomas
 Signature
4537 Logan Av. Apt A
 Address
San Diego 92113
 City Zip Code
264-6805
 Telephone

Work Order # **E 13876**

Invoice # 290438
 Acct. # 093052

Balance as of 10/13/97

1206.05

PAid 10/14/97 Rec. 49080

548.00

Balance Due

648.05

648.05

11/7/97

paid in full.

0

over size caaket
needed round #6 liner

MT. HOPE CEMETERY

W.O. # E-13876

NOTE

\$ 1206.05 San Diego, California October 9th 19 97

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 two hundred six ⁰⁵/₁₀₀ DOLLARS with interest from November 9th 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

MT. HOPE CEMETERY

W.O. # E-13876

NOTE

\$ 658.05 San Diego, California October 14 1997

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 Six hundred Fifty eight ^{03/02} DOLLARS with interest from November 9th 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Laura Thomas SIGNATURE Laura Thomas
ADDRESS 14537 Logan Av Apt A San Diego, Ca 92113
CALIFORNIA DRIVER LICENSE NUMBER X P0668731 SSN # X 440-46-5049

MT. HOPE CEMETERY

W.O.# 13876

NOTE

\$ 1173.73 San Diego, California October 2 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred seventy three ⁷³/₁₀₀ DOLLARS with interest from November 4, 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 Laura J. Thomas SIGNATURE Laura J. Thomas
ADDRESS 4537 Logan W Apt A San Diego, Ca 92113
CALIFORNIA DRIVER LICENSE NUMBER P0668731 SSN # 440-46-5049

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
 527-3400

E-13876 49080

Date: 10/14, 1997

From: Laura Thomas Address: 4537 Logan Dr #1 San Diego CA 92113

Five hundred forty eight 02/10 Dollars (\$ 548.00)

In last Payment of Treatment of bones of Thomas

Lot 80 Grave 11 Row - Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13876

BALANCE DUE 658.05

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	<u>404</u>	<u>00</u>
Opening/Closing	77184	<u>144</u>	<u>00</u>
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	83033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>548</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-1387649031

Date: 10/2, 1997

From: Kaura Thomas Address: 4337 Logan Ave #71 San Diego 92113

Three hundred ninety one and 00/100 Dollars (\$ 311.00)

In full Payment of Interment of James H Thomas

Lot 80 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13876

BALANCE DUE 1193.93

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 Kaura Thomas

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>391</u>
Opening/Closing	77184	<u>00</u>
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78360	
TOTAL PAID	\$	<u>391</u>

E-13876

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

51

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE Henry	1C. LAST (FAMILY) Thomas	2. DATE OF BIRTH MONTH DAY YEAR 04/17/1946	3. DATE OF DEATH MONTH DAY YEAR 09/30/1997	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 Laura J. Thomas, Wife 4537 Logan Ave. #A San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 10/06/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 10/07/1997 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713579
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/9/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 093052

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 11/7/97

PAID BY (CIRCLE ONE):

CA

CK

NF

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID 358.05

TREASURER VALIDATION _____

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Laura Thomas

PAYOR NAME

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 4537 Logan Ave. Apt. A
San Diego, CA 92113

REMARKS C. Jurgon - Avallone
MS 72

CASHIER _____

INV. NO. 290438

E-13876

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 093052

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 11/7/97 (H.D. to

PAID BY (CIRCLE ONE):

CA

CK

NF

PAYMENT REFERENCE NUMBER 9476723 and 9476275
(\$100.00) (\$200.00)

AMOUNT PAID \$300.00

TREASURER VALIDATION _____

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Laura Thomas

PAYOR NAME

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 4537 Logan Ave. Apt. A
San Diego, CA 92113

REMARKS C. Jurgon - Avallone
MS 72

CASHIER _____

INV. NO. 290438

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/2/97

#152 P02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James H. Thomas

In a liner Funeral, date, time Oct. Thu. 9th 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 of \$ 150 will be applied and billed to undersigned. James H. Thomas

Lot 80 Grave 11 Row _____ Section 3 Division 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 220.00 190.00

Handling Fees 145.00

Flower vases -- Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 17.05 14.00

Total Due 1597.05 1564.93

Paid receipt number 49034 391.00

Balance due 1193.93 1173.93

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.

LST
Initial Here

I hereby authorize the interment in lot I hold under deed.

James H. Thomas
14537 Logan Av. Apt A
San Diego 92113
264-6805

Signature of record holder of deed

Invoice # _____

Work Order # E 13876 Acct. # _____

OCT-09-97 THU 09:00 ID:MT HOPE CEMETERY TEL NO:

30 day note

MT. HOPE CEMETERY

W.O. # E-13876

NOTE

\$ 1206.05 San Diego, California October 9th 19 97

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 two hundred six ⁰⁵/₁₀₀ DOLLARS with interest from November 9th 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 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 Laura Jean Thomas SIGNATURE Laura Jean Thomas

ADDRESS 4537 Logan Ave. No. A; San Diego, CA 92113

CALIFORNIA DRIVER LICENSE NUMBER D0668731 SSN # 440-46-5049

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/13/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joe Wiley

in a Double Depth Crypt Funeral, date, time Thu Oct 7th 1:00 pm

Church, Chapel, Graveside Church/Graveside (Cypress View) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned. X Saurie L. Wiley

Lot 273 Grave 7 Row — Section 2 Division/Block 12

Grave space & Care Fund Pre Need E-13857 309.00

Additional spaces and care fund

Opening/Closing & Setup 100 77181 319 375.00

Burial Container 77182 380.00

Handling Fees paid in full 1185 320.00

Flower vases - Marker setting fee 11/9/97

Recording and filing fee 7183 45.00

Sales taxes 60101 78390 29.45

Total Due 1458.45

Paid receipt number VISA 365.00

Balance due 1093.45

invoice 1093.45

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Saurie L. Wiley

Signature

X 1889 Ballina Ave

Address

X San Diego Ca 9214

City

X 619-262-4837

Telephone

Invoice # 290334

Acct. # 0935-093015

Work Order # E 13877

MT. HOPE CEMETERY

W.O. # E-13877

NOTE

1093.45

San Diego, California

October 3

1997

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 ninety three ⁴⁵/₁₀₀ DOLLARS with interest from November 8, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

x Douvie L. Wiley

SIGNATURE

x Douvie L. Wiley

ADDRESS

x 1888 Ballina Dr San Diego Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER

x V9040170

SSN #

x 452-40-4050



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O. BOX 2289

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-13877

DOUVIE WILEY
1888 BALLINA DRIVE
SAN DIEGO CA 92114

ACCT NO
093615

-----TREASURERS USE ONLY-----

PAYMENT DATE 11/7/97

BY: CA (CK) IF

PAYMENT REF NO 7109

AMT PAID: \$ 1093.45

INVOICE DATE
10/09/97

PAYMENT DUE
11/08/97

PERIOD COVERED
SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13877
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOE WILEY SVCS	
LOT273 GR7 SEC2 DIV 12 E13857	309.00
OPENING/CLOSING	375.00
DOUBLE DEPTH CRYPT	380.00
HANDLING FEE	320.00
TAX ON DOUBLE DEPTH CRYPT	29.45
RECORDING FEE	45.00
LESS PAYMENT VISA	365.00-

TOTAL DUE 1,093.45

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 290334

E-13877

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

710

1A. NAME OF DECEDENT—FIRST (GIVEN) Joe	1B. MIDDLE A.	1C. LAST (FAMILY) Wiley	2. DATE OF BIRTH MONTH DAY YEAR 11/07/1920	3. DATE OF DEATH MONTH DAY YEAR 10/02/1997	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 Douvie L. Wiley-Wife 1888 Ballina Drive San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cypress View/Bonham Brothers 3953 Imperial Ave., San Diego CA 92113		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD670	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 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/06/1997	

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 10/06/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT A. Slepokura
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA San Diego County Vital Records P.O. 85222, San Diego CA 92186-5222	9E. 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 St., San Diego CA 92102	11B. DATE BURIED 10/1/97	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

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

290334 10/09/97 093615 DOUVIE WILEY

E-13877

100 072
100 072
100 072
100 072
60101

DATE	AMOUNT	DEBIT	CREDIT	BALANCE
11/07/97	CK	769		1,093.45
				319.00
				380.00
				45.00
				320.00
				29.45

E-13877
1,093.45 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-3-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Fay L. Becker

in a T.S. Vault Funeral, date, time MON. Oct. 6 10:30

Church, Chapel, Graveside Chapel + graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X.G.B.

Lot 94 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund pre-need E-7337

Additional spaces and care fund _____

Opening/Closing & Setup pre-need E-7407

Burial Container pre-need E-7407

Handling Fees pre-need E-7407

Flower vases - Marker setting fee _____

Recording and filing fee pre-need E-7407

Sales taxes pre-need E-7407

Total Due _____

Paid receipt number _____

Balance due _____

I hereby certify I am the X Gus Bin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Alvin Becker
Signature
6251 THORN ST
Address
SANDIEGO 92115-6946
City Zip Code
786-6251
Telephone

Work Order # E 13878 ✓

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13878

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

82

1A. NAME OF DECEDENT—FIRST (GIVEN) Fay	1B. MIDDLE Deatha	1C. LAST (FAMILY) Becker	2. DATE OF BIRTH MONTH, DAY, YEAR 03/03/1915	3. DATE OF DEATH MONTH, DAY, YEAR 10/02/1997	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 Alvin Becker, husband 6251 Thorn St. San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Funeral home permit		8B. DATE SIGNED 10/03/1997
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/03/1997 <i>Caroline Haggard</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713484
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 LOG (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/4/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

8 mo.
33 " L
14 " W
12 " H

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10-6-97

PIA# 230122

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of De Angelo M. Barksdale

In a _____ Funeral, date, time Wed. 10-8 2:00

Church, Chapel, Graveside Chapel Graveside, Barksdale Mortuary, _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned.

Lot 860 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund _____

Opening/Closing & Setup 125.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 270.00

Paid receipt number R-49040 270.00

Balance due 0

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Terry Barksdale
Signature
X 9109 VALENCIA ST
Address
X SPRING VALLEY CA 91977
City Zip Code
X 697-1250
Telephone

Work Order # E 13879

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13879 49040

Date: 10-6, 19 97

From: Jerry Barbedale Address: 9109 Valencia St. Spring Valley 91977

Two Hundred Seventy Dollars (\$ 270.00)

In full Payment of Interment of De Angelo Barbedale

Lot 860 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-13879

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY L. Shubert

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100	80	00
Opening/Closing	77184	125	00
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	100		
Sales Tax	77183		
	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	270	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13879 50019

From: Terry Barksdale Address: 9109 Valencia St. Spring Valley 91977 Date: 6-1, 1978
 Dollars (\$ 80.00)

In full Payment of marker installation fee for D Angelo Barksdale

Lot 860 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____
 Acct. No. _____
 W.O. E-13879
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CREDIT	57907		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		80 00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$		80 00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY J. Stuchette

E-13879

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DeAngelo	1B. MIDDLE Marquis	1C. LAST (FAMILY) Barksdale	2. DATE OF BIRTH MONTH DAY YEAR 01/09/1997	3. DATE OF DEATH MONTH DAY YEAR 10/02/1997	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 Terry L. Barksdale, Father 9109 Valencia St. Spring Valley, CA 91977			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mart; 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>			8B. DATE SIGNED 10/06/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/07/1997 <i>Debbie Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713578
	90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/8/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER
 City of San Diego

Date 10/6/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Evertiva Gaona
 in a Double Death Crypt Funeral, date, time Tues 10-7 12:00
Type of Burial Container
 Church, Chapel, Graveside Chapel / Graveside; CABurial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150
 will be applied and billed to undersigned. X Efraim Salgado

✓ Lot 126 Grave 1 Row - Section 3 Division/Block 12

Grave space & Care Fund	<u>00700</u>	<u>77184</u>	<u>179</u>	<u>895.00</u>
Additional spaces and care fund	<u>100</u>	<u>77184</u>	<u>205</u>	
Opening/Closing & Setup		<u>77181</u>		<u>375.00</u>
Burial Container		<u>77182</u>		<u>380.00</u>
Handling Fees		<u>77185</u>		<u>320.00</u>
Flower vases - Marker setting fee		<u>77183</u>		<u>45.00</u>
Recording and filing fee		<u>78390</u>		<u>29.45</u>
Sales taxes				<u>2044.45</u>

Handwritten notes:
 Paid 100 of 429 per [unclear] [unclear]
 Balance of 329 [unclear] [unclear]
 30 day Note

Total Due 2044.45

Paid receipt number 49039 511.00

Balance due 1533.45

I hereby certify I am the X Efraim Salgado of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Efraim Salgado
 Signature
X 4910 Imperial Av. Apt 3
 Address
San Diego 92113
 City
X 262 70 29
 Telephone

Signature of recorded holder of deed

Work Order # **E 13880**

Invoice # 290337

Acct. # 093617

MT. HOPE CEMETERY

W.O. # E-13880

NOTE

1533.45

San Diego, California October 6 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand five hundred thirty three ^{45/100} DOLLARS with interest from November 7, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Efraim Salgado g SIGNATURE X Efraim Salgado

ADDRESS X 4910 Imperial Av. apt. # 2 S. D. Cal 92113

CALIFORNIA DRIVER LICENSE NUMBER X A 4239038 SSN # X 608-16 9490

49039

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10/6, 1997

From: E-tram Salgado Address: 4910 Imperial Ave S.D.C.A. 92113

Five hundred eleven Dollars (\$ 511.00)

In Part Payment of Tombment of Everette C. Dona

Lot 126 Grave 1 Row 1 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13880

BALANCE DUE 1533.45

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 Kanji Bak

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>511</u>
Opening/Closing	77184	<u>00</u>
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	77185	
	100	
	77183	
	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>511 00</u>

E-13880
04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) EVERTINA	1B. MIDDLE -	1C. LAST (FAMILY) GAONA	2. DATE OF BIRTH MONTH DAY YEAR 09/06/1933	3. DATE OF DEATH MONTH DAY YEAR 09/30/1997	4. SEX FEMALE
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 EFRAIN SALGADO-SON 203 WILLIAM JAMES JOHNSON #2 SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Tom Ceballos</i>		8B. DATE SIGNED 10/06/1997
ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 10/06/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9D. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713515
	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"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10/7/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

D.I.P.
1st
burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/6/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Walter L. Badgley

in a Liner Funeral, date, time wed. Oct. 8 10:00

Church, Chapel, Graveside Graveside : Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 74 Grave 60 Row _____ Section 1 Division/Block 11

Grave space & Care Fund pre-need D-2358

Additional spaces and care fund _____

Opening/Closing & Setup 1972 pre-need D-2358

Burial Container pre-need D-2358

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due

Paid receipt number _____

Balance due _____

I hereby certify I am the X Dorothy Badgley of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Dorothy Badgley
Signature

21915 Dayton St
Address

San Diego 91945
City Zip Code

466-4779
Telephone

Work Order # E 13881 ✓

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49813

From: Dorothy Badgley Address: 1915 Munter Drive, San Diego
one hundred ninety one + 93/100

Date: 4-6 1998

In full Payment of marker setting fee and thin flower vase for Walter & Badgley

Dollars (\$) 181.93

Lot 74 Grave 10 Row _____ Section 1 Division 11 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-13881
 BALANCE DUE 2

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	<u>25</u>
	77182	<u>00</u>
Handling Fee	100	<u>20</u>
	77185	<u>00</u>
Recording & Misc. Fees	100	<u>135</u>
	77183	<u>00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	<u>1</u>
	78300	<u>93</u>
TOTAL PAID	\$	<u>181 93</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY Catrina Avallo

3083

E-13881

77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Walter	1B. MIDDLE Lee	1C. LAST (FAMILY) Badgley	2. DATE OF BIRTH MONTH, DAY, YEAR 03/29/1920	3. DATE OF DEATH MONTH, DAY, YEAR 10/05/1997	4. SEX M
5A. CITY OF DEATH La Mesa	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ron Spencer, grandson 10928 S.W. 76 Terrace Ocala, FL 34476		
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 FD1063	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/06/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Edward Russell
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA. PO Box 85222 San Diego, CA 92185-5222		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA.			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	
		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/8/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-7-97

D. I. P.
 2nd
 burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Etna Haskett
 in a liner Funeral, date, time THUR OCT. 9 11:00
Type of Burial Container
 Church, Chapel, Graveside graveside Sanis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned.

<input checked="" type="checkbox"/> Lot <u>627</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>
Grave space & Care Fund <u>Pre-Paid C-9620</u>				<input type="checkbox"/>
Additional spaces and care fund _____				<input type="checkbox"/>
Opening/Closing & Setup <u>" "</u>				<input type="checkbox"/>
Burial Container <u>1971 Pre-Paid C-9634</u>				<input type="checkbox"/>
Handling Fees _____				<input type="checkbox"/>
Flower vases - Marker setting fee _____				<input type="checkbox"/>
Recording and filing fee _____				<input type="checkbox"/>
Sales taxes _____				<input type="checkbox"/>
Total Due _____				<input type="checkbox"/>

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.

Signature of recorded holder of deed _____

Signature _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

see attached

Work Order # **E 13882**

Invoice # _____
 Acct. # _____

E-13882

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ETHNA	1B. MIDDLE JEWELL	1C. LAST (FAMILY) HASKETT	2. DATE OF BIRTH MONTH DAY YEAR 09/17/1901	3. DATE OF DEATH MONTH DAY YEAR 10/07/1997	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 BELLE COBBS - DAUGHTER 5671 BRUNSWICK AVENUE SAN DIEGO, CA 92120		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10316 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/06/1997			

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 10/08/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10/10/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13882

MT HOLCESTERY
INTERMENT ORDER

Call 97-17

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

As John Robert of San Diego

Check, Cash, or Money Order John Robert

All services to be held at 1234 1234 or other address San Diego, CA 92101

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

Funeral home to be used for services, viewings and interment, please see reverse
of John Robert

527-3403

All services to be held at

Daughter

I hereby authorize the funeral home to use my name in any way it may see fit for the purpose of advertising and promoting its business.

3671 Brunswick St
San Diego CA 92120
583-0541

Order # E 13882

March 1982

This document is subject to the terms and conditions of the funeral home's policy.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/7/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold Venar Brooks

In a liner Type of Burial Container Funeral, date, time Monday Oct 13, 12:00

Church, Chapel, Graveside Chapel/Graveside: Ragsdale Mortuary, 150

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned. X Augusta Sawyer

Lot 139 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 20 = 159 80 = 245 795.00

Additional spaces and care fund

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees PAID IN FULL 145.00

Flower vases - Marker setting fee 10/29/97

Recording and filing fee 45.00

Sales taxes 14.23

Total Due 1564.23

Paid receipt number visa 391.00

Balance due 1173.23
invoice 1173.73

I hereby certify I am the X mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed. X Augusta Sawyer

Signature of recorded holder of deed _____
Signature X 3067 1/2 St
Address S.D. 92102
City _____ Zip Code _____

Telephone 619 696 9819
290658

Invoice # _____
Acct. # 093704

Work Order # E 13883 10/17/97

REA-104 (7-96) This information is available in alternative formats upon request.
Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13883

NOTE

\$ 1173.73 San Diego, California October 13 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred seventy three ^{13/100} DOLLARS with interest from November 13, 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 X AUGUSTA SAWYER SIGNATURE X Augusta Sawyer
ADDRESS X 3067 1/2 J St San Diego CA 92102
CALIFORNIA DRIVER LICENSE NUMBER X K0071068 SSN # X 564-444418

E-13883

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

42

1A. NAME OF DECEDENT—FIRST (GIVEN) Harold	1B. MIDDLE Venar	1C. LAST (FAMILY) Brooks	2. DATE OF BIRTH MONTHS DAY YEAR 11/27/1954	3. DATE OF DEATH MONTHS DAY YEAR 10/04/1997	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 Augusta Sawyer, Mother 3067 1/2 "J" St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/07/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/07/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713589
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/13/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. Deets</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-13883

AUGUSTA SAWYER
3067 1/2 J STREET
SAN DIEGO CA 92102

ACCT NO
093704

-----TREASURERS USE ONLY-----

PAYMENT DATE 10/29/97
BY: CA (CK) IF
PAYMENT REF NO 5474514 | AMT PAID: 1173.73

INVOICE DATE 10/17/97 PAYMENT DUE 11/16/97 PERIOD COVERED SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-13883
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
HAROLD VENAR BROOKS SVCS	
LOT 139 GR 12 SEC 3 DIV 12	795.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
TAX ON LINER	14.73
RECORDING FEE	45.00
LESS PAYMENT R-VISA	391.00

TOTAL DUE 1,173.73

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE. RETURN WITH PAYMENT INV NO. 290658

290658 10/17/97 093704 AUGUSTA SAWYER

E 13883

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

10/29/97 CK 5474514

1,173.73
375.00
190.00
45.00
245.00
145.00
14.73
159.00

1,173.73

0.00
PAID IN FULL

E-13883

DATE OF DEBIT DATE

1

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-8-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Chloria Brooks
in a Double Death Funeral, date, time Mon, 10-13 10:00

Church, Chapel, Graveside Graveside Leathersjill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
will be applied and billed to undersigned, X RICHARD BROOKS

✓ Lot <u>2651</u>	Grave _____	Row _____	Section _____	Division/Block <u>10</u>
Grave space & Care Fund <u>Pre-Paid C-9778</u>				<u>0</u>
Additional spaces and care fund _____				<u>—</u>
Opening/Closing & Setup <u>Pre-Paid E-12492</u>				<u>0</u>
Burial Container _____				<u>0</u>
Handling Fees _____				<u>0</u>
Flower vases - Marker setting fee _____				<u>—</u>
Recording and filing fee _____				<u>0</u>
Sales taxes _____				<u>0</u>
Total Due _____				<u>0</u>

Paid receipt number _____
Balance due _____

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X RICHARD BROOKS
X 8845 CARMIR DR.
X SANTEE, CALIF.
City 562-5440 Zip Code _____
Telephone 286-8543

Work Order # E 13884

Invoice # _____
Acct. # _____

E-13884

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

80

1A. NAME OF DECEDENT—FIRST (GIVEN) Chlora	1B. MIDDLE Mae	1C. LAST (FAMILY) Brooks	2. DATE OF BIRTH MONTH DAY YEAR 02/14/1917	3. DATE OF DEATH MONTH DAY YEAR 10/06/1997	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 Dick Brooks, son 8845 Carmin Dr. Santee, CA 92071		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT— <i>Chlora Brooks</i> 8B. DATE SIGNED 10/27/97		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 10/07/1997 <i>Candice Maggard</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713622
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3651 Market St. San Diego, CA 92102	11B. DATE BURIED 10/13/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Clyde Austin Spears

in a Double Depth Crypt Funeral, date, time MON. OCT. 13 12:00

Type of Burial Container
Church, Chapel, Graveside church & graveside CA Burial Mortuary Jeanette

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X BJS

✓ Lot 147 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund -

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 29.45

PAID
(OCT. 9)
OCT 09 1997
IN FULL
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 2044.45

Paid receipt number VISA/R 49059 2044.45

Balance due 0

~~30 day note~~
military service

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Breyer Jo Spe
Signature
2735 So 46 St
Address
San Diego 92113
City
7619-262-9241
Telephone

Work Order # E 13885

Invoice # _____

Acct. # _____

3:00pm -

Jeannette from CA Burial said they would take responsibility to contact the military for military honor service.

OFFICIAL RECEIPT

49059



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 10/9 1997

From: Billye J. Spears Address: 735 So. 46th Street SANDUNO 92112
Forty four and 101/100 Dollars (\$ 44.45)

In full Payment of interment of Clyde Austin Spears

Lot 147 Grave 1 Row _____ Section _____ Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13885

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

C. Jurgan - Arallone
ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>15</u>
	100	<u>00</u>
	77183	
	63033	
	9022	
	80101	<u>29</u>
	78390	<u>45</u>
TOTAL PAID	\$	<u>44</u> <u>45</u>

E-13885

70

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CLYDE	1B. MIDDLE AUSTIN	1C. LAST (FAMILY) SPEARS	2. DATE OF BIRTH MONTH DAY YEAR 07/04/1927	3. DATE OF DEATH MONTH DAY YEAR 10/07/1997	4. SEX MALE
5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH—OUTSIDE CALIF., OTHER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BILLYE JOE SPEARS-WIFE 735 SOUTH 46TH STREET SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jan Walker</i>		8B. DATE SIGNED 10/10/1997

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 10/10/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713774
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- A. BURIAL (INCLUDES ENTOMBMENT)
- B. CREMATION
- C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- D. SCIENTIFIC USE
- E. TEMPORARY ENVAULTMENT
- F. DISINTERMENT
- G. SHIP IN TO CALIFORNIA
- H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92101	11B. DATE BURIED 10/13/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre need
lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonard Campbell Sr.

In a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 55 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 995.00

Additional spaces and care fund -

Opening/Closing & Setup -

Burial Container -

Handling Fees -

Flower vases - Marker setting fee -

Recording and filing fee -

Sales taxes -

*Cancelled
4/10/03*

Total Due 995.00

Paid receipt number R-49058 250.00

Balance due 745.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Leonard Campbell Sr.
Signature
1527 San Marcos Pl
Address
Lemon Grove CA 91945
City Zip Code
589-7202
Telephone

Work Order # **E 13886** ✓

Invoice # _____

Acct. # _____

CAMPBELL, LEONARD JR. (for Leonard Campbell Sr.)
 1522 San Altos Place Lemon Grove, CA 91945

CREDIT BALANCE

		CREDIT	BALANCE
10-08 97	Preneed Lot Opened: Lot 55, Grave 9, Section 2, Division 12		995.00
10-08 97	Receipt # 49058	250.00	745.00
12-9 97	R-49208 cph #1	31.00	714.00
5-5 98	R-49922 cph 3,4,5,6,7,8	180.00	538.00
6-22 98	R-50105 cph 9,10	62.00	476.00
8-24 98	no cph	31.00	445.00
		PA 510.00	
2-28-03	Mailed delinquent notice		
4-10 03	lot purchase cancelled call monies to be absorbed by city		

CAMPBELL, LEONARD JR.

PRE-NEED LOT

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRENEED LOT** E-13886

LEONARD CAMPBELL JR. (for Leonard
1522 SAN ALTOS PLACE Campbell Sr.)
Lemon Grove CA 91945

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										10	

Amount due when paid on, or before,
due date above



\$ 31.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

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 LOT E-13886**

**LEONARD CAMPBELL JR. (for Leonard
1522 SAN ALTOS PLACE Campbell Sr.)
Lemon Grove CA 91945**

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.



\$ 31.00

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.

PRENEED LOT

E-13886

**LEONARD CAMPBELL JR. (for Leonard
1522 SAN ALTOS PLACE Campbell Sr.)
Lemon Grove CA 91945**

(55-9-2-12)

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.



\$ **31.00**

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. **PRENEED LOT 1 - E-13886**

**LEONARD CAMPBELL JR. (for Leonard
1522 SAN ALTOS PLACE Campbell Sr.)
Lemon Grove CA 91945**

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.



\$ **31.00**

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.

PRENEED LOT

E-13886

**LEONARD CAMPBELL JR. (for Leonard
1522 SAN ALTOS PLACE Campbell Sr.
Lemon Grove CA 91945**

(55-9-2-12)

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.



\$ **31.00**

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. **PRENEED LOT-1-1-E-13886**
LEONARD CAMPBELL JR. (for Leonard
1522 SAN ALTOS PLACE Campbell Sr.)
Lemon Grove CA 91945

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:

 \$ 31.00

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.

PREPARED LOT

E-13886

**LEONARD CAMPBELL, JR. (for Leonard
1522 SAN ALTOS PLACE Campbell Sr.
Lemon Grove CA 91945**

(55-9-2-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
										10	

Amount due when paid on, or before,
due date above.



\$ **31.00**

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 LOT E-13886**

**LEONARD CAMPBELL JR. (for Leonard
1522 SAN ANTONIO PLACE Campbell Sr.)
Lemon Grove CA 91945**

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.

\$ **31.00**

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.

E-13886

FREZZED LOT

LEONARD CAMPBELL, JR. (for Leonard

1522 SAN ALTOS PLACE Campbell Sr.

Lemon Grove CA 91945

(55-9-2-12)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										10	

Amount due when paid on, or before,
due date above.



\$ **31.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50324



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Joseph Campbell Address: 403 Olivehurst Dr, Fallbrook, CA 92113
 Date: 8/24 1998

Thirty one & no/100 Dollars (\$ 31.00)

In part Payment of pre need lot for
Leonard Campbell pk.

Lot 55 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13880

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Catrina Avallone

CREDIT	67007		
20% Sales Caro	77184		
80% Sales of Lots	100	<u>31</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	76390		
TOTAL PAID	\$	<u>31</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50105



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY
 527-3400

From Leonard Campbell Jr. Address: 1522 San Antonio Pl. L E. 91945 Date: 6-22, 1998
Sixty two + 10/100 Dollars (\$ 62.00)
 In part Payment of pre need lot

Lot 55 Grave 9 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13884

BALANCE DUE 466.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>62 00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9622		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>62 00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY Patricia Avallone

1933

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

627-3400

E-1388649922

From: Leonard Campbell Jr Address: 1522 San Carlos Pl Lemon Grove
one hundred eighty six & no/100 Dollars (\$) 186 00
 In part Payment of pre need plot

Date: 5-5 1998

Lot 55 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. _____
 BALANCE DUE 528.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Catrina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>186</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>186</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

1918

49053

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

 From: Leonard Campbell Jr. Address: 1522 San Altos Pl. Lemon Grove, CA 91744
110 hundred fifty and 10/100 Dollars (\$ 250.00)
 In part Payment of pre need lot

 Lot 55 Grave 87 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13886BALANCE DUE 745.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check 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>250</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>250</u>	<u>00</u>

49268

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 12/9, 1997

From: Leonard Campbell Jr Address: 1522 San Aitos Place Lemon Grove

Thirty one and no/100 Dollars (\$ 31.00) 91945

In part Payment of pre filed lot

Lot 55 Grave 97 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13880

BALANCE DUE 714.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

1834

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

Catrina Avallone

ISSUED BY _____

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>31</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	65033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>31</u>	<u>00</u>



E-13887

THE CITY OF SAN DIEGO

February 28, 2003

Mr. Leonard Campbell Jr.
1522 San Altos Pl.
Lemon Grove, CA. 91945

Reference: Customer Contract

Dear Mr. Campbell,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was August 24, 1998 leaving a balance of \$435.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-13886 date issued October 08, 1997 cemetery location, Division 12, Section 2, Lot 55, Grave 9.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contractual obligation at (619) 527-3400.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

Mt. Hope Cemetery

Community Parks • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403



E-13887

Pre need
lot

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonard Campbell Sr.

In a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Lot 55 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>995.00</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 995.00

Paid receipt number R-49058 250.00

Balance due 745.00

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
1527 Sun Hills Pl
Address
Lemon Grove CA 91945
City Zip Code
584-7202
Telephone

Work Order # E 13886 ✓

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13887

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 8 day of OCTOBER, 1997, between Leonard Campbell Jr., 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 55, Grave 9, Row , Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 995.00, payable as follows: \$ 250.00 cash herewith, the receipt of which is hereby acknowledged; \$ 31.00 on the 10 day of NOVEMBER, 1997; and the balance in installments of \$ 31.00 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

E-13887

WITNESS our hands this day and year above written.

Deed to be issued to:

\$ 995.00
- 250.00
\$ 745.00 balance

X Leonard Campbell
Name

X 1522 San Altos Pl
Address

X Lemon Grove, CA 91945

23 payments at \$31.00
1 payment at \$32.00

PURCHASER

Leonard O. Campbell, Jr
Print Name

Leonard O. Campbell, Jr
Signature

1522 San Altos Pl
Street Address (Mail)

Lemon Grove CA 91945
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catrina M. Jurgem-Arallone

SLW:st(62-1)
1-23-90

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/10/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Jean Allen

in a Liner Funeral, date, time Tues Oct. 14 11:00

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 of \$ 150.00 will be applied and billed to undersigned. X

✓ Lot 196 Grave 7 Row _____ Section 2 Division/Block 12
Grave space & Care Fund 20=179 80=300 895.00

Additional spaces and care fund _____
Opening/Closing & Setup 375.00
Burial Container 190.00
Handling Fees 145.00

Flower vases - Marker setting fee _____
Recording and filling fee 45.00
Sales taxes 14.73

Bettina allen
583-6883

Total Due 1,604.73
Paid receipt number 49065 416.00
Balance due 1248.73

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Bettina Allen
Signature
X 4504 51st St
Address
X San Diego 92115
City Zip Code
X 619 583-6883
Telephone

Work Order # E 13887

Invoice # 290005
Acct. # 093705

Flower va

10/11/10
2010

Temporary marker purchased
on Rec. 49067

MT. HOPE CEMETERY

W.O.# E-13887

NOTE

1248.73

San Diego, California October 13 1997

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 two hundred forty eight $73/100$ DOLLARS with interest from November 14, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Bettina Allen SIGNATURE X Bettina Alb

ADDRESS X 4504 51st St. San Diego, CA 92115

CALIFORNIA DRIVER LICENSE NUMBER X C3056293 SSN # X 554-17-1741

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49007

Date: 10/13 1997

From: Bethina Allen Address: 4504 51st San Diego Ca 92115

Thirty one 50/100 Dollars (\$ 31.55)

In Full Payment of Temporary marker for Betty Jean Allen

Lot 196 Grave 7 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13881

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Kamryn

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		10 00
Recording & Misc. Fees	77185		
	100		20 00
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		1 55
	78390		
TOTAL PAID	\$		31 55

49005

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 10/13, 1997

From: Betluna Allen Address: 4209 Lampas St San Diego Ca 92105

Four hundred sixteen ^{00/100} Dollars (\$ 416.00)

Payment of Part Interment of Betty Jean Allen

Lot 196 Grave 7 Row - Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13887

BALANCE DUE 1248.23

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>416 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>416 00</u>

ISSUED BY Kamp/Bur

F-13887

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

61

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Betty	1B. MIDDLE Jean	1C. LAST (FAMILY) Allen	2. DATE OF BIRTH MONTH DAY YEAR 12/22/1935	3. DATE OF DEATH MONTH DAY YEAR 10/08/1997	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 Bettina Allen, Daughter 4505 51st St. San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8B. DATE SIGNED 10/13/1997		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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: *Bettina Allen* Date: **10/13/1997**

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 10/13/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Sublette</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713822
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/14/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13887

290665 10/17/97 093705 BETTINA ALLEN

E-13887

100 072
100 072
100 072
100 072
100 072
60101
67007

11/18/97 CK 1998
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

1,248.73
375.00
190.00
45.00
300.00
145.00
14.73
179.00

1,248.73

0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/13/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Billie Williams

In a liner Funeral, date, time Wed, 10-15 1:00

Church, Chapel, Graveside Chapel / Graveside, Ca Burial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. X

✓ Lot 208 Grave 60 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 31.55

Recording and filing fee 45.00

Sales tax 14.73

Total Due 1590.28

Balance due 0

OCT 13 1997
PAID
MOUNTAIN VIEW CEMETERY
CITY OF SAN DIEGO, CALIF

Paid receipt number 12-49078 1590.28

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 Lynna D Lee
Address 12521 Ewing
City Grandview MO 64030
Telephone 816-765-2880

Work Order # E 13888 Invoice # _____
Acct. # _____

49078

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY TO CEMETERY
PINK TO AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10/13, 19 97

From: Treva D. Lee Address: 12521 Ewing Grandview MO 64030

One thousand five hundred ninety six + 28/100 Dollars (\$ 1596.28)

In full Payment of interment of Billie Williams and temporary marker

Lot 208 Grave 0 Row Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13888

BALANCE DUE 2

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: *Anna D. Malone*

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	795
Opening/Closing	77181	375
Burial Containers	100	190
	77182	155
Handling Fee	100	
Recording & Misc. Fees	77183	45
Pre-Need Trust	63033	
Sales Tax	9022	16
	60101	28
	78390	
TOTAL PAID	\$	1596.28

E-13888

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

50

1A. NAME OF DECEDENT—FIRST (GIVEN) BILLIE	1B. MIDDLE JEAN	1C. LAST (FAMILY) WILLIAMS	2. DATE OF BIRTH MONTH DAY YEAR 03/16/1947	3. DATE OF DEATH MONTH DAY YEAR 10/09/1997	4. SEX FEMALE
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 MCKINDLEY WILLIAMS, JR.—SON 10108 CALLE MARINERO SPRING VALLEY, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jim Walker</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 10/13/1997	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/14/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713880 K. WALKER
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10/15/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/13/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Johnson

in a Liner Funeral, date, time Thur. Oct. 16 1:00

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 of \$ 150.00 will be applied and billed to undersigned. X RLB

Lot 30 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund free 219 410 1095.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 14.73

30 day note

Total Due 1804.73

Paid receipt number R-49079 406.00

Balance due 1398.73

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Kathryn R. Bell
 Signature

6580 CAHLE PAUANA
 Address

SAN DIEGO 92139
 City Zip Code

479-8360
 Telephone

Work Order # E 13889 ✓

Invoice # 290691

Acct. # 093709

MT. HOPE CEMETERY

W.O. # E-13889

NOTE

\$ 1398.73 San Diego, California October 13 19 97

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 three hundred ninety eight DOLLARS with interest from November 17, 1997 on the unpaid principal at the rate of 12 percent per annum, payable on demand. B/100

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X KATHRYN R Bell SIGNATURE X Kathryn R Bell

ADDRESS X 6580 CALLE PAVANA SAN Diego, CA 92139

CALIFORNIA DRIVER LICENSE NUMBER X E0323378 SSN # X 570-84-6550

290691 10/20/97 093709 KATHRYN R. BELL

E-13889

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

11/14/97 CK 959218

1,398.73
375.00
190.00
45.00
410.00
145.00
14.73
219.00

1,398.73

0.00
PAID IN FULL

E-13889

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13889

491-1

Date: 11/14, 1997

From: Ruthyn P. Bell Address: 4992 Bunnell St San Diego 92113
6550 Calle Rancho 92134

In Four hundred sixty six 1/10 Dollars (\$ 466.10)

In Full Payment of Interment of Henry Johnson Service

Lot 30 Grave 4 Row - Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13889

BALANCE DUE 139.0173

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 Karen Dick

CREDIT	57007	
20% Sales Care	77184	
60% Sales of Lots	100	<u>466.10</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>466.10</u>

OFFICIAL RECEIPT

49079



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 10/13, 19 97

From: Kathryn R. Bell Address: 4972 Bunnell Street San Diego 92113

Four hundred sixty six and no/100 Dollars (\$ 466.00),

In part Payment of interment of Henry Johnson

Lot 30 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13889

BALANCE DUE 1398.73

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 5-84)

2310

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Catrina Jurgem-Avallone

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>466.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>466.00</u>

E-13889

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

82

1A. NAME OF DECEDENT—FIRST (GIVEN) Henny	1B. MIDDLE -	1C. LAST (FAMILY) Hohnson	2. DATE OF BIRTH MONTH DAY YEAR 10/07/1915	3. DATE OF DEATH MONTH DAY YEAR 10/09/1997	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 Beverly Marshall, Daughter 4972 Bunnell St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort/; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Abbe Williams</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/13/1997	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/14/1997 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713894
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/16/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

20 L
10 W
8 H

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/14/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jordan Alexander Butler

in a _____ Funeral, date, time Sat. Oct. 18 10:00

Church, Chapel, Graveside Graveside Pagsdale Mortuary Oliver
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X Mrs

✓ Lot <u>2108</u> Grave	Row	Section	Division/Block <u>9</u>
Grave space & Care Fund	<u>100.00</u>		
Additional spaces and care fund	<u>—</u>		
Opening/Closing & Setup	<u>125.00</u>		
Burial Container	<u>—</u>		
Handling Fees	<u>—</u>		
Flower vases - Marker setting fee	<u>SAT. OVERTIME FEE 250.00</u>		
Recording and filing fee	<u>45.00</u>		
Sales taxes	<u>—</u>		
	Total Due	<u>520.00</u>	

PAID
OCT 20 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

per Oliver -
mortuary to bring
check for full amount

Paid receipt number R-49088
Balance due 0

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Shana Butler
Signature
2211 Ravenwood Dr.
Address
X Lemon Grove 91945
City Zip Code
X 619-698-0512
Telephone

Work Order # **E 13890**

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-13890 49088

Date: 10-20, 1997

From: Daysdale Address: 5050 Federal Blvd San Diego 92107

In full Payment of Interment of Jordan A. Butler Dollars (\$ 520.00)

Lot 2108 Grave 1 Row 1 Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-13890

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

10654

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY S. Shelton

CREDIT	67007		
20% Sales Care	77184	20	00
60% Sales of Lots	100	80	00
77164			
Opening/Closing	100	125	00
77181			
Burial Containers	100		
77182			
100			
Handling Fee	77185	295	00
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
76390			
TOTAL PAID	\$	520	00

E-13890
1 DAY

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Jordan	1B. MIDDLE Alexander	1C. LAST (FAMILY) Butler	2. DATE OF BIRTH MONTH DAY YEAR 10/09/1997	3. DATE OF DEATH MONTH DAY YEAR 10/09/1997	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 Shana M. Butler, Mother 2211 Ravenwood Dr. Lemon Grove, CA 91945		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/13/1997			

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 10/14/1997 <i>Debbie Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9713897
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/18/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/15/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Brinker

in a TS Vault Type of Burial Container Funeral, date, time Monday Oct 20th 97 1:30 PM

Church, Chapel, Graveside Church/Graveside: Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150 will be applied and billed to undersigned. X Derrick Harris

Lot 80 Grave 10 Row — Section 1 Division Block 11

Grave space & Care Fund 179 274 895.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1769.38

Paid receipt number 49082 442.00

Balance due 1327.38

I hereby certify I am the X Son m/c of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Derrick Harris
Signature
7144 Jacmar Ave
Address
San Diego 92114
City Zip Code
ica
Telephone

Work Order # **E 13891**

Invoice # 290996
Acct. # 093809

MT. HOPE CEMETERY

W.O. # 13891

NOTE

\$ 1327.38 San Diego, California October 15 1997

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 three hundred twenty seven ³⁸/₁₀₀ DOLLARS with interest from November 20, 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 x DERRICK HARRIS SIGNATURE x Derrick Harris
ADDRESS x 7144 Juernal Ave San Diego CA 92114
CALIFORNIA DRIVER LICENSE NUMBER x N0456948 SSN # 1558-98-6095

290996 10/27/97 093809 DERRICK HARRIS

E-13891

100 072
100 072
100 072
100 072
100 072
60101
67007

11/19/97
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

MASTERCARD

1,327.38
375.00
250.00
45.00
274.00
185.00
19.38
179.00

1,327.38

0.00
PAID IN FULL

E-13891

49082

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10/15, 1997

From: Derrick Harris Address: 7144 Jacomar Ave S.D. (4) 92114

Four hundred forty two 00/100 Dollars (\$ 442.00)

In Full Payment of Interment of Thelma Trinker

Lot 80- Grave 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13891

BALANCE DUE 1327.38

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 [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>440</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>442</u>	<u>00</u>

E-13891

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS ⁶⁷

1A. NAME OF DECEDENT—FIRST (GIVEN) Thelma	1B. MIDDLE Louise	1C. LAST (FAMILY) Brinker	2. DATE OF BIRTH MONTH DAY YEAR 12/31/1929	3. DATE OF DEATH MONTH DAY YEAR 10/14/1997	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 Derrick Harris, Son 7144 Jacmar Ave. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 10/16/1997		8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/17/1997 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9714089
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/22/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13891

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 093809

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 11/19/97 (H.D. to

PAID BY (CIRCLE ONE) CA CK NF Mt. Hope)

PAYMENT REFERENCE NUMBER mastercard

AMOUNT PAID \$1327.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Derrick Harris

PAYOR NAME Nevia Young
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5805-C Reo Terrace
San Diego, CA 92139

REMARKS Catina Avallone
MS 72

CASHIER _____

INV. NO. 290990

Oliver to call back
with dimensions
left the message
with Debbie for
family to come in
before 10:00 am
10/17/97 to sign
& choose lot. check
Ragsdale to bring

(5 MOS ^{babu} gestation) 10/14/97
3:35 pm -

Oliver from Ragsdale
called to schedule
interment.

Family will be in
on 10/16 to sign &
pick out lot.
Mortuary to bring
check for full amt.

M^T. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-15-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Walter Tolbert

in a interment casket Funeral, date, time Tues 10-21 11:00

Church, Chapel, Graveside Chapel / graveside, CA Burial Mortuary, _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X E. O.

✓ Lot 30 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 195.20^{7/8} 995.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 380.00 - 190.00 EW

Handling Fees 320.00 - 145.00 EW

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 29.45 - 14.73 EW

Total Due 2144.45 - 1764.73 EW

Paid receipt number M/C 800.00

Balance due 1379.45

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.

X Emergence Osborne
 Signature
 Address 1619 Pentecost way # 7
San Diego 92105
 City Zip Code
 Telephone 266-0128

 Signature of recorded holder of deed

Work Order # **E 13892**

Invoice # 291018
 Acct. # 093813

E-13892

MT. HOPE CEMETERY

W.O.# E-13892

NOTE

1344.45 San Diego, California October 21 1997

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 three hundred forty four DOLLARS ²/₁₀₀ with interest from November 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 FRANK A. MARSHALL SIGNATURE [Signature]
ADDRESS 4067 1/2 Menlo Ave San Diego, CA 92105
CALIFORNIA DRIVER LICENSE NUMBER A0585660 SSN # 4050-36-5487

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-15-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Walter Tolbert
 in a Private Crypt Funeral, date, time Tues 10-21 11:00
Type of Burial Container
 Church, Chapel, Graveside Chapel / Graveside, CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. X E. O.

✓ Lot <u>30</u>	Grave <u>5</u>	Row _____	Section <u>2</u>	Division/Block <u>12</u>	
Grave space & Care Fund					<u>995.00</u>
Additional spaces and care fund					_____
Opening/Closing & Setup					<u>375.00</u>
Burial Container					<u>380.00</u> - <u>190.00</u>
Handling Fees					<u>320.00</u> - <u>145.00</u>
Flower vases - Marker setting fee					_____
Recording and filing fee					<u>45.00</u>
Sales taxes					<u>29.45</u> - <u>11.73</u>
Total Due					<u>2144.45</u> - <u>1764.73</u>
Paid receipt number <u>M/C</u>					<u>800.00</u>
Balance due					<u>964.73</u>

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

 Signature of recorded holder of deed

X Emergence O Stone
 Signature
X 1619 Pentecost way # 1
 Address
X San Diego 92105
 City Zip Code
X 266-0128
 Telephone

Work Order # E 13892

Invoice # 291018
 Acct. # 093813

MT. HOPE CEMETERY

W.O. # E-13892

E-13892

NOTE

1344.45

San Diego, California October 21

1997

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 three hundred forty four DOLLARS ⁴⁵/₁₀₀ with interest from November 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 FRUITA MARSHALL SIGNATURE FRUITA MARSHALL
 ADDRESS 4067 1/2 MONROE AVE SAN DIEGO, CA 92105
 CALIFORNIA DRIVER LICENSE NUMBER A0585660 SSN # X050-36-5487

F-13892

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE WALTER	1C. LAST (FAMILY) TOLBERT	2. DATE OF BIRTH MONTH DAY YEAR 06/06/1940	3. DATE OF DEATH MONTH DAY YEAR 10/12/1997	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT IRENE M. CARROLL—DAUGHTER - 4053 IDAHO STREET, #5 SAN DIEGO, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Walter</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 10/20/1997			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/21/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9714198
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

10/15/97

*Disinterment from Liner
 Reinter into
 Double depth*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Pedro Reyes

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned. _____

Lot 120 Grave 4 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 disinterment 1000.00

Recording and filing fee flower vase 23.78 99.45

Sales taxes

Total Due 1753.23 1729.45

Paid receipt number VISA 1753.23 1729.45

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

Helida M. Dawson
 Signature of record holder of deed

Helida M. Dawson
 Signature
 532 BLUE BONNET CT
 Address
 NATIL CITY CA 91950
 City
 (619) 267-5372 Zip Code
 Telephone

Work Order # **E 13893**

Invoice # _____

Acct. # _____

Hedi / Daughter / born
Roberto / born

E-13893



THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

10 97
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Pedro Reyes

from Lot 120 Grave 4 Section 3 Row — Block —

Division 12 and to remove the same to and reinter said remains

in Lot 12 Grave 4 Section 3 Row — Block —

Division 12 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.

Ysilda M. Dawson
Signature

Wife
Relation to deceased

532 Blue Bonnet Ct.
Address
National City, CA 91951

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date



**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/15/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Leyna Jordan

in a wine Type of Burial Container Funeral, date, time Mon-Oct 20th 11:00am

Church, Chapel, Graveside Church/Graveside: Pagsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. X.C.R.

✓ Lot 139 Grave 11 Row _____ Section 1 Division 12

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1564.73

Paid receipt number R-49090 1564.73

Balance due 0

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Elizabeth J. Ross
Signature
X 7073 Deerhurst Ct
Address
X SD 92139
City Zip Code
X 267-3175
Telephone

Work Order # **E 13894**

Invoice # _____
Acct. # _____

Call Skipper 10/16/97
will he pay 25% per
family, or full amount.

10-16 per Skipper
Ragsdale to pay
full amount.

Elizabeth did not have
drivers license # or SS# on
her.

MT. HOPE CEMETERY

W.O. # E-13894

NOTE

\$ 1564.73 San Diego, California October 15 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand five hundred sixty four DOLLARS with interest from November 20, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Elizabeth J. Ross SIGNATURE X Elizabeth J. Ross

ADDRESS X 7073 Deerhurst Ct S.D CA 92139

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

49090

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 10/20, 1997From: Andersen-Ragsdale Address: 5050 Federal Blvd. San Diego 92102In full Payment of interment of Oetha Jordan
One thousand five hundred sixty four 73/100 Dollars (\$ 1504.73)Lot 139 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13894BALANCE DUE 0Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

10059

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

C. Surgeon-Avalone

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100	036	00
77184			
Opening/Closing	100	375	00
77181			
Burial Containers	100	190	00
77182			
100		145	00
Handling Fee	77185		
Recording & Misc. Fees	100	45	00
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101	14	73
78390			
TOTAL PAID	\$	1504	73

E-13894

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Letha	1B. MIDDLE Drewcilla	1C. LAST (FAMILY) Jordan	2. DATE OF BIRTH MONTH DAY YEAR 12/11/1957	3. DATE OF DEATH MONTH DAY YEAR 10/12/1997	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 Robin Kilby, Sister 7073 Deerhurst Ct. San Diego, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kelley Wilton</i>		

10/16/1997

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 19525 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 10/16/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>William</i>	9714024
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 852222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/27/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wilton</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION -
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/16/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Floyd Rose

in a Liner Funeral, date, time Friday Oct 17, 12:00

Church, Chapel, Graveside Murch / Howard : CA Central Mortuary,

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 50.00

will be applied and billed to undersigned. AS

Lot 100 Grave 9 Row - Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 1473

PAID
OCT 16 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 1564.73

Paid receipt number 49086 1564.73

Balance due 0

I hereby certify I am the x friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Andrew Spaulding
Signature
x Andrew Spaulding
Address
7316 PRAIRIE MOUND WAY
City SAN DIEGO CA. 92139 Zip Code
Telephone 479 979 6

Work Order # **E 13895**

Invoice # _____
Acct. # _____

49086

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 10/16 1997From: Spurling, Andrew Address: 7316 Prairie Wood S. Dr # 92139In Full Payment of Interment of Floyd Rose Dollars (\$ 1564.73)Lot 100 Grave 8 - Row 3 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13895BALANCE DUE 0
 Pre-Need Lot At Need On Acct

 Pre-need Trust Cash Check

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>795</u>	<u>00</u>
Opening/ Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>790</u>	<u>00</u>
Handling Fee	77185	<u>145</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1564</u>	<u>73</u>

ISSUED BY Karen Baker

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-13895

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

58

1A. NAME OF DECEDENT—FIRST (GIVEN) FLOYD	1B. MIDDLE LEE	1C. LAST (FAMILY) ROSE	2. DATE OF BIRTH MONTH DAY YEAR 04/12/1939	3. DATE OF DEATH MONTH DAY YEAR 10/09/1997	4. SEX MALE
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KIMBERLY ROSE—DAUGHTER 7316 PRAIRIE MOUND WAY SAN DIEGO, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 10/17/1997
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 10/17/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K. WALKER ▶ 9714078
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 10/19/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Congress money
 in a liner Type of Burial Container Funeral, date, time Tues 10-21 1:00
 Church, Chapel, Graveside Chapel/Graveside: Ragsdale Mortuary Debbie
 All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
 will be applied and billed to undersigned. X Carol Harper

Lot 98 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund		<u>795.00</u>
Additional spaces and care fund		
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>190.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>14.73</u>
	Total Due	<u>1564.73</u>
	Paid receipt number <u>MasterCard</u>	<u>1564.73</u>
	Balance due <u>0</u>	

PAID
in full
OCT 20 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Carol Harper
 Signature
3760 North Way #71
 Address
Oceanside 92036
 City Zip Code
(760) 722-8170
 Telephone
(760) 721-7392

Work Order # **E 13896**

Invoice # _____
 Acct. # _____

E-13896

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Congress	1B. MIDDLE Gerald	1C. LAST (FAMILY) Money	2. DATE OF BIRTH MONTH DAY YEAR 04/29/1900	3. DATE OF DEATH MONTH DAY YEAR 10/14/1997	4. SEX M
5A. CITY OF DEATH Oceanside		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INCEMENT Carol G. Harper, Daughter 3760 North Way Apt. 71 Oceanside, CA 92056		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Williams</i>	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

88. DATE SIGNED: **10/17/1997**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/17/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Debra Williams</i>	9714088
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Debra Williams</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

check enter right

1 FULL BODY

City of San Diego

Date 10/17/97

2 sets of cremains already in grave

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Elizabeth Garrett (X) before 12:00

in a Ash vault Funeral, date, time Wed 10/22 A+D

Church, Chapel, Graveside delivery only: Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Lot 33 Grave 2 Row _____ Section 1 Division/Block 1

Grave space & Care Fund pre need C-8123 _____

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 _____ 4.20

PAID
IN FULL
OCT 17 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

Total Due 269.20

Paid receipt number VISA 269.20

Balance due 0

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature _____

1154 Loop DR

X Address _____

Prescott AZ. 86303

X City _____

520-778-9987

X Telephone _____

Work Order # **E 13897**

Invoice # _____

Acct. # _____

when burial arrangements
were made it was scheduled
as a AYD.

ashes & permit were brought
to cemetery 10/21/97 at
3:40 pm.

notified family is coming
out 10/22/97 to see grave site
after the ashes have been
interred. burial scheduled
for 10/22/97 OK per Norman

E-13897

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE E.	1C. LAST (FAMILY) Garrett	2. DATE OF BIRTH MONTH DAY YEAR 03/02/1924	3. DATE OF DEATH MONTH DAY YEAR 10/16/1997	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 Garrett, husband 6206 Malcoche Dr. San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92186		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
8B. DATE SIGNED 10/20/1997					
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10275 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 10/20/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9714134 <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222, San Diego, CA 92186-5222		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St, San Diego, CA 92102	11B. DATE BURIED 10/22/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory 571 J Crane St, Lake Elsinore, CA 92530	12B. DATE CREMATED 10-21-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/20/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Everett Benson PA 1223062

in a Cliner Type of Burial Container Funeral, date, time Wed, Oct 22, 97 12:00

Church, Chapel, Graveside Delivery only : Mer Kley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

✓ Lot 108 Grave 12 Row _____ Section 1 Division Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 115.00

Burial Container 50.00

Handling Fees Paid in full

Flower vases - Marker setting fee 11/25/97

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number INVOICE 386.00

Balance due 0

*Katherine Howard
Public Admin*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 13898**

Invoice # 291556

Acct. # 000952

11-5-97



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O. BOX 2289

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-13898

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE

11-25-97

BY: CA CK IF

PAYMENT REF NO

04-4810255

AMT PAID:

\$ 386.00

INVOICE DATE
11/05/97

PAYMENT DUE
12/05/97

PERIOD COVERED
OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-13898
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
EVERETT BENSON SERVICES 1203062	
LOT 108 GR 12 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

TOTAL DUE 386.00


NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR \$10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 291556

E-13898


APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 73

1A. NAME OF DECEDENT—FIRST (GIVEN) EVERETT	1B. MIDDLE -	1C. LAST (FAMILY) BENSON	2. DATE OF BIRTH MONTH DAY YEAR 07/29/1924	3. DATE OF DEATH MONTH DAY YEAR 10/09/1997	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 Katherine Howard—Public Administrator 5201-A Ruffin Road San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL HORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119	8A. SIGNATURE OF APPLICANT (Not for use taking permit) 		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 10/20/1997			

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 10/20/1997	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT D. R. Williams
	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 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 10/20/97	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.

291556 11/05/97 000952 COUNTY OF SAN DIEGO

E 13898

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

11/25/97

04-486255

386.00
165.00
50.00
45.00
126.00

386.00

0.00

PAID IN FULL

E-13898

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-20-97

*Shovel for dirt
family wants to watch
casket being lowered.*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Tatiana Ruzin

In a liner Funeral, date, time Fri 10-24 10:00

Church, Chapel, Graveside Church/Graveside: Leathringill Mortuary Elmer

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X

Lot 5080 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid E-12258 ⊕

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 _____ ⊕

*Int #
583-7038*

Paid receipt number _____

X see attached

Balance due _____ ⊕

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X _____
X _____
X _____
X _____
X _____

Work Order # E 13899 Invoice # _____
Acct. # _____

10/29/97 per telephone auth.
Vera Ballman purchased
temporary market and
galvanized flower vase by
VISA card.

Vera Ballman
561-77210

PO BOX 20237
El Cajon
92021

mailed
receipts

10/30/97

F-13899

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

10-20-97

1A. NAME OF DECEDENT—FIRST (GIVEN) Tatiana	1B. MIDDLE -	1C. LAST (FAMILY) Ruzin	2. DATE OF BIRTH MONTH DAY YEAR 08/09/1912	3. DATE OF DEATH MONTH DAY YEAR 10/20/1997	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 Mera Ballman, daughter 12669 Jackson Hill Dr. El Cajon, CA 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT—Person being permit <i>Jan Jundak</i>		8B. DATE SIGNED 10/20/1997

KNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 10/21/1997 Edward Pazzell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9714192
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 10-24-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego

E-13899

Nov 10-20-97

You are hereby authorized to have a casket purchased and deposited in the crypt or vault of Johanna Kugler

in a crypt funeral home Balloungill Church, Chapel San Diego

All funeral costs shall accrue before 2 P.M. of regular work day or at extra charge of \$50.00 will be applied and billed to undersigned.

Lot	Days	Row	Space	Disturbance	
3080					10
Grave space & Casket					0
Additional spaces and vault					
Opening casket & burial					0
Stone material					0
Handling fee					0
Funeral home - merchandise fee					
Flowering and lighting					0
Other fees					0
Total Due					0

For receipt number _____ Balance due 0

I hereby certify I am the DAUGHTER of the above named decedent and that I have the 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 undersigned to hold under deed _____

Mrs. Bellman
12669 JACKSON HILL DR
EL CASON, CA. 92021
619-561-7726

Work Order **E 13899**

This information is available in alternative formats upon request.

8131
888-
818
818
887-7032
818
818