

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9-16-04

*AT Need
Total 12 Chairs*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Murray 228201

In a Liner Type of Burial Container Funeral, date, time Thurs Sep. 23 1:00

Church, Chapel Graveside qs: ~~Berkeley Mortuary~~

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 165.00

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row 29 Lot 8 Grave 29

Grave space & Care Fund 875.00

Overtime/Late Arrival Fees ---

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee SEP 16 2004 ---

Recording/Filing/Transfer Fees 50.00

Sales taxes 16.20

MOUNT HOPE CEMETERY

Total Due 1723.20

Paid receipt number R-58021 1723.20

Balance due 0

*annual
fine 309*

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.

William J. Murray
Signature

Dellaree Murray
Payee Name
3338 Imperial Ave.
Address
San Diego CA 92102
City Zip Code
619-318-6464
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18700

MT HOPE CEMETERY E-18700

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-------|------|--|--|-------|
| | | | | | | |
| | | Allen | Tree | | | |
| | | Leed | x | | | Allen |
| | | | Rice | | | |
| | | | | | | |

Blind Check Initiated By: Paullette Date: 9/20/04

Interment space for: William Murray

Interment Date: 9-23-04 Time: 1:00

Div: 11 Sect: 2 Blk/Row: Lot: 29 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: [Signature] Date: 9/20/04

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-18700

STATEMENT

TELEPHONE: 264-3151

| | | | |
|------|------------|----------------|---------|
| DATE | 09-28-2004 | YOUR ORDER NO. | E-18700 |
|------|------------|----------------|---------|

| | |
|-----|--|
| TO: | Della Murray 3338 Imperial ave. San Diego CA 92102 |
|-----|--|

| DESCRIPTION OF CHARGE | AMOUNT |
|--|----------|
| Late arrival fee for the William Murray service. Arrival time was 3:09. Due 10 days from receipt. | |
| total | \$165.00 |

E-18700

32

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | | | | | |
|---|--|----------------------------------|--|---|--|--|--|---|--|--------------------------------------|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM | | 1B. MIDDLE HOWARD TAFT | | 1C. LAST (FAMILY) MURRAY | | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/31/1972 | | 3. DATE OF DEATH MONTH, DAY, YEAR 09/13/2004 | | 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 DELLA MURRAY — MOTHER 3338 IMPERIAL AVE SAN DIEGO CA 92102 | | | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 91950 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD284 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> | | | | 8B. DATE SIGNED 09/16/2004 | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 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 \$13.00 | | 9B. DATE PERMIT ISSUED 09/17/2004 E. JORDAN | | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416032 | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS... PO BOX 85222 SAN DIEGO CA 92186-5222 | | | | 8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

| | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|--|--|--|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | | | | | FOR CORONOR'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. SHIP OUT 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 1-23-04 | | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | | 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 9/17/04

At Need

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

of Bobby Ree Bush 200199
 in a Liner Funeral, date, time Thurs Sept 23 11:00

Church, Chapel, Graveside Witness (pastor): Pauline Bernard Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 25.00
 will be applied and billed to undersigned.

| | | | | |
|---|------------------|---------|---------------|----------------|
| Division <u>12</u> | Section <u>1</u> | Blk/Row | Lot <u>55</u> | Grave <u>3</u> |
| Grave space & Care Fund <u>985.00</u> | | | | |
| Overtime/Late Arrival Fees | | | | |
| Opening/Closing & Setup..... PAID <u>413.00</u> | | | | |
| Burial Container..... <u>209.00</u> | | | | |
| Handling Fees..... SEP 23 2004 <u>160.00</u> | | | | |
| Flower vases - Marker setting fee | | | | |
| Recording/Filing/Transfer Fees..... MOUNT-HOPE CEMETERY <u>50.00</u> | | | | |
| Sales taxes..... <u>16.20</u> | | | | |

Total Due 1833.00

Paid receipt number R 58043 1833.00

Balance due 0

mont 2 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 _____

Print Name
 Address
 City
 Telephone

see attached

Paulette RES. PC.
E 18701

Work Order # _____

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 9/17/04

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

of Bobby Ray Bush

in a liner Funeral, date, time 9-25-04 at 11 ^{5:00 AM}

Church, Chapel, Crematorium St. Bernard

All funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 25.00 will be applied and billed to undersigned.

| | | | |
|--------------------------------|------------------|-----------------|----------------|
| Division <u>12</u> | Section <u>1</u> | Block <u>55</u> | Grave <u>3</u> |
| Grave space & Care Fund | | | <u>085.00</u> |
| Overnight/late Arrival Fees | | | |
| Opening/Closing & Setup | | | <u>413.00</u> |
| Urn/Container | | | <u>209.00</u> |
| Handling Fees | | | <u>160.00</u> |
| Plant/urn - Mortar setting fee | | | |
| Recording/Filing/Transfer Fee | | | <u>50.00</u> |
| Sales Tax | | | <u>16.20</u> |
| Total Due | | | <u>1833.20</u> |

Paid receipt number _____ Balance due _____

Next 2 days check

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:

Lawrence Turner

- Lawrence Turner
- 25 Henson St
- Rochester, NY 14611
- (985) 2A-925

Paulette Res. 15
Work Order # E 18701

Invoice # _____ Acct. # _____

This information is available in alternative formats upon request.

A-TO AC Paid By Nancy Bernhardt

[Signature]

MT HOPE CEMETERY E-18701

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|---------|-------|-------|
| | | | | | | |
| | | | | Johnson | | |
| | | | x | ALLEN | BATES | Jones |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 9/21/04

Interment space for: Bobby Ree Bush

Interment Date: 9-23-04 Time: 11:00 W. Cross

Div: 12 Sect: 1 Blk/Row: _____ Lot: 55 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No Fig

Agrees with Map: Yes No

Blind Check & Verified By: CWanna Date: 9-21-04

POWAY - BERNARDO MORTUARY, Cash Advance Acct.

E-18701

CHECK NO.

18991

| OUR REF. NO. Date | YOUR INV. NO. | INVOICE DATE Description | INVOICE AMOUNT | AMOUNT PAID | DISCOUNT TAKEN | NET CHECK AMOUNT Net Amt. |
|----------------------|---------------|-----------------------------|----------------|-------------|----------------|------------------------------|
| 09/21/04 | | 204373-Bush | | | | 1833.20 |

Payee Mt. Hope Cemetery

Check 18991

Date 09/21/04

NET CHECK

1833.20

E-18701

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|--------------------------|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Bobby | 1B. MIDDLE Ree | 1C. LAST (FAMILY) Bush | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/20/1927 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/13/2004 | 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 Lawrence Turner- Son 25 Henion St. Rochester, NY 14611 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Foway Bernardo Mortuary 13243 Foway Road, Foway, CA 92064 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1195 | 8A. SIGNATURE OF APPLICANT—Person taking care | | 8B. DATE SIGNED 09/21/2004 |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 09/21/2004 E. Vigney | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416182 |
| | 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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> 1. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 9-23-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 10, 04

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

of Gary Adams 228197
in a urn Funeral, date, time Shurs 9/23 10:00

Church, Chapel, Graveside : Humphreys Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 600 Grave 1
Grave space & Care Fund 985-

Overtime/Late Arrival Fees 413-

Opening/Closing & Setup 209-

Burial Container 1100-

Handling Fees SEP 20 2004

Flower vases - Marker setting fee 50-

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 16.20

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R 58027 1833.20

Balance due 0

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

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

Alan Adams
Signature Alan Adams

ALAN D. ADAMS
Print Name
5062 Du Bois DR
Address
SAN Diego CA 92107
City
858-273-6268
Telephone

Work Order # E 18702

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18702

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|-------|--------|---------|--|--|
| | | | | | | |
| | | | Parker | Salas | | |
| | Bopah | Adams | X | Cabwell | | |
| | | | | Balbran | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 9/20

Interment space for: Gary Adams

Interment Date: June 9/23 Time: 17:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 600 Gr: 1

Grave Laid out by: MIRIAM X KEN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: David Moritz Date: 9-20-04

E-18702

APPLICATION 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 ALAN | 1C. LAST (FAMILY) ADAMS | 2. DATE OF BIRTH MONTH DAY YEAR 09/12/1962 | 3. DATE OF DEATH MONTH DAY YEAR 09/17/2004 | 4. SEX M |
| 5A. CITY OF DEATH LA JOLLA | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ALAN ADAMS (FATHER) 5062 DUBOIS DR. SAN DIEGO, CA 92117 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 964 | | 8A. SIGNATURE OF APPLICANT <i>[Signature]</i> 8B. DATE SIGNED 09/22/2004 | | |

| | | | | |
|---|--|--|---|---|
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103085 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 09/22/2004 SANDRA PENA | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416271 |
|---|--|--|---|---|

| | | | |
|---|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. 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 CORONOR'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 ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED 9-23-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

X-Fer

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 20, 04

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 2136 Grave 1

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees X fer from Carolyn Seguin 50.00

Sales taxes _____

PAID
SEP 20 2004

MOUNT HOPE CEMETERY

Total Due 50.00

Paid receipt number R 58028 50.00

Balance due 0

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

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

Signature Ram

r Robin E. Jarse
Print Name
CEMETERY SERVICES AGENCY
Address
PO Box 2454 ALPINE CA
City
619-579-9456 Zip Code 91903
Telephone

Work Order # E 18703

Invoice # _____
Acct. # _____

E-18703

for _____ installments of \$ _____, the first installment being payable on _____ 20 _____ and all subsequent installments on the same day of each consecutive _____ until paid in full.

It is agreed that this contractual agreement is subject to acceptance by FREDRIC E. ZARSE, CEMETERY BROKER, and contingent upon this property named herein still being available for sale. If this contract is unacceptable for any reason or if the said property is no longer available for sale, then Buyer's check or cash will be returned and this agreement will become null and void.

The method of computing the unearned portion of the finance charge in the event of prepayment is the Rule of 78's.

NOTICE TO THE BUYER: (1) Do not sign this agreement before you read it or if it contains any blank space. (2) You are entitled to a completely filled in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and to obtain a partial refund of the finance charge, if any, provided for herein. (4) If you desire to pay off in advance the full amount due, the amount of the refund you are entitled to, if any, will be furnished upon request. (5) You the Buyer may cancel this transaction with full refund at any time prior to midnight of the 5th calendar day after the date of this transaction, provided no interment has been made. To cancel, mail written notice of your intent to above address.

Seller is authorized to issue Certificate of Ownership as follows: Joint Tenancy Individual Ownership

NAME: EDD STARKS / ANN or BARBARA ANN STARKS WAS WIFE
(PRINT) (RELATIONSHIP)

Accepted by Cemetery Broker
this _____ day of _____, 19 _____

BUYER'S SIGNATURE [Signature]
BUYER'S SIGNATURE [Signature]

By _____
FREDRIC E. ZARSE OLD CLERK

HOME ADDRESS: 5304 WYNCE - ST.
SAN DIEGO, CA 92105
(CITY STATE ZIP CODE)

Contract No. C1357 Source Ty Brown

TELEPHONE 619-263-7636

IMPORTANT: The terms and conditions on the reverse side are part of this agreement. PROPERTY

Counselor Ty Brown No. C1357

POWER OF ATTORNEY

C-18703

KNOW ALL MEN BY THESE PRESENTS : That _____

CAROLYN SEGUIN

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE, a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE

DIV. 8 SEC 3 LOT 2136

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

X Carolyn L Seguin

Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of CALIFORNIA County of RIVERSIDE

On September 3, 2004 before me, the undersigned, a Notary Public in and for said State

personally appeared, CAROLYN Seguin

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

X Jennifer Greenwood
Notary Public Signature

(SEAL)



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
DATE OF DOCUMENT 9/3/04 NUMBER OF PAGES 1
SIGNER(S) OTHER THAN NAMED ABOVE NONE

Pre need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/21/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosalio Torres 228195

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 201 Grave 9
985 ~~885~~

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

SEP 21 2004

413 -
209 -
1400 -

MOUNT HOPE CEMETERY

50 -
16.20

Total Due 1833.20

Paid receipt number R58032 1833.20

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.

X GASPAR MONTESA JR.
Print Name
720 CAMINO DE LA REINA 109
Address
SANDIEGO, CA 92108
City
858 705 4277 Zip Code
Telephone

Work Order # E 18704

Invoice # _____
Acct. # _____

on the grave
of father James A.
Johnson

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/21/04

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

of for Walter A Johnson 28213

in a ash vault Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 97 Grave 1

Grave space & Care Fund _____ 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 116.00

Burial Container _____ 61.00

Handling Fees _____ 66.00

Flower vases - Marker setting _____

Recording/Filing/Transfer Fees _____ 50.00

Sales taxes _____ 4.73

PAID

SEP 21 2004

MOUNT HOPE CEMETERY

Total Due _____ 297.73

Paid receipt number R-58034 297.73

Balance due 0

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

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

James A. Johnson
Signature

209794
JAMES A. JOHNSON
Print Name
568 ALTA VISTA AVE.
Address
SAN DIEGO CA 92114
City
(619) 262-1830 Zip Code
Telephone

Palette
Work Order # E 18705

Invoice # _____

Acct. # _____

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/22/04

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

of Gertrude Crown 207443
in a TS Vault Funeral, date, time Sat 10/2 11:00
Church Chapel Graveside Merkley Mortuary Lawna

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

Division 8 Section 3 Blk/Row _____ Lot 1085 Grave 1

Grave space & Care Fund B 821 0

Overtime/Late Arrival Fees 600 0

Opening/Closing & Setup E 12158 0

Burial Container _____ 0

Handling Fees Mon 9/29 5006 0

Flower vases also 579.7 0

Recording/Filling/Transfer Fees PAID 0

Sales taxes _____ 0

SEP 29 2004

Total Due 711.63

Paid receipt number 58069 711.63

Balance due 0

MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot I
hold under deed

(R) RA
Stella Shuk
Signature Ram

X Stella Shuk
Print Name
X P.O. Box 910520
Address
SAN DIEGO, CA 92130
City
858-794-0394 Zip Code
Telephone

Work Order # E 18706

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-18706

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|----------|----------|--------|--|--|
| | | | | | | |
| | | Hill | | | | |
| | | Crown | X | Siglar | | |
| | | Anderson | Anderson | Fox | | |
| | | | | | | |

Blind Check Initiated By: Ram Date: 9/22

Interment space for: Gertrude Crown

Interment Date: Sat 10/3 Time: 11:00

Div: 8 Sect: 3 Blk/Row: _____ Lot: 1085 Gr: 1

Grave Laid out by: Norman Ferguson

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

Agrees with Map: Yes No

Blind Check & Verified By: DARKEYL Date: 9-30-04

E-18706

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) GERTRUDE | 1B. MIDDLE CLAIRE | 1C. LAST (FAMILY) CROWN | 2. DATE OF BIRTH MONTH / DAY / YEAR 12/20/1915 | 3. DATE OF DEATH MONTH / DAY / YEAR 09/21/2004 | 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 STELLA SHVIL - TRUSTEE 5442 CAMINITO VISTA LUJO SAN DIEGO, CA 92130 | |
| 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 FD119 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | |
| 8A. SIGNATURE OF APPLICANT — Person taking permit | | | 8B. DATE SIGNED 09/23/2004 | | |

| | | | | |
|---|---|---|---|--|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 09/23/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. J. CALLAHAN |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA — | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 10-2-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

Pre
paid

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Sept 23, 04

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

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

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

Division 12 Section 2 Blk/Row _____ Lot 171 Grave 10

Grave space & Care Fund _____
Overtime/Late Arrival Fees _____
Opening/Closing & Setup _____
Burial Container _____
Handling Fees _____
Flower vases - Market setting fee _____
Recording/Filing/Transfer Fees _____
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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 18707**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT Need

Date 9/22/04

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

of ELSA STACK 227895

in a Liner Funeral, date, time MON Sept 27 100

Church, Chapel, Graveside : Conrad Mortuary. Donna 460

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

Division 8 Section 1 Blk/Row _____ Lot 1351 Grave 1

Grave space & Care Fund D-3028

Overtime/Late Arrival Fees _____

Opening/Closing & Setup R-57623 E18537

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number _____

R-57683 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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

paulette

Work Order # E 18708

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT Need

Date 9/22/04

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

of ELSA STACK

in a liner

Type of Burial Container

Funeral, date, time Mon Sept. 27 1:00 *Final*

Church, Chapel, Graveside

Conrad

Mortuary

Conrad 460-4601

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

will be applied and billed to undersigned.

Division 8 Section 1 Blk/Row _____ Lot 1351 Grave 1

Grave space & Care Fund D-3028

Overtime/Late Arrival Fees _____

Opening/Closing & Setup R-57689

Burial Container " "

Handling Fees " "

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees " "

Sales taxes " "

Total Due

Paid receipt number R-57683
Balance due

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

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

Sharon Kelley
Signature

SHARON L. KELLEY
Print Name
14411 CALICO FIELD DRIVE
Address
CYPRESS, TX 77429
City 281/304-1832 Zip Code

paulette
Work Order # E 18708

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18708

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-------|-------|-------|-------|--|
| | | | | | | |
| | | Hubbs | Hubbs | Sim | Sauer | |
| | | Kelly | X | Stack | | |
| | | | Meyer | | | |
| | | | | | | |

Blind Check Initiated By: Roulette Date: 9/23

Interment space for: ELSA STACK

Interment Date: Mon. Sept. 27 Time: 1:00

Div: 8 Sect: 1 Blk/Row: _____ Lot: 1351 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flug

Blind Check & Verified By: _____ Date: _____

E-18708

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|--|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ELSA | 1B. MIDDLE CLARA | 1C. LAST (FAMILY) STACK | 2. DATE OF BIRTH MONTH DAY YEAR 09/01/1913 | 3. DATE OF DEATH MONTH DAY YEAR 09/21/2004 | 4. SEX F |
| 5A. CITY OF DEATH Conroe | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE Texas | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sharon L. Kelly - Daughter 14411 Calico Field Drive Cypress, TX 77429 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD941 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Kim Beaulieu</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 09/23/2004 | | |

| | | | | |
|---|---|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED Kim Beaulieu 09/23/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416387 |
| | 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 | FOR CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> 1. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. 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 9/27/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Benstermacher</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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

at need

Date 9/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teress Maribay 228207

in a D/D. Crypt (A) Funeral, date, time Friday Sept. 24 11:00
Type of Burial Container
 Church Chapel Graveside El Cajon 442-6677 Mortuary

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

Division 6 Section 4 Blk/Row _____ Lot 64 Grave 8

Grave space & Care Fund E-18523

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due

fax 619-440-0176

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

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

Signature _____

Paullette

Work Order # E 18709

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18709

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|----------|----------|--|---|--|----------|--|
| | | | | | | |
| | | | | | | |
| DAVIDSON | DAVIDSON | | X | | Elsberry | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 9/23

Interment space for: Teresa Garibay

Interment Date: 9/24 Time: 11:00 Chapel

Div: 6 Sect: 4 Blk/Row: _____ Lot: 64 Gr: 8

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Flas

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

E-18709

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | | |
|---|--|------------------------|--|---|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Theresa | | 1B. MIDDLE - | 1C. LAST (FAMILY) Garibay | | 2. DATE OF BIRTH MONTH DAY YEAR 01/30/1937 | 3. DATE OF DEATH MONTH DAY YEAR 09/22/2004 | 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 Martin Garibay - Son 7491 Wolclay Dr San Diego, CA 92119 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 S Mollison Ave, El CAjon, CA 92020 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1022 | | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>Jackie Kozica</i> | | 8B. DATE SIGNED 09/23/2004 |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109056 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 \$13.00 | 9B. DATE PERMIT ISSUED 09/23/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416390 <i>Jackie Kozica</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 CORONOR'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 9-24-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Waller</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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nieme Jabbar 209204

in a DD CRYPT "B" Funeral, date, time MON. 9/27 1:00

Church Chapel, Graveside _____; Ragsdale Mortuary.

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

Division 11 Section 2 Blk/Row _____ Lot 107 Grave 3

Grave space & Care Fund E-16104

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

Burial Container PAID

Handling Fees _____

Flower vases - Marker setting fee SEP 23 2004

Recording/Filing/Transfer Fees 50.00

Sales taxes _____

MOUNT HOPE CEMETERY

Total Due 463.00

Paid receipt number R-58045 463.00

Balance due 0

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

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

Hani Jabbar
Signature

Hani Jabbar
First Name
2019 Date St
Address
San Diego CA 92104
City
576-614-2626-2341
Telephone

Paulette

Work Order # E 18710

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18710

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|------|--------|-------|-----------|--|--|-------|
| | | | | | | |
| | | Norbo | Singleton | | | |
| Ward | Rogers | | X | | | Byrne |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: 9/23 Paullette Date:

Interment space for: Nieme Jabbar

Interment Date: 9/27 Time: 1:00 Church

Div: 11 Sect: 2 Blk/Row: Lot: 107 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Prof

Blind Check & Verified By: DARREY Date: 9/24/04

E-18710

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|-----------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) NIEME | | 1B. MIDDLE - | 1C. LAST (FAMILY) JABBAR | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/13/1940 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/16/2004 | 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 HERNA JABBAR, DAUGHTER 5012 DATE STREET SAN DIEGO, CA 92002 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ANDERSON-RAUSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 09/23/2004 | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 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 13.00 | 9B. DATE PERMIT ISSUED 09/23/2004 B. CAMPBELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416348 |
| | 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 CORONOR'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 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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 9/23/04

*At
 need
 Res. Fee*

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

of Maria Miranda 228211
 in a liner Funeral, date, time Thurs 9/27/04 11:00
 Church, Chapel, Graveside SD Memorial Mortuary.

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

| | | | | |
|-----------------------------------|----------------------------|---------------|---------------|----------------|
| Division <u>12</u> | Section <u>1</u> | Blk/Row _____ | Lot <u>03</u> | Grave <u>6</u> |
| Grave space & Care Fund | PAID | | | <u>985-</u> |
| Overtime/Late Arrival Fees | SEP 24 2004 | | | <u>443-</u> |
| Opening/Closing & Setup | | | | <u>209-</u> |
| Burial Container | MOUNT HOPE CEMETERY | | | <u>160-</u> |
| Handling Fees | | | | <u>50-</u> |
| Flower vases - Marker setting fee | | | | <u>16.20</u> |
| Recording/Filing/Transfer Fees | | | | <u>1833.20</u> |
| Sales taxes | | | | <u>1833.20</u> |

Total Due 1833.20
 Paid receipt number R-58050 1833.20
 Balance due 0

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

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

Signature _____
Hann

Print Name _____
 Address _____
 City _____ Zip Code _____
 Telephone _____
 Invoice # _____
 Acct. # _____
See attached

Work Order # E 18711

At need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/23/04

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

of Maria Miranda
in a liner Funeral, date, time Mon 9/27/04
Church, Chapel, Graveside SD Memorial

All Funeral cars must arrive before 9:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row 63 Lot 48 Grave 6
Grave space & Care Fund 985-

| | |
|-----------------------------------|-----------------------|
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | <u>443-</u> |
| Burial Container | <u>209-</u> |
| Handling Fees | <u>1100-</u> |
| Flower vases - Marker setting fee | |
| Recording/Filing/Transfer Fees | <u>80-</u> |
| Sales taxes | <u>16.20</u> |
| Total Due | <u>1833.20</u> |

Paid receipt number _____

Balance Due _____

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

I authorize the interment to be held under date

Ester Gonzalez
Signature

Fam

Ester Gonzalez
Full Name
3550 Marine Ave
Address
SAN Diego 92115
City
619-516-2488
Telephone

Work Order # E 18711

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request

Printed on recycled paper

12-1-636

MT HOPE CEMETERY

E-18711

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--------|--|-------|--------|--|------|--|
| | | | | | | |
| | | | (Free) | | | |
| Wilson | | | X | | Bell | |
| | | Davis | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 9/23

Interment space for: maria miranda

Interment Date: mon 9/27 Time: 11:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 63 Gr: to

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: DAVID N. Date: 9-24-04

E-18711
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|---|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Marie | 1B. MIDDLE Luisa | 1C. LAST (FAMILY) Miranda | 2. DATE OF BIRTH MONTH DAY YEAR 12/01/1934 | 3. DATE OF DEATH MONTH DAY YEAR 09/22/2004 | 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 Ester Gonzalez - Daughter 3530 Monroe Ave San Diego, CA 92116 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: San Diego Memorial Chapel 2441 University Ave San Diego, CA 92104 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 1575 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>William</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 108955 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 09/24/2004 | | |

| | | | | |
|---|--|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID 13.00 | 9B. DATE PERMIT ISSUED 09/24/2004 SA. Williams | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416467 |
| 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 CORONOR'S USE ONLY |
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |

| | | | | |
|-------------------------------|--|---|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 9-27-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Noriega</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

Pre Paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

9/23/04

2nd burial
Transfer: \$ 463.00
Second burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ressie L. Martin 225703

In a DO Crypt Funeral, date, time _____

Church, Chapel, Graveyard _____ Mortuary, _____

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

Division 10 Section _____ Blk/Flow _____ Lot 1994 Grave 1

Grave space & Care Fee **PAID** 80% 77184 \$876.00 1095-

Overtime/Late Arrival Fee _____

Opening/Closing & Sealing SEP 23 2004 77181 (413) x 2 826-

Burial Container 77182 418-

Handling Fee MOUNT HOPE CEMETERY 77185 352-

Flower vases - Marker setting fee _____

Recording/Billing/Transfer Fees 77183 (50) x 2 100-

Sales taxes 63033 48818 32.40

JP 3821518 \$1265.40
7/3/07 * 1st burial only

Total Due 2823.40

Paid receipt number cm/c 2823.40

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.

Minnie Martin
Signature
Ran

MINNIE MARTIN
Print Name
2071 ORIOLE ST
Address
SAN DIEGO 92119
City
San Diego Zip Code
Telephone 8493

F 18712

Invoice # _____
Acct. # _____

Pro
Med

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ressie L. Martin 228703

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 1994 Grave 1

Grave space & Care Fee **PAID** 1095-

Overtime/Late Arrival Fees _____

Opening/Closing & Sealing SEP 23 2004 413 x 2 826-

Burial Container _____ 418-

Handling Fee **MOUNT HOPE CEMETERY** 352-

Flower vases - Marker setting fee _____

Recording/Billing/Transfer Fees 50 x 2 100-

Sales taxes _____ 32.40

Total Due 2823.40

Paid receipt number m/c 2823.40

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.

(R) [Signature]
[Signature]
Signature

X MINNIE MARTIN
Price Name
X 3071 ORIOLE ST
Address
X SAN DIEGO 92114
City
X [Signature] 9493
Telephone

Work Order # E 18712

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

E-18714

City of San Diego

Date 9-23-04

028260

*Estate Res.
 Pre-need
 lot & trust*

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

of FOR Joseph Jury case # 117127

in a Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 103 Grave 2

| | |
|---|---------|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases - Marker setting fee | 50.00 |
| Recording/Filing/Transfer Fees | 16.20 |
| Sales taxes | 1833.20 |

PAID

SEP 23 2004

MOUNT HOPE CEMETERY

Total Due 1833.20
 R-58046 1833.20

Balance due 0

*Gregory Broach
 858-499 0186 Fax 858-495 527*

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

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

Signature _____

Paulette

Work Order # E 18713

Print Name _____
 Address _____
 City _____ Zip Code _____
 Telephone _____
 Invoice # _____
 Acct. # _____

Estate Res.
Pre-need
lot & trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-23-04

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

of FOR Joseph Jura case# 117127

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

Church, Chapel, Graveside _____ Mortuary _____

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

Division 12 Section 2 Blk/Row _____ Lot 103 Grave 2

| | |
|-----------------------------------|--------|
| Grave space & Care Fund | 985.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413.00 |
| Burial Container | 209.00 |
| Handling Fees | 160.00 |
| Flower vases - Marker setting fee | 50.00 |
| Recording/Filing/Transfer Fees | 16.20 |
| Sales taxes | 16.20 |

PAID

SEP 23 2004

MOUNT HOPE CEMETERY

Gregory Brown
858-499-0186
Fax 858-495-527

Total Due 1833.20
R-58046 1833.20

Balance due 0

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

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

Gregory A. Brown

GREGORY A. BROWN
5201 RUFFIN RD
SAN DIEGO, CA 92123

Paulette

Work Order # E 18713

Invoice # _____
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18712

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery

October 4, 2004

2005-0007003

10-09-2004/11:37 AM

USER: Amount: \$7,411.24

| EXPLANATION | FUND | DEPT | ORG LEVEL | ACCOUNT | JOB ORDER | FACILITY | AMOUNT |
|--|--|---------|-------------|---------|--------------------|----------|------------|
| | (16-21) | (22-27) | (28-33) | (34-39) | (40-45) | (67-72) | (89-99) |
| Credit cards | | | | | | | |
| Pre-need Mady Cheng, Ressie Martin, | 67007 | | | 77184 | | | 571.00 |
| June Pierson, James Ethridge, Janet | 100 | 072 | | 77184 | | | 2,927.00 |
| Booth | 100 | 072 | | 77181 | | | 413.00 |
| Trust for Janet Booth | 100 | 072 | | 77182 | | | 410.00 |
| Interment of Jesse Moody, Alodis Bagby | 100 | 072 | | 77185 | | | 369.00 |
| Vases for Albert Feurer, Margaret | 100 | 072 | | 77183 | | | 848.00 |
| Holmes | 63033 | | | 77186 | | | 1,843.40 |
| Marker set fee for Cathey Cobbins | 60101 | | | 78390 | | | 29.84 |
| Sat OT for Thomas Davis | | | | | | | |
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| | | | | | | | |
| PREPARED BY Pam Hetzel X73400 | DEPOSITED BY: MS 72 Mt. Hope Cemetery | | AUDITED BY: | | KEY PUNCH DATE: | | \$7,411.24 |

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Estate
Non-Res.
Pre-need w/trust*

Date 9/23/04

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

of FOR Angelina Tolentino # 20020262

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 64 Grave 8

Grave space & Care Fund **PAID** 1310.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 549.00

Burial Container 278.00

Handling Fees 213.00

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 66.00

Sales taxes 21.54

Total Due 2437.54

Paid receipt number R-58048 2437.54

Balance due 0

MOUNT HOPE CEMETERY

SEP 23 2004

*PA: Gregory Brown
858-497-0186
Fax 858-4559127*

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

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

Signature _____

Paulette

Work Order # E 18714

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

*Estate
 Non-Res.
 Pre-need contract*

City of San Diego

Date 9/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR Angelina Tolentino # 2020262 in a liner Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

Division 12 Section 1 Blk/Row _____ Lot 64 Grave 8

| | | |
|-----------------------------------|----------------------------|---------|
| Grave space & Care Fund | PAID | 1310.00 |
| Overtime/Late Arrival Fees | | — |
| Opening/Closing & Setup | SEP 23 2004 | 549.00 |
| Burial Container | | 278.00 |
| Handling Fees | MOUNT HOPE CEMETERY | 213.00 |
| Flower vases - Marker setting fee | | — |
| Recording/Filing/Transfer Fees | | 66.00 |
| Sales taxes | | 21.54 |
| Total Due | | 2437.54 |

*PA: Gregory Brown
 555-497-0186
 Fax 555-455127*

Paid receipt number R-58048 2437.54

Balance due 0

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

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

Gregory A. Brown, DPH

GREGORY A. BROWN
 5201-A RUFFIN RD
 SAN DIEGO, CA 92123
 (658) 694-3500

Paulette
 Work Order # E 18714

Invoice # _____
 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

COUNTY OF SAN DIEGO
 2004 OCT 20 A 12:02

PUBLIC ADMINISTRATOR
 RECEIVED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/23/04

*Estate of
Mrs. R.E.S.
Pre-need
Lot/Trust*

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

of FOR REGINE EDDY # 20021039

in a Liner Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

Division 12 Section 1 Blk/Row _____ Lot 64 Grave 4

Grave space & Care Fund 1310.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 549.00

Burial Container 278.00

Handling Fees 213.00

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 60.00

Sales taxes 21.54

PAID

SEP 23 2004

MOUNT HOPE CEMETERY

Total Due 2437.54

aid receipt number R - 58047 2437.54

Balance due 0

*P.A.
Gregory Brown
858-441-0186
fax 858-495-5127*

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

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

Signature _____

Paulette

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18715

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/23/04

*Estate INTERED
 Pre-need
 Lot/Trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR Regina Eddy #20021039

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

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

Division 12 Section 1 Blk/Row _____ Lot 64 Grave 4

| | | |
|---|----------------------------|----------------|
| Grave space & Care Fund | | <u>1310.00</u> |
| Overtime/Late Arrival Fees | | _____ |
| Opening/Closing & Setup | | <u>549.00</u> |
| Burial Container | PAID | <u>278.00</u> |
| Handling Fees | | <u>213.00</u> |
| Flower vases - Marker setting fee | SEP 23 2004 | _____ |
| Recording/Filing/Transfer Fees | | <u>60.00</u> |
| Sales taxes | MOUNT HOPE CEMETERY | <u>21.54</u> |
| | Total Due | <u>2437.54</u> |

*P.A.
 Gregory Brown
 858-441-0186
 Fax 858-455-5127*

aid receipt number R-58047
 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.

Gregg A. B
Paulette

GREGORY A. BROWN
5201-A RUFFIN RD
SAN DIEGO, CA 92123
City Zip Code
(858) 694-3500

Work Order # E 18715

Invoice # _____
 Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

9/29/04

HT
 Paul

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

of Sydney Ethridge 228230

in a Urn Type of Burial Container Funeral, date, time Thu 10/1/11:00

Church, Chapel, Graveside Bayview Rancho Rancho Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 89 Grave 4

Grave space & Care Fund _____ 985

Overtime/Late Arrival Fees _____ 412

Opening/Closing & Setup _____ 209

Burial Container _____ 100

Handling Fees _____ 138

Flower vases Marker setting fee _____ 50

Recording/Filing/Transfer Fees _____ 10.00

Sales taxes _____ 1471.20

Total Due _____

Paid receipt number R 58064 1471.20

Balance due 0

PAID

SEP 29 2004

MOUNT HOPE

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

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

Signature

Paullette Paul

Work Order # E 18716

X James A. Ethridge
 Print Name
X 6253 Camino Costa
 Address
X San Diego CA 92120
 City State Zip Code
X (619) 229-1403
 Telephone

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 18716

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--------------------|---------|----------|--|--|
| | | | | | | |
| | | Hall | | | | |
| | | | X | Ethridge | | |
| | | Farrall | Richard | Hilman | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 9/29

Interment space for: Sydney Ethridge

Interment Date: Fri 10/1 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 89 Gr: 4

Grave Laid out by: Dorcas Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: DARREYI Date: 9-30-05A

E-18716

39

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|---|--|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Sydney | 1B. MIDDLE Michael | 1C. LAST (FAMILY) Ethridge | 2. DATE OF BIRTH MONTH DAY YEAR 09/24/1968 | 3. DATE OF DEATH MONTH DAY YEAR 09/22/2004 | 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 Sonya Audria Ethridge, Wife 2806 SW 4th Court Ft. Lauderdale, Florida 33312 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragedale Mortuary, 5050 Federal Blvd San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>[Signature]</i> | | | 8B. DATE SIGNED 09/27/2004 |

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100505 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 13.00 | 9B. DATE PERMIT ISSUED 09/27/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416505 |
| | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 10-1-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/24/2004

PRE NEED LOT

228204

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR JUNE MARIE WILSON PIERSON DAVIS

In a _____ Funeral, date, time _____
Type of Burial Container _____
Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 171 Grave 10
Grave space & Care Fund 985.00

Overtime/Late Arrival Fees _____
Opening/Closing & Setup _____

Burial Container _____
Handling Fees _____

Flower vases - Marker setting fee _____
Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due 985.00
Paid receipt number 50087 246
Balance due 739

PAID

JAN 20 2006

MOUNT HOPE CEMETERY

Lot on 1/20/06
\$ 615.- by Lisa
Paulette

1-4-06
send to collections
Invoice # 433392
account # 128569

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

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

Signature _____

Print Name JUNE MARIE WILSON PIERSON DAVIS

Address 5146 Deer Flower Rd.

City San Diego CA 92115 Zip Code

Telephone 619 2652968

Invoice # 433392

Acct. # 128569

Work Order # E 18717

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper
Address 3832 Beta St.
San Diego CA 92113

E 18717

FIRST CLASS



UNITED STATES POSTAGE

02
0004602107

MAILED FROM ZIP CODE 92107

\$ 04.65⁰⁰



June M. Wilson Pierson
3146 Deer Flower Rd.
San Diego, CA. 92115

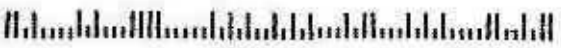
2/R
2/R
1538

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
38

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™

7005 1820 0000 0810 3809

2102/4327
46 C038





THE CITY OF SAN DIEGO

C-18717

9/22/2005

CERTIFIED MAIL
RECEIPT NO. 7005 1820 0000 0810 3809

Junc M. Wilson Pierson
3146 Deer Flower Rd.
San Diego, Ca. 92115

Reference: Delinquent Pre-Need Account

Dear Ms. Pierson,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since January 24, 2005. Your contract specified that your first payment of \$31.00 was due October 24 2004, and every month thereafter. To bring your account to a current status, you need to pay **\$248.00**. Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by October 1, 2005, your account will be referred to our collection department. We hope the above action is not necessary. If you have any questions, please contact Mt. Hope Cemetery at (619) 527-3400.

Your original receipt contains the following contract information: Contract number E-17008, issued September 24, 2004. Cemetery location: Division 12, Section 2, Lot 171, Grave 10.

Sincerely,

David Lugo
Cemetery Manager

Attachments:

Interment Order
Contract Entry Verification



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-18717

CONTRACT Expires Sept. 2006 - / monthly payments \$31.00

dist

Davis, June M. Wilson Pierson 3146 Deer Flower Rd., S.D. CA 92115 (619) 265-2968

pin# 228204 E-18717

DEBIT CREDIT BALANCE

| | | | | |
|---------|--|--|--------|--------|
| 9/24/04 | Opened pre-need lot w/\$246.00 paid by Visa. | | | 985.00 |
| | Division 12 Section 2 Lot 171 Grave 10 | | 246.00 | |
| | Balance Due | | | 00 |

1-24-05 m/c 4 payments 1-4, ^{pd thru} Jan. 2005
 9-22-05 mailed Certified letter Delinquent
 needs to pay \$248.00 to be up to date
 we need updated phone # & address

124.00

675.00

Need to update address & phone #

last payment received 12/57 Jan

PAID

JAN 20 2006

MOUNT HOPE CEMETERY

forward to collection 1-4-06

Invoice # 433392

Account # 128569

| | | | |
|--------|--------|---------|----------|
| ACTION | OPTION | ACCOUNT | EDI CODE |
| A | 1 | 128569 | - |

| | |
|-----------------------|------------|
| CUSTOMER NAME | SHORT NAME |
| JUNE M WILSON PIERSON | JUNE |

ADDRESS: 3146 DEER FLOWER RD
 SAN DIEGO, CA 92115

| | | | |
|-----------|-------|-------|------------|
| CITY | STATE | ZIP | COUNTRY |
| SAN DIEGO | CA | 92115 | 6192652968 |

| | | |
|-------------------------|--------------|-----------|
| CUSTOMER CONTACT - NAME | PHONE | ORIG DEPT |
| MT. HOPE CEMETERY | 619 527 3400 | 072 |

| | | |
|------------|--------|--------------|
| STATEMENTS | UPD BY | LAST UPDATED |
| N | SSB | 01/04/06 |

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

ACR02U PSWD:

INVOICE DATA ENTRY

E-18717

PG 1

ACTION: A BY: SSB ACCOUNT: 128569 INVOICE: 433392 INV DATE: 01 04 06

NAME: JUNE M WILSON PIERSON

1) 3146 DEER FLOWER RD

2) SAN DIEGO, CA 92115

3)

4)

CITY: SAN DIEGO

ST: CA

ZIP: 92115

COUNTRY: 6192652968

DEPT: 072

CONTACT: MT. HOPE CEMETERY

PHONE: 619 527 3400

REFER NO: E-18717

DAYS DUE: 010

INV TYPE: GE

TYPE CHG: _____

NOTICES: _____

TREAS-REF: Y

ENCLOSURES: N

PD COVERED: R

EXCEPT CODE: _____

ACCRUAL CODE: _____

TIME PAYM CODE: _____

STD DESC CODE: _____

INVOICE TOTAL: _____

615.00

| DESCRIPTION OF CHARGE | AMOUNT |
|-----------------------|--------|
| PRE-NEED LOT | 615.00 |
| DIVISION 12 SECTION 2 | |
| LOT 171 GRAVE 10 | |

LATE CHARGE #1 - DAYS DUE: _____ TOTAL DUE 615.00
 AMOUNT: _____ AND/OR PCT CODE: _____
 #2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E-18717

ACR02U

INVOICE DATA ENTRY

| ACTION A | BY SSB | ACCOUNT 128569 | INVOICE 433392 | INVOICE TOTAL 615.00 |
|-------------------|-----------|-------------------|-------------------|-------------------------|
| ACT FUND DEPT ORG | ACCT J/O | OPER BN/EQ | FACILI | AMOUNT |
| 63033 | 77186 | | | 615.00 |
| | | | | |
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ADD COMPLETE. HIT PA1 FOR A NEW REQUEST.

File copy
attach to inter mail

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535
TELEPHONE ROOM (202) 547-5000
TELETYPE UNIT (202) 547-5000
FACSIMILE UNIT (202) 547-5000
MAIL ROOM (202) 547-5000
RECORDS MANAGEMENT (202) 547-5000
TRAINING CENTER (202) 547-5000
LABORATORY (202) 547-5000
IDENTIFICATION DIVISION (202) 547-5000
COMMUNICATIONS SECTION (202) 547-5000
INVESTIGATIVE SECTION (202) 547-5000
ADMINISTRATIVE SECTION (202) 547-5000
GENERAL INVESTIGATIVE DIVISION (202) 547-5000
CIVIL RIGHTS DIVISION (202) 547-5000
CRIMINAL DIVISION (202) 547-5000
INSURANCE DIVISION (202) 547-5000
LABOR DIVISION (202) 547-5000
LEGAL ATTACHMENT (202) 547-5000
RECORDS MANAGEMENT (202) 547-5000
TRAINING CENTER (202) 547-5000
LABORATORY (202) 547-5000
IDENTIFICATION DIVISION (202) 547-5000
COMMUNICATIONS SECTION (202) 547-5000
INVESTIGATIVE SECTION (202) 547-5000
ADMINISTRATIVE SECTION (202) 547-5000
GENERAL INVESTIGATIVE DIVISION (202) 547-5000
CIVIL RIGHTS DIVISION (202) 547-5000
CRIMINAL DIVISION (202) 547-5000
INSURANCE DIVISION (202) 547-5000
LABOR DIVISION (202) 547-5000
LEGAL ATTACHMENT (202) 547-5000

Gene M. Wilson President

E-18717 E-18717
12-2-171-10
ACT. # 128569
IAV # 433392



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

EDI REF NO: C433392

YELLOW - RETURN
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 122289
SAN DIEGO, CALIFORNIA 92112

E18717

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

JUNE M WILSON PIERSON
3146 DEER FLOWER RD
SAN DIEGO, CA 92115
SAN DIEGO

ACCT NO
128569

CA 92115

6192652968

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

PAYMENT

DATE: _____

BY: CA CK IF ED

PAYMENT REF NO _____

AMT PAID: _____

INVOICE DATE
01/04/06

PAYMENT DUE
01/14/06

PERIOD COVERED
DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

MT. HOPE CEMETERY

REF NO: E-18717

DEPT: MT. HOPE CEMETERY

619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

PRE-NEED LOT
DIVISION 12 SECTION 2
LOT 171 GRAVE 10

615.00

TOTAL DUE 615.00

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 \$25,
WHICHEVER IS GREATER, INTEREST OF 12% PER YEAR
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

CUSTOMER COPY

INV NO. 433392



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

EDI REF NO: C433392

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 122288
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-18717

JUNE M WILSON PIERSON
3146 DEER FLOWER RD
SAN DIEGO, CA 92115
SAN DIEGO

ACCT NO
128569

CA 92115

6192652968

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

PAYMENT
DATE: _____
BY: CA CK IF ED
PAYMENT REF NO _____

AMT PAID: _____

INVOICE DATE
01/04/06

PAYMENT DUE
01/14/06

PERIOD COVERED
DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
MT. HOPE CEMETERY REF NO: E-18717
DEPT: MT. HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

PRE-NEED LOT
DIVISION 12 SECTION 2
LOT 171 GRAVE 10

615.00

TOTAL DUE 615.00

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 \$25, WHICHEVER IS GREATER, INTEREST OF 12% PER YEAR ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT INV NO. 433392

STREAMLINE FORMS & GRAPHICS (818) 380-7007

PAID

JAN 20 2006

MOUNT HOPE CEMET

1

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
TAXPAYER'S ACCOUNT STATEMENT

TAXPAYER: MOUNT HOPE CEMETERY
ADDRESS: 1000 N. GULF BLVD., GULFPORT, MS 39503
PHONE: (601) 863-1234

TAX YEAR: 2005
TAX TYPE: VISITATION
TAX AMOUNT: \$515.22

RECEIVED BY: J. M. WILSON
DATE: 1/20/06

AMOUNT PAID: \$515.22

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
TAXPAYER'S ACCOUNT STATEMENT

TAXPAYER: MOUNT HOPE CEMETERY
ADDRESS: 1000 N. GULF BLVD., GULFPORT, MS 39503
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STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
TAXPAYER'S ACCOUNT STATEMENT

TAXPAYER: MOUNT HOPE CEMETERY
ADDRESS: 1000 N. GULF BLVD., GULFPORT, MS 39503
PHONE: (601) 863-1234

TAX YEAR: 2005
TAX TYPE: VISITATION
TAX AMOUNT: \$515.22

RECEIVED BY: J. M. WILSON
DATE: 1/20/06

AMOUNT PAID: \$515.22

Gene M Wilson

E-18717 E-18717
12-2-171-10
ART. # 128569
TAV # 433392

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/27/04

AT Need Res fee 19.

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

of Derrick Branch Infant 11 mos

In a 0 Uner Funeral, date, time Wed. Sept. 29 11:30

Church/Chapel, Graveside: San Diego Mortuary: Sheila

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

Division 9 Section 1 Blk/Row _____ Lot 1483 Grave 1

Grave space & Care Fund 110.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 138.00

Burial Container Casket size 34" L x 18" W x 6" H 77.00

Handling Fees 28.00

Flower vases Marker setting fee 88.00

Recording/Filing/Transfer Fees 50.00

Sales taxes 5.97

PAID

SEP 27 2004

Total Due 496.97

Paid receipt number R-58056 496.97

Balance due 0

*fax 619 42-0896
MORT 2 pay*

MOUNT HOPE CEMETERY

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

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

Signature _____

Paulette

Work Order # E 18718

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

(See Attached)

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9/27/04

AT Need Res fee 19

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

of Derrick Branch Infant

in a U liner Funeral date, time Wed. Sept. 29

Church, Chapel, Graveside San Diego Mortuary Sheila

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

Division 9 Section 1 Blk/Row Lot 1483 Grave 1

| | |
|--|---------------|
| Grave space & Care Fund | 110.00 |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 138.00 |
| Burial Container <u>CASKET SIZE 34" L x 18" W x 6" H</u> | 77.00 |
| Handling Fees | 28.00 |
| Flower vases - Marker setting fee | |
| Recording/Filing/Transfer Fee | 50.00 |
| Sales taxes | 5.97 |
| Total Due | 408.97 |

PAK (OFF) (619-088410)
MORT 2 pay

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 held under dead.
Eric Hickson
Signature

Eric Hickson
Print Name
7615 Skyline Dr.
Address
S. D. CA 92114
City
619 846-3381
Telephone To Call

Paulette
Work Order # E 18718

Invoice #
Acct. #

MT HOPE CEMETERY E-18718

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|-------|---|--|
| | | | | | | |
| | | | | | | |
| | | | x | COORE | | |
| | | | | | | |
| | | | | BRAY | 1 | |

Blind Check Initiated By: Paulette Date: 9/27/04

Interment space for: DERRICK BRANCH

Interment Date: 9/29/04 Time: 7:30

Div: 9 Sect: 1 Blk/Row: _____ Lot: 1483 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: _____ Date: _____

E-18718

11/14/04

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) DERRICK | 1B. MIDDLE ISAIAH | 1C. LAST (FAMILY) BRANCH | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/13/2003 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/22/2004 | 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 ERIC HICKSON—FATHER 9110 C KENWOOD DR. SPRING VALLEY, CA 91977 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1575 | | 8A. SIGNATURE OF APPLICANT — (Person taking permit) <i>Joseph Lemon Jr.</i> | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 09/27/2004 | |

| | | | | | | |
|---|---|--|---|--|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 8A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 09/27/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. LEMON JR. | 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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | | FOR CORONOR'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) | |
|--|--|--|--|--|--|--|--|

| | | | | | |
|-------------------------------|--|---|------------------------------------|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ST. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 9-29-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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

AT-NEED

Date 9/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jessie M. Moody 228215

in a Liner Type of Burial Container Funeral, date, time Wed Sept. 29 11:00
Church, Chapel, Graveside Witness ; Conrad Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 79 Grave 1

| | | |
|---|----------------------------|----------------|
| Grave space & Care Fund | PAID | <u>985.00</u> |
| Overtime/Late Arrival Fees | | <u>—</u> |
| Opening/Closing & Setup | SEP 27 2004 | <u>413.00</u> |
| Burial Container | | <u>209.00</u> |
| Handling Fees | MOUNT HOPE CEMETERY | <u>160.00</u> |
| Flower vases - Marker setting fee | | <u>—</u> |
| Recording/Filing/Transfer Fees | | <u>50.00</u> |
| Sales taxes | | <u>16.20</u> |
| Total Due | | <u>1833.20</u> |
| Paid receipt number <u>Mastercard</u> | | <u>1833.20</u> |
| Balance due | | <u>0</u> |

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

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

X Laveta Moody Thomas
Print Name
2222 Castle Hill Drive
Address
Jackson, MS 39204
City Zip Code
(601) 376-0184
Telephone

Signature _____

Paulette

Work Order # E 18719

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18719

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|---------|---------|---|--------|------|--|
| | | | | | | |
| | | | | | | |
| | Perkins | Perkins | X | Wilson | | |
| | | | | Hall | Hall | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 9/27

Interment space for: Jessie M. Moody

Interment Date: 9/29/04 Time: 11:00 Witness

Div: 12 Sect: 2 Blk/Row: _____ Lot: 79 Gr: 1

Grave Laid out by: Norman Perkins

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: M. Custumaker Date: 9/27/14

E-18719

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JESSIE | 1B. MIDDLE MAE | 1C. LAST (FAMILY) MOODY | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/01/1922 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/21/2004 | 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 Rose M. Moody - Daughter 809 Leppert Street San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Kim Beaulieu</i> | | 8B. DATE SIGNED 09/21/2004 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10876 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | | |

| | | | | | |
|--|--|---|---|--|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 09/27/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Kim Beaulieu | 9D. LOCAL REGISTRAR LICENSE NUMBER 2416514 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | |

| | |
|--|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONER'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (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 9/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Sanderson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/27/04

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

of Glenn Gray 228722
in a liner Type of Burial Container Funeral, date, time Wed 9/29 1:00
Church, Chapel, Graveside Ragsdale Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 79 Grave 3
Grave space & Care Fund **PAID** 985-

| | | |
|-----------------------------------|--------------------|--------------|
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | SEP 27 2004 | <u>413-</u> |
| Burial Container | <u>13.95</u> | <u>209-</u> |
| Handling Fees | <u>14.00</u> | <u>140-</u> |
| Flower vases - Marker setting fee | | <u>138-</u> |
| Recording/Filing/Transfer Fees | | <u>50-</u> |
| Sales taxes | <u>.85</u> | <u>16.00</u> |

Total Due 2000.00

Paid receipt number R 58054 2000.00

Balance due 0

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

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

George Gray
Print Name
215 E. Front St. #321
Address
STRENTON NJ 08611
City
(609) 989-8992
Telephone
Zip Code

Signature
Ram

Work Order # E 18720

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18720

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|---------|---------|------|------|--|--|--|
| | | | | | | |
| | | | | | | |
| Perkins | Perkins | | X | | | |
| | | Hall | Hall | | | |
| | | | | | | |

Blind Check Initiated By: ^{Pawette} ~~David~~ ~~Gray~~ ~~Perkins~~ Date: 9/27

Interment space for: Glenn Gray

Interment Date: Weds 9/29 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 79 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: David Moraga Date: Flag

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18720

51

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

| | | | | | |
|---|--------------------------|---|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) GLENN | 1B. MIDDLE ROY | 1C. LAST (FAMILY) GRAY | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/07/1953 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/17/2004 | 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 MICHELLE GRAY, WIFE 3275 STEEL STREET SAN DIEGO, CA 92113 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ANDERSON-RAGSDALE MORTUARY; 5050 FEDERA; BLVD. SAN DIEGO, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103063 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 09/23/2004 | | |

| | | | | |
|--|---|--|---|---|
| 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 18.00 | 9B. DATE PERMIT ISSUED 09/23/2004 B. CAMPBELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416341 |
| 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 checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | FOR CORONOR'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 9/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

XFER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Guy Michael 228205

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

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

Division CAR Section 3 Blk/Row _____ Lot 618 Grave 2

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing Transfer Fees _____

Sales taxes _____

PAID
SEP 27 2004

MOUNT HOPE CEMETERY lde -

Total Due 660 -

Paid receipt number R 58055 106 -

Balance due 0

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

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

Signature Ran

x Casket Gallery
Print Name _____
x 2699 DRYDEN Rd.
Address _____
EL CAJON, CA 92020
City _____ Zip Code _____
Telephone _____

Work Order # E 18721

Invoice # _____
Acct. # _____

PROVERBS356, INC. DBA CASKET GALLERY

Mt. Hope Cemetery

9/27/2004

12910

~~Debrah Green Marker Installation~~

66.00

E-18721

Casket Gallery - Unio

66.00

POWER OF ATTORNEY
SPECIAL

E-18721

KNOW ALL MEN BY THESE PRESENTS: That I, George R. Craig
Hereinafter individually and/or collectively "principal", hereby makes, constitute and appoint
David N. Swim, DBA Cemetery Sales Information Services and any of its authorized agents principal's
true and lawful attorney to act for principal's name, place and stead for principal's
use and benefit to perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal,
use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property
described as:

CEMETERY DESCRIPTION: LOT 61B GR1 & GR2
SECTION GAR DIVISION 3

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

- May NOT be cancelled for 5 years from the date of listing. No fee
- May NOT be cancelled for One (1) year from the date of listing. \$25. fee
- May be cancelled at any time by giving ten (10) days written notice, provided no sale is in progress by the broker or its agents at the time. \$50. fee

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

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

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

WITNESS my hand this 12th day of April, 2002.

George R. Craig
Principal's Signature
GEORGE R. CRAIG
Print Name

Ardys H. Craig
Principal's Signature
ARDYS CRAIG
Print Name

STATE OF California

COUNTY OF San Diego } ss.

On this 12th day of April, in the year of 2002, before me, the undersigned, a Notary in and for the said State, personally appeared George and Ardys CRAIG personally known to me (or proved to me basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and office:



Tarant Henalga
Notary Public in and for said State

E 18721

**QUITCLAIM, RELEASE AND TRANSFER OF INTEREST IN
CEMETERY INTERMENT RIGHTS AND/OR MERCHANDISE**

Date: 9-27-04

KNOW ALL MEN BY THESE PRESENTS:

THAT I/WE _____

RESIDING AT _____
Street City State Zip

COUNTRY OF _____ State Of _____

ARE THE OWNER(S) OF OR HAVE A NET EQUITY INTEREST OF \$ _____
IN THE FOLLOWING DESCRIBED CEMETERY INTERMENT RIGHTS AND/OR MERCHANDISE:

MT HOPE . OLD SECTION , LOT 613 , Grave 2 , Div 3

FOR \$1.00 AND OTHER VALUABLE CONSIDERATION, RECEIPT OF WHICH IS HERBY ACKNOWLEDGED, I/WE DO HERBY QUITCLAIM, RELEASE AND TRANSFER ALL RIGHT, INTEREST, TITLE, USE, CLAIM, DEMAND, AND EQUITY, IF ANY, WHATSOEVER, IN THE ABOVE-DESCRIBED CEMETERY INTERMENT RIGHTS AND/OR MERCHANDISE AND IF APPLICABLE, AUTHORIZE ISSUANCE OF OWNERSHIP DOCUMENTATION TO:

Guy Michael

Print Name: _____ Telephone Number: _____
Address: 1283 E. Main St. #205 El Cajon Ca 92021
Street City State Zip

SIHAM MICHAEL

Print Name: _____ Telephone Number: _____
Address: _____
Street City State Zip

AND BY THIS ACT, I/WE DO HERBY RELEASE THE BELOW-NAMED CEMETERY FROM ANY AND ALL LIABILITY OF ANY NATURE WHATSOEVER IN CONNECTION WITH THIS TRANSACTION.

Witnessed By: _____ Signed this day _____

SIGNATURE: _____

SIGNATURE: _____

NAME OF CEMETERY: _____

Address: _____
Street City State Zip

ACCEPTED BY _____
Authorized Representative Date

SIGNATURE(S) OF PERSON(S) TO WHOM RIGHT, INTEREST, TITLE AND/OR EQUITY ARE BEING TRANSFERRED ACKNOWLEDGE AND AGREE TO:

SIGNATURE: [Signature] SS# 572 - 72 - 2977

SIGNATURE: _____ SS# _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT need

Total of [redacted]

Date 9/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Freda Davis 778236

in a Liner Funeral, date, time Sat OCT 2 10:00

Church Chapel, Graveside CA BURIAL Mortuary

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

Division 12 Section 2 Blk/Row Lot 80 Grave 6

Grave space & Care Fund PAID 985.00

Overnight Late Arrival Fees Saturday 660.00

Opening/Closing & Setup SEP 29 2004 413.00

Burial Container PAID 209.00

Handling Fees MOUNT HOPE CEMETERY 160.00

Flower vases - Marker setting fee OCT 01 2004

Recording/Filing/Transfer fees 50.00

Sales taxes 16.20

Total Due 2493.20

Paid receipt number R-58065 260.00

Balance due 1833.20

MOUNT HOPE CEMETERY
MOUNT 2 Year \$1833.20

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

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

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 18722

(See Attached)

AT NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/27/04

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

of Freda Davis

in a Liner Funeral date, time MON OCT 4 OCT 2, 2004
Type of Burial Container
Church Chapel, Graveside CA BURIAL Mortuary.

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

| | | | | | |
|-----------------------------------|------------------|---------------|---------------|----------------|----------------|
| Division <u>12</u> | Section <u>2</u> | Blk/Row _____ | Lot <u>80</u> | Grave <u>6</u> | |
| Grave space & Care Fund | | | | | <u>985.00</u> |
| Overtime/Late Arrival Fees | | | | | _____ |
| Opening/Closing & Setup | | | | | <u>413.00</u> |
| Burial Container | | | | | <u>209.00</u> |
| Handling Fees | | | | | <u>160.00</u> |
| Flower vases - Marker setting fee | | | | | _____ |
| Recording/Filing/Transfer Fees | | | | | <u>50.00</u> |
| Sales taxes | | | | | <u>16.20</u> |
| Total Due | | | | | <u>1833.20</u> |

Paid receipt number _____ Balance due _____

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

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

Signature: Allen Davis
Paulette

Print name: Allen Davis
Address: 3111 K Street
SAN DIEGO
City: _____ Zip Code: _____
Telephone: (619) 238-0518

Work Order # E 18722 Invoice # _____
Acct. # _____

REA-10a (3-04) This information is available in alternative formats upon request.
© Printed on recycled paper

Oct 2
10:00 Bethel
View Fri - 5:00 - 8:00 P.M.
Chapel

MT HOPE CEMETERY E 18722

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--------|--------|----------|------|--|--|--|
| | | | | | | |
| | | | Cook | | | |
| Common | ortega | Garcia | x | | | |
| | Lewis | Rubalena | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 9-30

Interment space for: Freda Davis

Interment Date: ^{90.} ~~Mon 10/14~~ SAT. 10/24 Time: 10:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 80 Gr: 6

Grave Laid out by: Norma Perry

Agrees with Legal Card: Yes No

Agrees with Map: Yes No Flag

Blind Check & Verified By: DAKKEY1 Date: 10-1-04

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY

MOUNT HOPE CEMETERY
(619) 527-3400

58065

From: ALLAN DAVIS Address: 3111 K ST. SD CA 92102 Date: September 29, 20 04

Six Hundred Sixty and 00 Dollars (\$ 660.00)

in Pt of payment Payment of Interment Fee of Freda Davis

Div 12 Sec 2 Blk/Row 80 Lot 80 Grave 6

Invoice No. E-18729

Acct. No. _____

W.O. _____

BALANCE DUE 0

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

| | | |
|------------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 77184 | |
| Opening/Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| Handling Fee | 77185 | |
| Recording & Misc. Fees | 77183 | <u>660.00</u> |
| Pre-Need Trust | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>660.00</u> |

ISSUED BY Paul C.

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04) 0678494 7780
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WHITE TO CUSTOMER
CANARY CEMETERY

MOUNT HOPE CEMETERY
(619) 527-3400

58070

From: CA Burial Address: 5880 El Cajon Blvd. SD 92115 Date: 10/1/04

full Dollars (\$ 1833.00)

in full Payment of Interment of Freda Davis

Div 12 Sec 2 Blk/Row 80 Lot 80 Grave 6

Invoice No. E 18722

Acct. No. _____

W.O. _____

BALANCE DUE 0

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

| | | | |
|------------------------|-------|-------------|-----------|
| CREDIT | 67007 | <u>197</u> | - |
| 20% Sales Care | 77184 | <u>788</u> | - |
| 80% Sales of Lots | 77184 | <u>413</u> | - |
| Opening/Closing | 77181 | <u>209</u> | - |
| Burial | 100 | <u>160</u> | - |
| Containers | 77182 | <u>20</u> | - |
| Handling Fee | 77185 | | |
| Recording & Misc. Fees | 77183 | | |
| Pre-Need Trust | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | <u>14</u> | <u>20</u> |
| | 78390 | | |
| TOTAL PAID | \$ | <u>1833</u> | <u>20</u> |

ISSUED BY Tom Hebel

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04) 8032
This information is available in alternative formats upon request.

E-18722

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-------------------------|---|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) FREDA | 1B. MIDDLE J. | 1C. LAST (FAMILY) DAKES | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/11/1940 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/24/2004 | 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 OF INFORMANT ALLAN DAVIS-SON 3111 K. STREET SAN DIEGO, CA 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA SCREMIATING & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 09/28/2004 |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 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 \$13.00 | 9B. DATE PERMIT ISSUED 09/28/2004 J. JBENYARD | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416608 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS - P.O. BOX 85222 SAN DIEGO, CA (2186-5222) | | |
| 9E. 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 CORONOR'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"/> D. 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 10-2-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/27/04

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

of Alodis Bagby 228224
in a DD 1st Funeral, date, time Thurs 9/30 10:00

Church Chapel, Graveside Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 40 Grave 10

Grave space & Care Fund E17449 55-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup **PAID** _____

Burial Container 168-

Handling Fees SEP 27 2004 167-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees **MOUNT HOPE CEMETERY** _____

Sales taxes 11.09

Total Due 401.09

Paid receipt number m/c 401.09

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 Stephanie Meza
Print Name
X 934 Kelton Rd
Address
X San Diego CA 92111
City Zip Code
X (619) 527-4343
Telephone

Signature Tam

Work Order # E 18723

Invoice # _____

Acct. # _____

MT HOPE CEMETERY C-18723

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--------|--|-------|--|--|--|
| | | | | | | |
| | Medina | | Fremm | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 9/27

Interment space for: Alodie Bogby

Interment Date: Thurs 9/30 Time: 4:00

Div: D Sect: 1 Blk/Row: _____ Lot: 40 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: M. [Signature] Date: 9/28/14

flag on grave

E-18723

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-----------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ALODIS | 1B. MIDDLE DWIGHT | 1C. LAST (FAMILY) BAGBY | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/09/1947 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/26/2004 | 4. SEX M |
| 5A. CITY OF DEATH WOODLAND HILLS | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE LOS ANGELES | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT STEPHANIE MEZA - SISTER 934 KELTON ROAD SAN DIEGO, CALIFORNIA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ANDERSON-BAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CALIFORNIA 92102 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | 8A. SIGNATURE OF APPLICANT—Person taking perm: <i>[Signature]</i> 8B. DATE SIGNED 09/29/2004 | | |

| | | | | | |
|---|---|---|--|---|---|
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 09/29/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> |
| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA 313 NORTH FIGUEROA STREET RM L-1 LOS ANGELES, CALIFORNIA 90012 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CALIFORNIA 92186-5222 | | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | FOR CORONOR'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 92102 3751 MARKET STREET, SAN DIEGO, CALIFORNIA | 11B. DATE BURIED 9-30-04 | 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 <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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 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.

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Siham Michael 228240

In a liner Funeral, date, time Mon 9/27 12:30

Church, Chapel, ~~Crypt~~ Resurrection 561-1617 Mortuary. at home

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

Division GAR Section 3 Blk/Row _____ Lot 61B Grave 2

Grave space & Care Fund _____ x Fer E-18721 _____ 0

Overtime/Late Arrival Fees _____ **PAID** _____

Opening/Closing & Setup _____ 413-

Burial Container _____ SEP 28 2004 _____ 209-

Handling Fees _____ 160-

Flower vases - Marker setting fees _____ **MOUNT HOPE CEME** _____

Recording/Filing/Transfer Fees _____ 50-

Sales taxes _____ 16.20

Total Due 848.20

Paid receipt number R58057 848.20

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.

(R) PA
I hereby authorize the interment in lot I hold under deed.

Signature Pam

GUY MICHAEL
Print Name
x 22099 Dryden rd
Address
EC 92020
City
(49) 368 9111 Zip Code
Telephone

Work Order # E 18724

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-1872A

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|-------|---------------|--|---|--|--|--|
| | | | | | | |
| | <u>GARCIA</u> | | | | | |
| wells | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: ~~Shane~~ Ryan Date: 9/28

Interment space for: Sinhain Michael

Interment Date: Mon 10/4 Time: 12:30

Div: GAB Sect: 3 Blk/Row: _____ Lot: 01B Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: M. Condit Date: 10/4/04

E-18724

119

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|------------------------|--|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SIHAM | | 1B. MIDDLE G | 1C. LAST (FAMILY) MICHAEL | 2. DATE OF BIRTH MONTH DAY YEAR 08/01/1939 | 3. DATE OF DEATH MONTH DAY YEAR 09/16/2004 | 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 GUY MICHAEL/BROTHER 2699 DRYDEN ROAD EL CAJON, CA 92020 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1352 | | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>[Signature]</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 09/30/2004 | | |

| | | | | |
|---|---|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED ALAN PRYOR 09/30/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416702 |
| | 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 CORONOR'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"/> D. 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 10-2-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 9/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie M. Green 228234

in a D.D. Crypt (A) Type of Burial Container Funeral, date, time Fri. Oct. 1 12:00

Church Chapel, Graveside CA BURIAL Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 102 Grave 2

Grave space & Care Fund 1310.00

Overtime/Late Arrival Fees

Opening/Closing & Setup..... 549.00

Burial Container..... 556.00

Handling Fees..... 468.00

Flower vases - Marker setting fee.....

Recording/Filing/Transfer Fee..... 66.00

Sales taxes..... 43.09

SEP 28 2004

Total Due..... 2992.09

Paid receipt number A-58058 2992.09

MOUNT HOPE CEMETERY

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

Print Name

Lawrence Green
4623 Allende Ave
Oceanside CA 92057
(760) 439-7673

City

Zip Code

Telephone

Invoice # _____

Work Order # E 18725

Acct. # _____

MT HOPE CEMETERY

E-18725

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|--------|--------|-------|----------|
| | | | | | | |
| | | | Brewer | | | |
| | | | x | Ladner | steen | |
| | | | Bell | | | Williams |
| | | | Beard | | | |

Blind Check Initiated By: Pawlette Date: 9/28

Interment space for: Minnie Green

Interment Date: OCT 1 - FRIDAY Time: 12:00 noon

Div: 12 Sect: 1 Blk/Row: _____ Lot: 102 Gr: 2

Grave Laid out by: Norman Feyn

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: Wanner Date: 9-29-04

E-18725

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--------------------------|---|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MINNIE | 1B. MIDDLE MAE | 1C. LAST (FAMILY) GREEN | 2. DATE OF BIRTH MONTH DAY YEAR 02/10/1935 | 3. DATE OF DEATH MONTH DAY YEAR 09/22/2004 | 4. SEX F |
| 5A. CITY OF DEATH ESCONDIDO | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JUANDA GREEN—DAUGHTER 1122 S. RIMPAU LOS ANGELES, CA 90019 | |
| 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 FD-1357 | | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>[Signature]</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 09/27/2004 | | |

| | | | | |
|---|---|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 09/27/2004 J. BENYARD | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416480 |
| | | 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 CORONOR'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"/> D. 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 10-1-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/28/04

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

of Monna Turntine
in a DO and Funeral, date, time Thurs 9/30 11:00
Church, Chapel, Graveside Rosedale Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 90 Grave 6

Grave space & Care Fund E-14920 2

Overtime/Late Arrival Fees _____

Opening/Closing & Setup **PAID** 549-

Burial Container _____

Handling Fees SEP 28 2004 _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 600-

Sales taxes _____

Total Due 605-

Paid receipt number R 58060 605-

Balance due 0

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

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

X MELROSE LEWIS
Print Name
X 987 DIMARINO ST
Address
X SAN DIEGO, CA 92114
City Zip Code
X 619-469-3830
Telephone

Invoice # _____

Work Order # E 18726

Acct. # _____

W. Dorothy

MT HOPE CEMETERY

E-18726

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-----------------|---|------|--|--|
| | | | | | | |
| | | Cain Gilbert | | | | |
| | | | X | Guss | | |
| | | Lindsay/Lindsay | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 9/28

Interment space for: Monns Turntine

Interment Date: Thurs 9/30 Time: 11:00

Div: 11 Sect: 1 Blk/Row: Lot: 90 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: DARREY! Date: 9-29-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18726

M

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

| | | | | | |
|---|---|---|---|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MONNS | 1B. MIDDLE - | 1C. LAST (FAMILY) TURNTINE, JR. | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/25/2004 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/24/2004 | 4. SEX M |
| 5A. CITY OF DEATH LA JOLLA | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANNA E. TURNTINE, WIFE 2909 BERNARD ST., S SAN DIEGO, CA 92107 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. 38300 FERNFIELD AVE #02 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Blair Campbell</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 120055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 09/28/2004 | | |

| | | | | |
|--|---|---|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID 13.00 | 9B. DATE PERMIT ISSUED B. CAMPBELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416595 |
| 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 CORONOR'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 9-30-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ch. Dawson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

at need

Date 9/28/04

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

of Melody Christopher
In a Liner Funeral, date, time Thurs. Oct 1st 11:00 ^{Sept 30}

Church, Chapel, Graveside CA Burial Mortuary. Jeannette

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 91 Grave 11

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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 _____ hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paula

Work Order # **E 18727**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9-28-04

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

of Melody Christopher 778229
in a Liner Funeral, date, time Thurs. Sept. 30 11:00
Type of Burial Container Mortuary
Church Chapel, Graveside CA Burial Jeannette

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 165.00
will be applied and billed to undersigned. P.C.

Division 12 Section 2 Blk/Row _____ Lot 91 Grave 11

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee

Recording/Filing/Transfer fees 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R-58061 1833.20

Balance due 0

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

I hereby authorize the interment in lot I hold under deed

Gerald L. Christopher
Signature

GERALD L. CHRISTOPHER
Print Name
812 GINNA PL.
Address
SAN DIEGO 92114
City Zip Code
619-264-5149
Telephone

Work Order # E 18728

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18728

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|---------|--|---|---------|--|--|
| | | | | | | |
| | | | | Martins | | |
| | Johnson | | X | | | |
| | Johnson | | | Ews | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 9/29/04

Interment space for: Melody Christopher

Interment Date: 9/30/04 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 91 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: _____ Date: _____

E-18728

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|-------------------------------|---|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MELODY | | 1B. MIDDLE MIRRANDA | 1C. LAST (FAMILY) SANDERS—CHRISTOPHER | 2. DATE OF BIRTH MONTH DAY YEAR 03/07/1970 | 3. DATE OF DEATH MONTH DAY YEAR 09/23/2004 | 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 GERALD L. CHRISTOPHER— HUSBAND 812 GINNA PLACE SANDIEGO CA 92108 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | |
| ACKNOWLEDGEMENT OF APPLICANT | | | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code. | | 8B. DATE SIGNED 09/28/2004 |

| | | | | | | |
|--|---|--|---|--|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 09/29/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT V MITCHELL | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - |
| | | 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 CORONOR'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 9-30-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/28/04

At need

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

of Cornell Small 276555
 in a liner Funeral, date, time Tues 10/5 11:00
 Type of Burial Container
 Church Chapel, Graveside Ragsdale Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 79 Grave 1

Grave space & Care Fund D-7815 ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup E 13445 ⊖

Burial Container ⊖

Handling Fees ⊖

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees ⊖

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 Ram

X Print Name _____
X Address see attached
X City _____ Zip Code _____
X Telephone _____

Work Order # E 18729

Invoice # _____

Acct. # _____

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to have the remains of Cornell Small in a liner funeral date 9/28/04 Church, Chapel, Grounds Ragsdale Ministry All funeral costs must be paid before 2:00 p.m. of regular work day or by wire transfer if it will be collected and billed to undersigned.

Division 11 Section 1 Marker 79 Case 1
Casket space & Case Fund D-785
Decorated/Lace Artificial Flowers E. BUNS
Casket/Coffin & Setup E. BUNS
Burial Container E. BUNS
Handling Fees E. BUNS
Flower vase - Marker using fee E. BUNS
Transportation/Transfer Fees E. BUNS
Sales taxes E. BUNS

[Handwritten signature]
I hereby certify I am the X *[Signature]* of the above named decedent and this is your authority to make disposition of remains as herein indicated. I certify and warrant that I have the right to make this arrangement and I agree to hold Mt. Hope Cemetery harmless for any liability on account of said authorization and agreement.

I hereby authorize the interment to be held under contract.

[Handwritten signature]

Pierre R. Frazier
1801 Monarch Ridge Cir
EL CAJON CA 92019
619 447-8281

Work Order E 18729

Invoice # _____
Acct # _____

SEE-101 page

This information is available in alternative formats upon request.
If printed by request please

M.H.H.: Ms. Smith

MT HOPE CEMETERY E-18729

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|---------|----------|-------|--------|---------|--|
| | | | | | | |
| | | overpect | Grave | Thorne | | |
| | Schrock | ona | X | Small | Kulhavy | |
| | | Leon | | McGill | | |
| | | | | | | |

Blind Check Initiated By: Dan Date: 9/28

Interment space for: Cornell Small

Interment Date: Tues 10/5 Time: 11:00

Div: 11 Sect: 1 Blk/Row: Lot: 79 Gr: 1

Grave Laid out by: Norman Perry

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Dan Date: 10-4

flag on grave

E-48729

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|---|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CORNELL | 1B. MIDDLE - | 1C. LAST (FAMILY) SMALL | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/14/1914 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/26/2004 | 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 PIERRE FRAZIER, NEPHEW 1801 MONARCH RIDGE CIRCLE SAN DIEGO, CA 92109 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY; 3050 FEDERAL BLVD. SAN DIEGO, CA 92102 | | | 7B. CALIF LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8A. SIGNATURE OF APPLICANT — Person being permit <i>Blair Campbell</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 10/04/2004 | | |

| | | | | |
|----------------------------------|---|---|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 10/04/2004 B. CAMPBELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416858 |
| 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 CORONOR'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"/> D. 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 10-5-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Pls-need
Trust*

Date 9/28/04

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

in a _____ Funeral, date, time Johnnie busor 8228217
Type of Burial Container _____ Church, Chapel, Graveside _____ Mortuary _____

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

Division 12 Section 2 Blk/Row _____ Lot 95 Grave 12

Grave space & Care Fund _____ 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 50.00

Sales taxes _____

PAID

JAN 24 2005

Total Due _____ 463.00

MOUNT HOPE CEMETERY

Paid receipt number _____ 115.00

Balance due _____ 348.00

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulatt

Work Order # E 18730

See attached files for signatures

for: Johnnie Duson (mother) 228218

E-18730

Booth Janet 7267 Farmdale St., S.D. CA 92114

228217

| | DEBIT | CREDIT | BALANCE |
|---|--------|--------|---------|
| 09/28/04 Opened pre-need trust. Trust includes o/c \$413, | 463.00 | | 463.00 |
| r/ fee \$50. Div 12 Sec 2 Lot 95 Gr 12 Dwn Pymt | | 115.00 | 348.00 |
| of 115.00 paid by visa card. 11/2 R-58186 | | 14.50 | 333.50 |
| 12-6-04 58295 coupon 2 | | 14.50 | 319.00 |
| 1/24/05 M/c Paid in full | | 319.00 | 0 |

PAID

JAN 24 2005

MOUNT HOPE CEMETERY



**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 9/28/04

*ple. need
lot & trust*

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

of Jos Janet Booth (228217)

In a D.D. Crypt Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 95 Grave 11

Grave space & Care fees 985.00

Overtime/Late Arrival fees —

Opening/Closing & Setup 826.00

Burial Container 418.00

Handling Fees 352.00

Flower vases & marker setting fee —

Recording/Filing/Transfer Fees 100.00

Sales taxes 32.40

Total Due 2713.40

aid receipt number 259/actin 678.00

Balance due 2035.40

PAID
JAN 24 2005

MOUNT HOPE CEMETERY

*1-24-05
Paid in full by
Babal*

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paullette

Work Order # E 18731

*All attached file
for signatures*

Booth, Janet 7267 Farmdale St., S.D. CA 92114

| | Debit | Credit | Balance |
|---|---------|---------|---------|
| 9/28/04 Opened pre-need lot/trust account. Trust includes: | 985.00 | | 985.00 |
| TW/C \$826.00, B/C \$418.00, H/F \$352.00, TWO R/F Fee \$100.00 | 1728.40 | | 2713.40 |
| Sales Tax on D.D. Crypt. Division 12 Sec 2 Lot 95 Gr 11 | | 678.00 | 2035.40 |
| 11-2-04 R-58186 | | 85.00 | 1950.40 |
| 12-6-04 58294 2 | | 85.00 | 1865.40 |
| 1/24/05 mp paid in full. | | 1865.40 | 0 |

PAID

JAN 24 2005

MOUNT HOPE CEMETERY

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E-18731

MOUNT HOPE CEMETERY

58295

(619) 527-3400

From: Janet Booth Address: 7267 Fairdale St. S.D. CA. 92114
fourteen 500 Dollars (\$ 14 50)
 Date: Dec 6, 2004
 in part Payment of pre-need trust
 Div 12 Sec 2 Blk/Row _____ Lot 95 Grave 12

Invoice No. E-18730
 Acct. No. _____
 W.O. _____
 BALANCE DUE 319 00

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

PAID

DEC - 6 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

| | | | |
|----------------|-------|--|--------------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 83033 | | |
| Trust | 77186 | | <u>14 50</u> |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | | <u>14 50</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
2326

AC-212 (Rev. 4-04)
 This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E-18731

MOUNT HOPE CEMETERY
(619) 527-3400

58186

From: Janet Booth Address: 267 Farmdale St., S.D. Date: 11/2, 2004
Nurety Nine 50
 in part Payment of Pre-need lot + trust. Dollars (\$) 99.50
 Div 12 Sec 2 Blk/Row _____ Lot 95 Grave 11 & 12

Invoice No. E-18730/E-18731
 Acct. No. _____
 W.O. _____
 BALANCE DUE \$333.50

NOT VALID FOR PURCHASE OR SALE UNLESS
 STAMPED "PAID" IN THIS SPACE
PAID
 NOV 02 2004
MOUNT HOPE CEMETERY
 ISSUED BY [Signature]

| | | |
|----------------|-------|-------|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | 99.50 |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Bural | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | 99.50 |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
2264/2265
 AC-212 (Rev. 4-04)
 This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58294

Date: Dec. 6, 2004
 From: Janet Booth Address: 7267 Harmdale Ct. S.D. CA. 92114
 in part Payment of eighty-five 900 Dollars (\$ 85)
pre-need lot + trust
 Div 12 Sec 2 Blk/Row _____ Lot 95 Grave 11

Invoice No. E-18731
 Acct. No. _____
 W.O. _____
 BALANCE DUE 1865 90

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
2325

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.
PAID
 DEC - 6 2004
 MOUNT HOPE CEMETERY
 ISSUED BY M. Villegas

| | | | |
|------------------------|-------|----|---|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | 85 | - |
| Opening/Closing | 77184 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| Handling Fee | 100 | | |
| Recording & Misc. Fees | 77185 | | |
| Pre-Need Trust | 77183 | | |
| Sales Tax | 63033 | | |
| | 77186 | | |
| | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | 85 | - |

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT NEED

Date 9/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frederic Thompson PA # 20050364 Estate

in a Liner Type of Burial Container Funeral, date, time 1:15 Oct. 5 11:00

Church, Chapel, Graveside DELIVERY ONLY: Bay View Mortuary Blanca

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 858,277,7820 will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 108 Grave 2

Grave space & Care Fund 1310.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 549.00

Burial Container 278.00

Handling Fees 213.00

Flower vases - Marker setting fee 66.00

Recording/Filing/Transfer Fees 21.54

Sales taxes 2437.54

Total Due 2437.54

Balance due 0

PAID

OCT 05 2004

MOUNT HOPE CEMETERY

*MORT 2. MAIL
CHECK
FAX # 858 277-7840
FAX # 858 694-3157
MARCO DE LA TORRE*

Paid receipt number R 58088

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

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

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature _____

*Pauletta
Non-Res Fee
(California)
E 18732*

MT HOPE CEMETERY E-18732

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|--|---|---------|--|-------|
| | | | | | | |
| | | | | | | |
| | | | x | smedley | | Grier |
| | S1105 | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10/4

Interment space for: Frederic Thompson RA # 20050364 ^{Estate}

Interment Date: ^{PC} 10/5/04 Time: 11:00 Delivery Only

Div: 12 Sect: 1 Blk/Row: Lot: 108 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: _____ Date: _____

E-18732

114

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|-----------------|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) FREDERIC | | 1B. MIDDLE - | 1C. LAST (FAMILY) THOMPSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/09/1939 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/03/2004 | 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 MARCO DE LA TOBA - PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: BAYVIEW CREM. & BURIAL, 815 THIRD AVER #315-B CHULA VISTA, CA 91911 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1713 | 8A. SIGNATURE OF APPLICANT — Person taking perm: <i>[Signature]</i> | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 09/29/2004 | | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 09/29/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416649 <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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> 1. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. 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 10-5-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY 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 9/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Ethridge 208214

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 90 Grave 2

Grave space & Care Fund _____ 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

PAID

Burial Container _____

Handling Fees _____ OCT 31 2005

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ MOUNT HOPE CEMETERY

Sales taxes _____

Total Due _____ 985-

Paid receipt number VISA 240-

Balance due 739-

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

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

James Ethridge
Print Name
14253 Camino Carta
Address
SD 92120
City
(619) 229 1403 Zip Code
Telephone

Signature
Pam

Work Order # E 18733

Invoice # _____

Acct. # _____

Mailed 1000
Nov 1, 05

E-18733

WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ 31 -
1 @ 22 -

Name

Address

PURCHASER

James Ethridge
Print Name

James Ethridge
Signature

6253 Camino Corto
Street Address (Mail)

SD 92120
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: [Signature]

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

pln # 228214 (contract expires sept 2006) payments \$31.00 23 months E-18733
 \$26.00 final

ETHRIDGE, JAMES 6253 Camino Corta SD 92120 (619)229-1403

| | | | | |
|-------------------------------------|--|--------|----------|--------|
| DIV 12 Sec 2 Lot 90 Gr 2 | | | | |
| 09-29-2004 | Opened pre-need lot w/ 25% down by Visa | 985.00 | | |
| | | | 246.00 | 739.00 |
| 09-29-2004 | Visa coupon 1-3 Oct, Nov, Dec 2004 (3) | | 93.00 | 646.00 |
| 10-25-04 | Visa Jan, Feb 2005 100 coupon (2) 5 | | 102 - | 544 - |
| 6-29-05 | Visa Mar, April, May 2005 100 Coupon (6) 8 / pd due May 2005 | | 93 - | 491 - |
| 9-08-05 | mailed delinquent cert letter | | | |
| 10-31-05 | pd In Full by Visa | | \$491.00 | 0 |

PAID

OCT 31 2005

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date 9/29/04

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

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

Church, Chapel, Graveside _____; Ragsdale Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 54 Grave 6

Grave space & Care Fund _____ 985.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette
Work Order # E 18734

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 9-30-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas William Davis 788239

in a D.D. Crypt (A) Funeral, date, time Sat. Oct. 2 11:00
Type of Burial Container
 Church, Chapel, Gravesite: Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 165.00 will be applied and billed to undersigned.

| | |
|--|----------------|
| Division <u>12</u> Section <u>2</u> Blk/Row _____ Lot <u>54</u> Grave <u>6</u> | |
| Grave space & Care Fund | <u>1985.00</u> |
| Overtime/Late Arrival Fees <u>SAT.</u> | <u>160.00</u> |
| Opening/Closing & Setup | <u>413.00</u> |
| Burial Container | <u>418.00</u> |
| Handling Fees | <u>352.00</u> |
| Flower vases - Marker setting fee | <u>—</u> |
| Recording/Filing/Transfer Fees | <u>50.00</u> |
| Sales taxes | <u>32.40</u> |

PAID

SEP 30 2004

M 50 5033
5-8-05

MOUNT HOPE CEMETERY Total Due 2250.40
 Paid receipt number R-58068 660.00
 Balance due 2250.40 660.00

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

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

Angela Kretschmar
Signature

ANGELA KRETSCHMAR
Print Name
362 BANNER DR
Address
SAN DIEGO CA 92114
City Zip Code
(619) 469-6472
Telephone

Paulette Restee
 Work Order # E 18735

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY E-18735

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-----|-----|--------|--------|--------|--|
| | | | | | | |
| | | | CASTRO | | | |
| | WAM | CHI | X | PIEPER | DUNCAN | |
| | | | SMITH | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 9/30

Interment space for: Thomas Davis

Interment Date: Sat 10/2 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 54 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DARREY Date: 10-1-04

Pam

E 18735
107

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|------------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) THOMAS | 1B. MIDDLE WILLIAM | 1C. LAST (FAMILY) DAVIS | 2. DATE OF BIRTH MONTH DAY YEAR 05/08/1937 | 3. DATE OF DEATH MONTH DAY YEAR 09/24/2004 | 4. SEX M |
| 5A. CITY OF DEATH OCEANSIDE | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EMMA DAVIS, WIFE 3565 NORMOUNT ROAD 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 FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100955 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>Blair Campbell</i> | |
| | | | | 8B. DATE SIGNED 09/30/2004 | |

| | | | | |
|----------------------------------|---|---|---|--|
| 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 13.00 | 9B. DATE PERMIT ISSUED 09/30/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. CAMPBELL 2416759 |
| 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 CORONOR'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"/> D. 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 10-2-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At need

Date 9-30-04

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

of HARRY T. MATSUHARA 708247
in a Liner Funeral, date, time OCT 6th Weds 10:30

Church, Chapel Graveside _____ : Humphreys Mortuary.

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

| | | | | | | | | | |
|-----------------------------------|----------|---------|----------|---------|--|-----|-----------|---------------------|---------------|
| Division | <u>7</u> | Section | <u>2</u> | Blk/Row | | Lot | <u>48</u> | Grave | <u>5</u> |
| Grave space & Care Fund | | | | | | | | | <u>A-4018</u> |
| Overtime/Late Arrival Fees | | | | | | | | | <u>110</u> |
| Opening/Closing & Setup | | | | | | | | | <u>E-2787</u> |
| Burial Container | | | | | | | | | <u>110</u> |
| Handling Fees | | | | | | | | | <u>110</u> |
| Flower vases - Marker setting fee | | | | | | | | | <u>110</u> |
| Recording/Filing/Transfer Fees | | | | | | | | | <u>110</u> |
| Sales taxes | | | | | | | | | <u>110</u> |
| | | | | | | | | Total Due | <u>0</u> |
| | | | | | | | | Paid receipt number | <u>110</u> |
| | | | | | | | | Balance due | <u>0</u> |

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

I hereby authorize the interment in lot I hold under deed.
Masako Matsuhara
Signature

MASAKO MATSUHARA
Print Name
804 SANTA ISABEL DR.
Address
SAN DIEGO, CA 92114
City
(619) 264-0607
Telephone

Paulette

Work Order # E 18736

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18736

GRAVE BLIND CHECK FORM

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

| | | | | | |
|--|----------|-----------|---------|-----------|---------|
| | | | | | |
| | YAMAMOTO | | Imazumi | Hom | Imazumi |
| | | MATSUHARA | X | MATSUHARA | Ponels |
| | DOHERTY | | NORTH | MATTICE | |
| | | | | | |

Blind Check Initiated By: Paulette Date: 10/5/04

Interment space for: HARRY T. MATSUHARA

Interment Date: 10-6-04 Time: 10:30 Am

Div: 7 Sect: 2 Blk/Row: _____ Lot: 48 Gr: 5

Grave Laid out by: DARREY P. BOKMAN

Agrees with Legal Card: Yes No


Agrees with Map: Yes No F109

Blind Check & Verified By: David Noriega Date: 10-6-04

C-18736

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-----------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HARRY | 1B. MIDDLE TOSHIO | 1C. LAST (FAMILY) MATUHARA | 2. DATE OF BIRTH MONTH DAY YEAR 05/22/1913 | 3. DATE OF DEATH MONTH DAY YEAR 09/26/2004 | 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 SANDRA L. MATUHARA (NIECE) 2608 MICHELLE COURT #B NATIONAL CITY, CA 91950 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY-CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 964 | 8A. SIGNATURE OF APPLICANT  | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 10/01/2004 | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/01/2004 SANDRA PENA | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416822 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO CO. P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. 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 CORONOR'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 ENVALTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. 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 10/6/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 9/30/04

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

of Alvin Becker Wade

in a TS Vault Funeral, date, time Tues 10/5 10:00

Church, Chapel, Graveside Leatheringill Mortuary

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

Division 12 Section 2 Blk/Row _____ Lot 94 Grave 7

Grave space & Care Fund E 7337

Overtime/Late Arrival Fees

Opening/Closing & Setup E 7407

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due

Paid receipt number _____

Balance due

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

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

Signature Dan

X Alvin S Becker
Print Name
X 789 Quairdr
Address
Chino Valley AZ
City
(630) 21007
Telephone Zip Code

Work Order # E 18737

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18731

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|---------|----------|---|--------|--------|--|
| | | | | | | |
| | | Oliverio | | Capone | | |
| | Wigford | | X | Becker | Wobart | |
| | | Manson | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/1

Interment space for: Alvin Becker

Interment Date: Wed 10/5 Time: 10:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 94 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

blag m grave

Blind Check & Verified By: David Noriega Date: 10-4-04

E-18737

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|--|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Alvin | 1B. MIDDLE - | 1C. LAST (FAMILY) Becker | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/28/1913 | 3. DATE OF DEATH MONTH, DAY, YEAR END 09/29/2004 | 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 Alvin L. Becker (Son) 789 Quain Dr. Chino Valley, AZ 86323 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1083 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>M. Dominguez</i> | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 09/29/2004 | |

| | | | | |
|--|---|---|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 8A. AMOUNT OF FEE PAID 13.00 | 8B. DATE PERMIT ISSUED 10/01/2004 M. Dominguez | 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416776 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92115 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | | | | | |
|--|--|---|--|--|---|
| COMPLETE ALL APPLICABLE ITEMS | 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | FOR CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | | <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 10/5/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

At
Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/01/04

in
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Newell 728257
in a ash/urn Funeral, date, time Fri 10/8 1:30
Church, Chapel Graveside; Encino - Anderson Mortuary.

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

Division 7 Section 11 Blk/Row _____ Lot 200 Grave 3
C 378 0

Overtime/Late Arrival Fees _____
Opening/Closing & Setup _____
Burial Container _____
Handling Fees _____
Flower vases - Marker setting fee _____

PAID

110.-
61.-
66.-

OCT 01 2004

Recording Filing/Transfer Fees _____
Sales taxes _____

MOUNT HOPE CEMETERY

80.-
473

Total Due 297.73

Paid receipt number MC 297.73

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.

(20 R) RA
I hereby authorize the interment in lot I hold under deed.

X
Print Name X 2348 Rippey crt
Address X El Cagon Ca 92020
City _____ Zip Code _____
X
Telephone _____

Signature Ram

Work Order # E 18738

Invoice # _____
Acct. # _____

w/ Hanna

MT HOPE CEMETERY E 18738

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|----------|--------|---------|--|--|--|
| | | | | | | |
| | | Street | | | | |
| | Whilldin | X | Schmidt | | | |
| | 200K | | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/11

Interment space for: James Newell X

Interment Date: Fri 10/8 Time: 1:30

Div: 7 Sect: 11 Blk/Row: Lot: 200 Gr: 3

Grave Laid out by: Norman Perry

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: David Navier Date: 10-6-04

86316

E-18738

AAX

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) JAMES | 1B. MIDDLE ROBERT | 1C. LAST (FAMILY) NEWELL | 2. DATE OF BIRTH MONTH DAY YEAR 10/23/1941 | 3. DATE OF DEATH MONTH DAY YEAR 09/28/2004 | 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 KAREN NEWELL-WIFE 4047 32nd ST. SAN DIEGO, CA 92104 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ECM-ERICKSON ANDERSON CHAPEL 8390 ALLISON AVE. LA MESA, CA 91941 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-296 | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>[Signature]</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103025 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 10/01/2004 | |

| | | | | |
|---|---|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 10/01/2004 C GRIER | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416798 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- 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
- D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'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 | 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 10/4/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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 10-1-04

At Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Salgado (Infant) 278264r

in a Liner 0 Funeral, date, time Tues. Oct 12th noon

Church, Chapel, Graveside : AZILAN Mortuary John

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

| | | | | | |
|---|------------------|---------------|-----------------|----------------|--------------------|
| Division <u>9</u> | Section <u>1</u> | Blk/Row _____ | Lot <u>1467</u> | Grave <u>1</u> | |
| Grave space & Care Fund | | | | | <u>110.00</u> |
| Overtime/Late Arrival Fees | | | | | <u>—</u> |
| Opening/Closing & Setup | | | | | <u>138.00</u> |
| Burial Container <u>25L x 13W</u> | | | | | <u>77.00</u> |
| Handling Fees | | | | | <u>28.00</u> |
| Flower vases - Marker setting | | | | | <u>—</u> |
| Recording/Filing/Transfer Fees | | | | | <u>50.00</u> |
| Sales taxes | | | | | <u>5.97</u> |
| | | | | | OCT 01 2004 |
| Total Due | | | | | <u>408.97</u> |

PAID

Total Due 408.97
 Visa Card 408.97

MOUNT HOPE CEMETERY

Balance due 0

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

I hereby authorize the interment in lot _____ (101) under dead.

Leopoldo Salgado
 Signature

Leopoldo Salgado
 Print Name
475 Highland A V APT A
 Address
SAN DIEGO CA. 92105
 City Zip Code
(619) 5281954
 Telephone

Paulette FOX 337 8300

Work Order # E 18739

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

C-18739

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|---------|----------|--|---|------|--|--|
| Torres | Williams | | | Clay | | |
| | | | | | | |
| | | | X | | | |
| Godinez | Porter | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10-11

Interment space for: Carlos Salgado Infant

Interment Date: 10/12/04 Time: 12:00 Noon

Div: 9 Sect: 1 Blk/Row: _____ Lot: 467 Gr: 1

Grave Laid out by: Norma Perquer

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: Kenneth Collins Date: 10/14/04

E-18739
1 copy

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|---|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Carlos | 1B. MIDDLE - | 1C. LAST (FAMILY) Salgado | 2. DATE OF BIRTH MONTH DAY YEAR 09/28/2004 | 3. DATE OF DEATH MONTH DAY YEAR 09/28/2004 | 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 Leopoldo Salgado-Father 4175 Highland Ave. #A San Diego, CA 92105 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1658 | | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>Leah A. Mata</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 10/08/2004 | | |

| | | | | |
|---|---|---|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED Leah A. Mata 10/08/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417200 |
| 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 CORONOR'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"/> D. 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 10-12-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karla F. [Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/1/04

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

of Rudolph Hoyt 208272
in a ash urn Funeral, date, time Fri 10/15 12:30

Church, Chapel, Graveside : Family Mortuary:

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

Division 12 Section 2 Blk/Row _____ Lot 280 Grave 3
Grave space & Care Fund E-11538 ~~_____~~

Overtime/Late Arrival Fees _____
Opening/Closing & Setup _____ 154-
Burial Container _____ 81-
Handling Fees _____ 88-

PAID

Flower vases - Marker setting fee OCT. 0.1 2004 _____

Recording/Filing/Transfer Fees _____ 100-

Sales taxes _____ **MOUNT HOPE CEMETERY** 6.28

Total Due 395.28

Paid receipt number R 58074 395.28

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.

SV (NR) Pam
I hereby authorize the interment in lot I hold under deed.

X Jennifer Dubose
Print Name
X 1417 PARADISE AVE.
Address
X Spring Valley 91977
City
X 619 697-9198 Zip Code
Telephone

Signature
Pam

Work Order # E 18740

Invoice # _____
Acct. # _____

w/ Julia

MT HOPE CEMETERY - 18740

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|-----|--------|--------|--|--|
| | | | | | | |
| | | | Harris | | | |
| | Harsh | | X | Harris | | |
| | | TAN | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/1

Interment space for: Rudolph Hoyt ⊗

Interment Date: Fri 10/15 Time: 12:30

Div: 12 Sect: 2 Blk/Row: Lot: 280 Gr: 3

Grave Laid out by: Neil Novick

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: M. [Signature] Date: 11/10/24

C-18740

JD

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Rudolph | 1B. MIDDLE E. | 1C. LAST (FAMILY) Hoyt | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/23/1923 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/02/2004 | 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 Jennifer DuBose, Daughter 1417 Paraiso Avenue Spring Valley, CA 91977 | | |
| 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 FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: B. Campbell | |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7150 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 13.00 | 9B. DATE PERMIT ISSUED 09/09/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell | 98. DATE SIGNED 09/07/2004 |
| | 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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|---------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 10/15/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083 | 12B. DATE CREMATED: 9/15/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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.

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/1/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilford Sanders 728242

in a Liner Type of Burial Container Funeral, date, time Mon 10/4 12:00

Church, Chapel, Graveside Cypress View Mortuary

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

Division 12 Section 2 Blk/Row _____ Lot 52 Grave 11

| | | |
|-----------------------------------|-----------------------------|--------------|
| Grave space & Care Fund | PAID | <u>985-</u> |
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | | <u>413-</u> |
| Burial Container | OCT 01 2004 | <u>209-</u> |
| Handling Fees | | <u>1600-</u> |
| Flower vases - Marker setting fee | | |
| Recording/Filing/Transfer Fees | MOUNT HOPE CEMETERY? | |
| | <u>50.00 + 55.00</u> | <u>110-</u> |
| Sales taxes | <u>Mock + Rec</u> | <u>16.20</u> |

Total Due 1888.70

Paid receipt number R58076 1888.70

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 [Signature]

X Roszita Sanders
 Print Name
 X 909 Copley Ave
 Address
 X Waldorf MD 20602
 City Zip Code
 X 301 885-0902
 Telephone

Work Order # E 18741

Invoice # _____
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E-18741 Puckette
11-22 SENT POSITION
the application
to be signed + info
filled out, she will
mail back to us.

MT HOPE CEMETERY - 18741

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|--|---|--------|--|--|
| | | | | | | |
| | | | | Parker | | |
| | Solon | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/11

Interment space for: Wilford Sanders

Interment Date: Mon 10/14 Time: 12:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 52 Gr: 11

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: _____ Date: _____

C-18741 34

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FD

| | | | | | |
|---|---------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) WILFORD | 1B. MIDDLE EARL | 1C. LAST (FAMILY) SANDERS | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/28/1970 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/27/2004 | 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 LAURA SANDERS - WIFE 5794 CUMBERLAND ST SAN DIEGO CA 92139 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; BCM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-670 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8A. SIGNATURE OF APPLICANT <i>Earl Wilford</i> | |
| | | | | 8B. DATE SIGNED 10/01/2004 | |

| | | | | |
|--|--|---|---|--|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/01/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L CASTRO 2416801 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | | |
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | FOR CORONOR'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 10/3/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Parster</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL - AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-4-04

*AT NEED
NON-RES.
Total of 20
chains*

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

of ARTHUR U YEDA ~~85~~ ^{2782.94} 1.00

in a ASH VAULT Type of Burial Container Funeral date, time Sat Oct 23 1:00

Church, Chapel, Graveside Graveside FAMILY ADORE CREST FUN. HOME Mortuary. 707-789-9000

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

will be applied and billed to undersigned. _____

Division 1D Section _____ Blk/Row _____ Lot 3983 Grave 1

Grave space & Care Fund D-8964 _____

Overtime/Late Arrival Fees SATURDAY 307.00

Opening/Closing & Setup _____ 154.00

Burial Container SIZE 9w x 6h x 3d 13 long 81.00

Handling Fees OCT 04 2004 88.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fee MOUNT HOPE CEM. FEE 66.00

Sales taxes _____ 6.28

Total Due 702.28

Paid receipt number MasterCard 702.28

Balance due 0

*fax 707 789-9030
HM 707 763-8505
Stanley
Yueda's son*

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.

Kenneth Uyeda
Signature

KENNETH UYEDA
Print Name
5077 GROS VENTURE AVE
Address
SAN DIEGO, CA 92117
City Zip Code
1-805-279-2116
Telephone

Paulette

Work Order # E 18742

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18742

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-------|---------|--|--|--|
| | | | | | | |
| | | | Dillo | | | |
| | | Bulky | x | | | |
| | | | Hegwood | | | |
| | | | Goodman | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10/21

Interment space for: Arthur Uyeda

Interment Date: Sat Time: Sat Oct 23

Div: 10 Sect: Blk/Row: Lot: 3133 Gr:

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 10/21/04

MT HOPE CEMETERY E-18742

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--------|--------|---------|--|--|--|
| | | | | | | |
| | | | Dileo | | | |
| | Bailey | Bailey | x | | | |
| | | | Hegwood | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10-20

Interment space for: Arthur Uyeda *

Interment Date: Sept 19/23 Time: 11:00 ^{PM} ~~1:00~~

Div: 10 Sect: _____ Blk/Row: _____ Lot: 3933 Gr: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag ✓

Blind Check & Verified By: _____ Date: _____

E-18742 2004-2944

APPLICATION 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 ASA | 1C. LAST (FAMILY) UYEDA | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/26/1925 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/01/2004 | 4. SEX M |
| 5A. CITY OF DEATH Petaluma | | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE Sonoma | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sumiko Uyeda - Spouse 1500 Tanager Lane Petaluma, CA 94954 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; Adobe Creek Funeral Home 331 Lakeville St., Petaluma, CA 94952 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1646 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 10/02/2004 | | |

| | | | | |
|---|--|---|---|--|
| 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 | 9B. DATE PERMIT ISSUED M. Hewitt 10/04/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Fax Auth. 3130 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA 625 5th St., Santa Rosa, CA 95404 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222, San Diego, CA 92186 | | |

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

| | | | | |
|-------------------------------|--|---|---------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA | 11B. DATE BURIED 10-23-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pleasant Hills Crematory Sebastopol, CA 95472 | 12B. DATE CREMATED 10-5-004 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE - | 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.

Pro
Mud

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/4/04

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

of Angelica Rengifo

in a _____ Funeral, date, time ESTANISLAO

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 3 Grave 1

Grave space & Care Fund **PAID** 330-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup OCT 04 2004 110-

Burial Container _____

Handling Fees **MOUNT HOPE CEMETERY** _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50 x 2 100-

Sales taxes _____

Total Due 540.-

Paid receipt number R58078 540.-

Balance due 0

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

(R) [Signature]
I hereby authorize the interment in lot I hold under deed.

X GENOVEVA Cebalino
First Name
X 7414 BEAL ST.
Address
X SAN DIEGO CA 92111
City
X (654) 278 8168 Zip Code
Telephone

Signature
[Signature]

Work Order # E 18743

Invoice # _____
Acct. # _____

At
Rud

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/4/04

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

of Crispin Olea-Vega
in a TS Vault Funeral, date, time Wed 10/6 9:00

278746

~~Church~~ Chapel, Graveside Guadalupe mortuary.

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

Division 12 Section 2 Blk/Row 121 Grave 7
PAID 985-

Overtime/Late Arrival Fees OCT 04 2004 413-

Opening/Closing & Setup 275-

Burial Container MOUNT HOPE CEMETERY 204-

Flower vases - Marker setting fee _____

~~Recording~~ Filing/Transfer Fees 50-

Sales taxes 21.31

Total Due 1948.31
Paid receipt number R-58079 1948.31

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.

(R) PA
I hereby authorize the interment in lot I hold under deed.

X Jorge Luis Olea
Print Name
X 1077 SWaner St
Address
X SD CA 92114
City Zip Code
X 619-920-4532
Telephone

Signature Pam
Mortuary 2 pay
Work Order # E 18744

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18744

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|-------|--|--------|--|
| | | | | | | |
| | | | James | | | |
| | | | X | | | |
| | | | | | Pruden | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/4

Interment space for: Crispin Olea-Vega

Interment Date: Wed 10/6 Time: 9:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 121 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: David Toranzo Date: 10-5-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18744

50

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

| | | | | | |
|--|-----------------|--|--|--|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CRISPIN | 1B. MIDDLE - | 1C. LAST (FAMILY) OLEA-VEGA | 2. DATE OF BIRTH MONTH DAY YEAR 12/05/1947 | 3. DATE OF DEATH MONTH DAY YEAR 10/01/2004 | 4. SEX M |
| 5A. CITY OF DEATH TIJUANA | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE MEXICO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JORGE LUIS OLEA-SON 1077 SWANER ST SAN DIEGO, CA, 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1425 | | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>Joe Chavez</i> |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100255 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | 8B. DATE SIGNED 10/05/2004 | | |

| | | | | |
|--|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED JOSE CHAVEZ 10/05/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416985 |
| 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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. 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 10-6-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date OCT 4, 04

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

of James Masen

in a VIA Funeral, date, time Wed 10/6 11:00

Church, Chapel, Gravesite del; Ragsdale Mortuary.

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

Division 8 Section 4 Blk/Row _____ Lot 320 Grave 1

Grave space & Care Fund _____ 320

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 116

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 50

Sales taxes _____

Total Due _____ 496

Paid receipt number R58080 _____ 496

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.

(R)A hereby authorize the interment in lot I hold under deed.

Debra Swyer
Print Name Debra Swyer
Address 103 42 St
City SAN DIEGO Zip Code 92102
Telephone 619 255 4517

Signature Hau

Work Order # E 18745

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18745

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--------|---------|----------|--|--|
| | | | | | | |
| | | | | Hamilton | | |
| | | Gordon | X | | | |
| | | Hughes | | Sobek | | |
| | | | Gilbert | | | |

Blind Check Initiated By: Pam Date: 10/4

Interment space for: James Mason

Interment Date: Wed 10/6 Time: 11:00

Div: 8 Sect: 4 Blk/Row: _____ Lot: 302 Gr: 1

Grave Laid out by: Marian Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag in grave

Blind Check & Verified By: J. H. Bean Date: 10.6.04

E-18749

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) James | 1B. MIDDLE Henry | 1C. LAST (FAMILY) Mason | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/25/1912 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/01/2004 | 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 Della Swygert, Daughter 3443 Newton Avenue San Diego, CA 92113 | | |
| 7. 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 FD-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Blair Campbell</i> | | 8B. DATE SIGNED 10/04/2004 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 13.00 | 9B. DATE PERMIT ISSUED 10/04/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416855 |
| 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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|--------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 10-5-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083 | 12B. DATE CREMATED 10/5/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>S. M. Schubert</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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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 10/5/04

AT NEED
FAMILY
OURBERS

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

of ALICE N. DUBOIS 228254

in a T.S. VAULT Funeral, date, time Fri. Oct. 8 11:00

Church, Chapel Graveside Witness TED MAYOR - VENTURA Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day of an extra charge of \$ 219.00
Fax 805-653-5731
805-643-4977

will be applied and billed to undersigned. _____

Division 5 Section 2 Blk/Row _____ Lot 28 Grave 23

Grave space & Care Fund _____ B-8487

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 549.00

Burial Container _____ 366.00

Handling Fees _____ 271.00

Flower vases - Marker setting fee _____

Recording/Filling/Transfer Fees _____ OCT 06 2004 66.00

Sales taxes _____ 28.37

MOUNT HOPE CEMETERY Total Due _____ 1280.37

Paid receipt number _____ 1280.37

R-58097 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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18746

See Attached

MT. HOPE CEMETERY
INTERMENT ORDER

DuBois

City of San Diego

AT NEED

Date 10/5/04

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

of ALICE N. DUBOIS

in a T.S. VAULT Funeral date, time FRIDAY OCT 8TH ? (TIME)

Church, Chapel Graveside Mortuary _____

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 219.00

will be applied and billed to undersigned.

Division 5 Section 2 Blk/Row _____ Lot 28 Grave 2

Grave space & Care Fund B-8497 _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 549.00

Burial Container 366.00

Handling Fees 271.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 66.00

Sales taxes 28.37

Total Due 1280.37

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.

George DuBois
Signature

George Du Bois
Print Name
25 Piasetta Gardens Dr.
Address
Ventura, CA 93004
City State Zip Code
(805) 659-3621
Telephone

Paulette

Work Order # E 18746

Invoice # _____

AGGT. # _____

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|----------|--|------|---------|--|-----------|--|
| | | | | | | |
| | | | | | | |
| | | COOK | X | | | |
| CONTRENS | | | LANNING | | SCHAEFFER | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10/6

Interment space for: Alice N. DuBois

Interment Date: 10/8/04 Time: 11:00

Div: 5 Sect: 2 Blk/Row: _____ Lot: 28 Gr: ~~2~~

Grave Laid out by: DARREY & ROBERT

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

paq

Blind Check & Verified By: M. Sandstrom Date: 10/6/04

E-18746

SEVENTH AMENDED AND RESTATED
TRUST INDENTURE OF GODDARD DUBOIS

GODDARD DUBOIS, as settlor, hereby amends and completely restates the Trust Indenture of Goddard DuBois, originally executed on June 24, 1971, to read in its entirety as follows:

ARTICLE 1
DECLARATION OF TRUST

Trust Establishment and Restatement: GODDARD DUBOIS, as settlor, has delivered (or will deliver) to the trustee without consideration the property shown on the attached schedule, which is referred to as the "Trust Estate".

This Seventh Amended and Restated Trust Indenture is an amendment and entire restatement of the Trust Indenture of Goddard DuBois, which was established by the settlor by trust indenture dated June 24, 1971, and subsequently amended and restated by him on December 21, 1987, November 19, 1990, November 10, 1994, May 1, 1995, October 4, 1995, and June 13, 1997. The trustee appointed under the original indenture of trust is the settlor, as trustee, and the settlor has served as trustee of the trust since its establishment.

The original trust indenture, and the amendments and restatements thereto, provide that the trust indenture is fully amendable by the settlor during his lifetime. Accordingly, the settlor hereby amends and completely restates the trust indenture in its entirety in this Seventh Amended and Restated Trust Indenture.

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

- Settlor: *Goddard DuBois*
- Name of trust: Trust Indenture of Goddard DuBois (aka Goddard DuBois Living Trust)
- First trustee: Goddard DuBois
- Minor Children living: None
- Adult children living: George DuBois and Mark DuBois
- Deceased children: None

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

END OF ARTICLE

E-18746

if Eric DuBois is not then-living, then to the settlor's grandson Lawrence DuBois, if he is then-living, and if Lawrence DuBois is not then-living, then in equal shares to the then-living issue of Eric DuBois and Lawrence DuBois.

If at the settlor's death no other disposition of the trust estate is directed by this instrument, the remaining portion of the trust estate shall then be distributed to the settlor's legal heirs (excluding the settlor's son Mark DuBois, the settlor's daughter-in-law Brenda DuBois and the issue of Mark DuBois, namely Sarah DuBois and Ryan DuBois) their identities and respective shares to be determined as if the settlor had died immediately after the event requiring distribution, and shall be determined according to the laws of the State of California then in effect relating to the succession of separate property that was not acquired from a parent, grandparent, or previously deceased spouse.

Death Taxes: The trustee shall have the power to pay all death taxes resulting from the settlor's death. The settlor directs the trustee to apportion all death taxes in accordance with California Probate Code provisions for death tax proration.

Trust Irrevocable Upon Settlor's Death: Upon the settlor's death, this trust shall become irrevocable and nonamendable.

END OF ARTICLE

ARTICLE 4
OFFICE OF TRUSTEE

Nomination of Trustees for All Trusts: For all trusts under this instrument, the trustee and successor trustees shall be those persons named below, who shall serve without bond. Each successor trustee shall serve as trustee in the order designated if the prior trustee fails to qualify or ceases to act.

Trustee: Goddard DuBois

Successors:

- First: George DuBois as sole trustee
- Second: Eric DuBois, as sole trustee
- Third: Lawrence DuBois, as sole trustee

Any trustee or successor trustee may resign as trustee or successor trustee at any time.

Compensation of Trustee: The trustee may pay itself reasonable compensation from the trust

E-18746

within the United States.

"Death taxes" shall include federal, state, and local estate and inheritance taxes, including penalties and interest, but not generation-skipping or special use valuation recapture taxes or marital deduction qualified terminable interest attribution.

"Shall" indicates a mandatory directive, while the use of the word "may" indicates a permissive, but not mandatory, grant of authority.

The masculine, feminine, or neuter gender and the singular or plural number shall each include the others whenever the context indicates.

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

END OF ARTICLE

ARTICLE 6
EXECUTION AND ACKNOWLEDGMENT

Signature Clause - Settlor: The settlor certifies that the settlor has read the foregoing Seventh Amended and Restated Trust Indenture and that it correctly states the terms and conditions under which the trustee is to hold, manage, and distribute the trust estate.

The settlor approves the Seventh Amended and Restated Trust Indenture in all particulars and requests that the trustee sign it.

Date: 11-6, 1998.



Settlor

The trustee accepts this appointment and agrees to hold, administer, and distribute the trust estate in accordance with the terms of the foregoing Seventh Amended and Restated Trust Indenture.

Date: 11-6, 1998.



Trustee

E-18746

ACKNOWLEDGMENT FOR SETTLOR AND TRUSTEE

COUNTY OF SAN DIEGO)
STATE OF CALIFORNIA)

On 11/16/98 before me, the undersigned, a Notary Public for this State, personally appeared GODDARD DUBOIS, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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



Stefani B. Lenett
Notary Public

END OF ARTICLE

E-18746 74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|---|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ALICE | 1B. MIDDLE NAOMI | 1C. LAST (FAMILY) DU BOIS | 2. DATE OF BIRTH MONTH DAY YEAR 10/06/1929 | 3. DATE OF DEATH MONTH DAY YEAR 10/04/2004 | 4. SEX F |
| 5A. CITY OF DEATH VENTURA | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE VENTURA | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GEORGE DU BOIS - HUSBAND 75 POINSETTIA GARDENS DRIVE, VENTURA, CA 93004 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: TED MAYR FUNERAL HOME 3150 LOMA VISTA RD., VENTURA, CA 93003 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-667 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 10/06/2004 | | |

| | | | | |
|--|--|---|---|---|
| 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 \$ 13.00 | 9B. DATE PERMIT ISSUED 10/06/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 32895 ROBERT M. LEVIN, M.D. |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA 2240 EAST GONZALES RD., SUITE 150 OXNARD, CA 93036 | 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 | | |
| 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 CORONOR'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 8 04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/5/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Koolsum Javadian ^{219 455}
in a TS Vault _{type of Burial Container} Funeral, date, time wed 10/13 12:00
Church, Chapel, Graveside American Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 2.00
will be applied and billed to undersigned.

| | | | | |
|-----------------------------------|---------------|---------------|-----------------|-------------------------------------|
| Division <u>10</u> | Section _____ | Blk/Row _____ | Lot <u>1139</u> | Grave <u>1</u> |
| Grave space & Care Fund | | | <u>E 12696</u> | <input checked="" type="checkbox"/> |
| Overtime/Late Arrival Fees | | | | <input type="checkbox"/> |
| Opening/Closing & Setup | | | .1 | <input type="checkbox"/> |
| Burial Container | | | 11 | <input type="checkbox"/> |
| Handling Fees | | | 11 | <input type="checkbox"/> |
| Flower vases - Marker setting fee | | | | <input type="checkbox"/> |
| Recording/Filing/Transfer Fees | | | " | <input type="checkbox"/> |
| Sales taxes | | | 11 | <input type="checkbox"/> |
| Total Due | | | | <input type="checkbox"/> |

cancel
3:20
R-58185

Paid receipt number _____
Balance due

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

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

X Magid Javadian
Print Name
X 959 Felspar St. #2H
Address
X San Diego CA 92109
City
X (858) 272-2917 Zip Code
Telephone

Signature
Pam

Work Order # E 18747

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18747

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|---------|----------|---------|---------|--|--|
| | | | | | | |
| | | Boswell | Boswell | Boswell | | |
| | Werner | Hartford | x | | | |
| | Mohamed | | | Murray | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/11

Interment space for: Koolsum Jandian

Interment Date: wed 10/13 Time: 12:00

Div: 10 Sect: Blk/Row: Lot: 1139 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: David Noviga Date: 10-12-04

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

| | |
|------------|----------------|
| DATE | YOUR ORDER NO. |
| 10-21-2004 | E-18747 |

TO: Magid Javadian
959 Felspar St #2H
San Diego CA 92109

DESCRIPTION OF CHARGE

AMOUNT

Late arrival fee for Koolsum Javadian
service on Wednesday 10-13-2004.
Your arrival time was 3:20.

\$165.00

Please send in payment within 10 days.

Paid ✓
PAID

Nov 1, 2004

NOV 03 2004

MOUNT HOPE CEMETERY

Mount Hope Cemetery

E-18747

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

| | |
|------------|----------------|
| DATE | YOUR ORDER NO. |
| 10-21-2004 | E-18747 |

| | |
|-----|--|
| TO: | Magid Javadian 959 Felspar St #2H San Diego CA 92109 |
|-----|--|

| DESCRIPTION OF CHARGE | AMOUNT |
|-----------------------|--------|
|-----------------------|--------|

Late arrival fee for Koolsum Javadian
service on Wednesday 10-13-2004.
Your arrival time was 3:20.

\$165.00

Please send in payment within 10 days.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18747

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

| | | | | | |
|--|----------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) KOOLSUM | 1B. MIDDLE JAMSA | 1C. LAST (FAMILY) JAVADIAN | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/08/1923 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/05/2004 | 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 MAJID JAVADIAN - HUSBAND 959 FELSPAR ST. APT. 2-H SAN DIEGO, CA 92109 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: AMERICAN CREM. SERV., 6136 MISSION GORGE RD. #100, SAN DIEGO, CA 92120 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1752 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | |
| 8A. SIGNATURE OF APPLICANT—Person taking permit | | 8B. DATE SIGNED 10/06/2004 | | | |

| | | | | |
|---|---|---|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/06/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT R. MARTINEZ |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --- | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/5/04

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

of Delores M. Jackson 778255

in a TS Vault Funeral, date, time Fri 10/8 1:00

Church, Chapel, Graveside _____; Ragsdale Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 141 Grave 8

Grave space & Care Fund 985-

Overtime/Late Arrival Fees

Opening/Closing & Setup..... **PAID** 413-

Burial Container..... 275-

Handling Fees..... **OCT 0-5-2004** 204-

Flower vases - Marker setting fee

Recording Filing/Transfer Fees **MOUNT HOPE CEMETERY** 50-

Sales taxes 21.31

Total Due 1948.31

Paid receipt number R 58090 1948.31

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.

X John D. Jackson
Print Name

Address

City 619 (262-1994) Zip Code

Telephone

Signature Tan

Work Order # **E 18748**

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18748

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|---------|--------|------------|--|--|
| | | | | | | |
| | | | Lebeta | JONES | | |
| | | | X | Jennett | | |
| | | Cochran | | Letourneau | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/5

Interment space for: Dolores Jackson

Interment Date: Fri 10/8 Time: 1:00

Div: 11 Sect: 1 Blk/Row: _____ Lot: 141 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No *flag in grave*

Agrees with Map: Yes No

Blind Check & Verified By: Pat King Date: 10-6-05

E-18748

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | | | | | |
|--|--|--------------------------|--|--|--|--|--|--|--|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Delores | | 1B. MIDDLE Mae | | 1C. LAST (FAMILY) Jackson | | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/26/1926 | | 3. DATE OF DEATH MONTH, DAY, YEAR 10/04/2004 | | 4. SEX F | |
| 5A. CITY OF DEATH San Diego | | | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SanDiego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John D. Jackson, Husband 3252 La Paz San Diego, CA 92114 | | | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102 | | | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person using permit <i>[Signature]</i> | | | 8B. DATE SIGNED 10/08/2004 |

ACKNOWLEDGEMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109955 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 13.00 | 9B. DATE PERMIT ISSUED 10/08/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417063 |
| 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 CORONOR'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 10/8/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Pre
Med

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/5/04

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

of John Jackson 209280

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 141 Grave 7

Grave space & Care Fund 985

Overtime/Late Arrival Fees 413

Opening/Closing & Setup 275

Burial Container 204

Handling Fees 50

Flower vases - Marker setting fee 21.31

Recording/Filing/Transfer Fees 1948.31

Sales taxes 1948.31

Total Due 1948.31

Paid receipt number R58090 Balance due 0

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

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

Signature [Signature]

x John D. Jackson
Print Name
x 552 La Paz Dr
Address
ESD 92114
City Zip Code
x 202 1994
Telephone

Work Order # E 18749

Invoice # _____
Acct. # _____

E 18749

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH
NAVPERS 1070/614/NAVCOMPT 512(8-78) (FORMERLY NAVPERS 601-141 SYN 0100-010-1150)

| | | | | |
|---------------------|---|--|---|--|
| IDENTIFICATION DATA | 1. LAST NAME-FIRST NAME-MIDDLE NAME JACKSON, JOHN DOUGLAS | 2. SERVICE NUMBER/SSN 45A 24 7831 | 3. RATE PNC | 4. BRANCH AND CLASS USH |
| | 5. NAME AND LOCATION OF ACTIVITY NAVAL STATION, SAN DIEGO, CALIFORNIA 92136 | | | 6. PAY ENTRY BASE DATE 03 AUG 72 |
| DISPOSITION DATA | 7. TYPE OF SEPARATION | | | |
| | <input type="checkbox"/> DISCHARGED AND RELEASED FROM ACTIVE DUTY <input type="checkbox"/> USNR RELEASED FROM ACTIVE DUTY <input type="checkbox"/> TRANSFERRED TO FLEET RESERVE AND RELEASED FROM ACTIVE DUTY <input checked="" type="checkbox"/> RETIRED AND RELEASED FROM ACTIVE DUTY | | | |
| | <input type="checkbox"/> DISCHARGED AND REINSTATED ON BOARD <input type="checkbox"/> USN TRANSFERRED TO USNR AND RELEASED FROM ACTIVE DUTY <input type="checkbox"/> TRANSFERRED TO FLEET RESERVE AND RETAINED ON ACTIVE DUTY <input type="checkbox"/> TRANSFERRED TO FLEET RESERVE AND RETAINED ON ACTIVE DUTY <input type="checkbox"/> RETIRED AND RETAINED ON ACTIVE DUTY | | | |
| | <input type="checkbox"/> OTHER TEMPORARY (UNDESIGNATED) RELEASABLE <input type="checkbox"/> TRANSFERRED TO OTHER BRANCH AND CLASS | | | |
| SEPARATION DATA | 8. SUPERS MANUAL 3840260 SUPERS B85/JAC/SD 19JUN72 | 9. CODE -231- | 10. REASON RETIREMENT AFTER 20 YEARS ACTIVE FEDERAL SERVICE | 11. CHARACTER HONORABLE |
| | 12. DATE OF SEPARATION/DEATH 07 AUG 72 | 13. NORMAL DATE OF EXPIRATION OF ENLISTMENT OR TERMINAL DATE OF MILITARY/OCCUPATIONAL SERVICE OBLIGATION 07 JUN 73 | 14. REENLISTMENT CODE RE-2 | |
| LEAVE DATA | 15. NUMBER DAYS UNUSED LEAVE | | | |
| | Words: THIRTY-SEVEN Figures: -37- 16. CHECKAGE FOR EXCESS LEAVE Number of days: NA | | | |
| MILEAGE ELECTION | 17. SOURCE OF ENTRY ON CURRENT ACTIVE DUTY <input checked="" type="checkbox"/> ACCEPTED FOR ENLISTMENT AT <input type="checkbox"/> ORDERED TO ACTIVE DUTY FROM | | 18. NAME OF CITY AND STATE FOR COUNTRY SAN DIEGO, CA | 19. DATE 07 AUG 72 |
| | 20. HOME OF RECORD AT TIME OF ENLISTMENT, INDUCTION, OR ORDERS TO ACTIVE DUTY (Street no., city, county, state (or country)) AUSTIN, TRAVIS, TEXAS 78700 | | | |
| | 21. I HEREBY ELECT MILEAGE TO THE FOLLOWING LOCATION (City, state or country) NA | | | |
| C.O. AUTHORIZATION | 22. PLACE OF (See Joint Travel Regulations) --- | | 23. SIGNATURE OF MEMBER JOHN DOUGLAS JACKSON | |
| | 24. SIGNATURE JESSE FAUSTINO | | 25. RANK AND CLASS PNC-USH BY DIRECTION | |
| MISCELLANEOUS DATA | 26. HOME ADDRESS: 1800 HARVEY STREET, AUSTIN, TX 78702 COMPLETED 29 YEARS 00 MONTHS 21 DAYS ACTIVE NAVAL SERVICE. | | | |

1108.16

*Pre
need*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Oct 5, 04

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

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

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

Division 12 Section 2 Blk/Row _____ Lot 87 Grave 2

Grave space & Care Fund 1300

Overtime/Late Arrival Fees

Opening/Closing & Setup.....

Burial Container.....

Handling Fees.....

Flower vases - Marker setting fee.....

Recording/Filing/Transfer Fees.....

Sales taxes.....

Total Due.....

Paid receipt number.....

Balance due.....

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

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

Signature Pam

Print Name
 Address
 City
 Telephone

Zip Code

Work Order # E 18750

Invoice # _____

Acct. # _____

Pre
need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/6/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen R. Gaines 228231 in a burial vault funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 11 Section 2 Blk/Row _____ Lot 75 Grave 11

Grave space & Care Fund _____ 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413-

Burial Container _____ OCT 06 2004 275- 209 PA

Handling Fees _____ 204- 160 PA

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 80

Sales taxes _____ 21.31 46.20 PA

Total Due 1948.31 1833.20 PA

Paid receipt number R58100 1948.31

Balance due 0

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

I hereby authorize the interment in lot (R) PA hold under deed.

Signature _____

Print Name Helen R. Gaines

Address 4943 Fir St

City SD 92102 Zip Code

Telephone (619) 264 4713

Work Order # E 18751

Invoice # _____

Acct. # _____

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/16/04

7782B

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

of Walter Johnson
in a ash vault Type of Burial Container Funeral, date, time Mon 10/11 11:00

Church, Chapel, Graveside witness ; CA Burial Mortuary.

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

Division 12 Section 3 Blk/Row _____ Lot 017 Grave 1

Grave space & Care Fund E-256

Overtime/Late Arrival Fees

Opening/Closing & Setup E-18705

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording Filing/Transfer Fees

Sales taxes

Total Due

Paid receipt number _____

Balance due

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

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

Signature Dan

X James Johnson
Print Name
X 5609 ALTA VISTA AVE.
Address
X 92114
City Zip Code
X SAN DIEGO
Telephone 612-1930

Work Order # E 18752

Invoice # _____
Acct. # _____

W. James

MT HOPE CEMETERY E-18752

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--------|--------|---------|------------|--|
| | | | | | | |
| | | | Redman | | | |
| | | Holmes | x | Johnson | Richardson | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/6

Interment space for: Walter Johnson

Interment Date: Mon 10/11 Time: 11:00

Div: 12 Sect: 3 Blk/Row: Lot: 97 Gr: 1

Grave Laid out by: Norman Fey

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: M. Custumarko Date: 10/7/14

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18752
2753-03

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

| | | | | | |
|---|-----------------|--|---|--|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) WALTER | 1B. MIDDLE - | 1C. LAST (FAMILY) JOHNSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/18/1935 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/26/2004 | 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 JOHNSON—BROTHER 5609 ALTA VISTA AVE. SAN DIEGO, CA 92114 | |
| 7A. PERMITS NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | | 8A. SIGNATURE OF APPLICANT—Person issuing permit: <i>Victor Mitchell</i> |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103053 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code</small> | | | 8B. DATE SIGNED 09/27/2004 | | |

| | | | | |
|---|---|---|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 09/28/2004 V MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2416606 |
| | 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 CORONOR'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"/> D. 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 10-11-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> | | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST. LAKE ELSINORE, CA 92530 | 12B. DATE CREMATED 10-4-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE | |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/7/04

AT NEED

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

of MARIA ALVAREZ ALDARO 208201
in a D.D. Crypt "A" Funeral, date, time MON OCT. 11 9:00

Church Chapel, Graveside Guadalupeana Mortuary.

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

will be applied and billed to undersigned. _____

| | | | | | |
|-----------------------------------|------------------|---------------|----------------|----------------|---------------|
| Division <u>12</u> | Section <u>2</u> | Blk/Row _____ | Lot <u>151</u> | Grave <u>6</u> | |
| Grave space & Care Fund | | | | | <u>985.00</u> |
| Overtime/Late Arrival Fees | | | | | _____ |
| Opening/Closing & Setup | | | | | <u>413.00</u> |
| Burial Container | | | | | <u>418.00</u> |
| Handling Fees | | | | | <u>352.00</u> |
| Flower vases - Marker setting fee | | | | | _____ |
| Recording/Filing/Transfer Fees | | | | | <u>50.00</u> |
| Sales taxes | | | | | <u>32.40</u> |

PAID

OCT 07 2004

MOUNT HOPE CEMETERY

Total Due 2250.40

Paid receipt number R-98108 2250.40

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.

V.M. Sarguly
Signature

VICTOR M GONZALEZ
Print Name
2430 69th ST
Address
LEMON GROVE CA 91945
City
619-265-5818
Telephone

Paulette Res. Fee
Work Order # E 18753

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18753

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|--------|--------|--------|--|
| | | | | | | |
| | | | | Walker | | |
| | | | x | | Quares | |
| | | | Valder | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10/8/04

Interment space for: Maria A. AWACO

Interment Date: 10/11/04 Time: 9:00 Church

Div: 12 Sect: 2 Blk/Row: Lot: 15 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

[Signature]

Blind Check & Verified By: Kenneth Collins Date: 10/8/04

E-18753

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|----------------------------|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARTA | 1B. MIDDLE LUISA | 1C. LAST (FAMILY) ALVAREZ-ALDAGO | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/15/1942 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/05/2004 | 4. SEX P |
| 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 VICTOR GONZALEZ-SON 2430 69th ST. LEMON GROVE, CA, 91945 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUANALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA, 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 10/07/2004 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103216 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/08/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2417215 |
| | | 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | | FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address) |
| 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 | | |

| | | | | | |
|-------------------------------|---|--|-------------------------------------|--|--|
| 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 10-11-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

at need

Date 10-7-04

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

of Marian E. Colon ²²²²⁰⁸

in a Liner Funeral, date, time Weds OCT 13 10:00

Church Chapel, Graveside : C A BURIAL Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 231.3272

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 156 Grave 9

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees 413.00

Opening/Closing & Setup 209.00

Burial Container 160.00

Handling Fees 50.00

Flower vases - Marker setting fee 16.00

Recording/Filing/Transfer Fees 1833.00

Sales taxes 1833.00

Total Due 1833.00

Paid receipt number 58121 1833.00

Balance due 0

PAID

OCT 12 2004

MOUNT HOPE CEMETERY

*MOUNT
Fax 619 229-2750
229-2747*

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct # _____

Paulette

Work Order # E 18754

(see attached)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

at need

Date 10-7-04

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

of MARIA E. COLON

In a liner Funeral, date, time Wed 5 Oct 13 10:00

Church, Chapel, Grave, side CA BURIAL Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 231/3272 will be applied and billed to undersigned.

Division 1R Section 2 Blk/Row _____ Lot 156 Grave 9

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees

Opening/Closing & Setup..... 413.00

Burial Container..... 209.00

Handling Fees..... 160.00

Flower vases - Marker setting fee.....

Recording/Filing/Transfer Fees..... 50.00

Sales taxes..... 16.00

Total Due..... 1833.00

Paid receipt number _____

Balance due _____

*Fax (619) 229-2750
229-2757*

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

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

[Signature]

EVAN COLON JR

Post Office 154 50.45th St.

Address SAN DIEGO CA 92117

City (619) 263-6509

Telephone

Parbette

Work Order # E18754

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18754

GRAVE BLIND CHECK FORM

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

| | | | | | |
|------|--------|---|-----------|--|--|
| | | | | | |
| | | | Newson | | |
| Cruz | Bethan | X | Bramlett | | |
| | | | Robertson | | |
| | | | | | |

Blind Check Initiated By: Paulette Date: 10/12

Interment space for: Marian E. Colon

Interment Date: Wed 5 Oct 13 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: Lot: 156 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: Kenneth Collins Date: 10/12/04

E-18754

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|-------------------------|--|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARIAN | 1B. MIDDLE E. | 1C. LAST (FAMILY) COLON | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/08/1956 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/03/2004 | 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 MONIQUE COLON-DAUGHTER 154 E. 45TH STREET SAN DIEGO, CA 92113 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1689 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Claudette Russ</i> | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code | | 8B. DATE SIGNED 10/07/2004 | |

| | | | | |
|---|---|--|---|--|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/07/2004 C. RUSS | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT, 2417100 |
| | 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED 10-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/04

AT
NEED

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

of HARTWELL W. RAGSDALE II 215861
in a Wilbert Funeral, date, time FRIDAY OCT. 15, 1.00
Church, Chapel, Graveside ; RAGSDALE Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 2673 Grave 1
Grave space & Care Fund D-9038

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413.-

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____ OCT 14 2004

Recording/Printing/Transfer Fees _____ 50.-

Sales taxes _____

MOUNT HOPE CEMETERY 463.-

Total Due _____

Paid receipt number R-58130 463.-

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 _____

X H.W. RAGSDALE, III
Print Name
1350 STATE ST. #223
Address
X SAN DIEGO, CA 92101
City Zip Code
X (619) 232-7749
Telephone

Paulette

Work Order # E 18755

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18755

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-----------|-------------------|-----------------|-----------|--|
| | | | | | | |
| | | | Allen | | | |
| | | Kobayashi | x | Hazel Raggsdale | Raggsdale | |
| | | | Jackson Miller | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10/13

Interment space for: HARTWELL W. RAGSDALE II

Interment Date: Friday Oct 15 Time: 1:00 Church

Div: 10 Sect: _____ Blk/Row: _____ Lot: 2673 Gr: 1

Grave Laid out by: David Norman

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flaugh

Blind Check & Verified By: Kenneth Collins Date: 10/13/04

18755

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) Hartwell | 1B. MIDDLE Waddell | 1C. LAST (FAMILY) Ragsdale II | 2. DATE OF BIRTH MONTH DAY YEAR 03/26/1925 | 3. DATE OF DEATH MONTH DAY YEAR 10/06/2004 | 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 H.W. Ragsdale, III, Son 5050 Federal Blvd. 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 FD-1329 | 8A. SIGNATURE OF APPLICANT—Person taking perm. : 8B. DATE SIGNED <i>H.W. Ragsdale</i> 10/13/2004 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 13.00 | 9B. DATE PERMIT ISSUED 10/13/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417407 |
| | 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 CORONOR'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 10-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Paul Noviga</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/8/04

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

in a TS Type of Burial Container Funeral, date, time Just 10/12 11:00

Church Chapel, Graveside St John ; Mayer Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 480 Grave 1

Grave space & Care Fund E 18021

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees None

Flower vases - None marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

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 [Signature]

X SCOTT NALIAN
Print Name
X 4544 LA CUENTA DR
Address
X SAN DIEGO CA 92124
City Zip Code
X 619-576-0033
Telephone

Work Order # E 18756

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18756

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|---------|--------------------|--------------------|---|---------|--------------------|---------------------|
| | | | | | | |
| | Riley | Riley | | Hollins | Hollins | |
| | | | X | | | |
| Buckley | Buckley | Hawkins | | Hesse | Hesse | |
| | | | | | | changes made by me. |

Blind Check Initiated By: Pam Payette Date: 10/8

Interment space for: Barkis Dalbandbosham

Interment Date: June 10/12 Time: 11:00

Div: 10 Sect: Blk/Row: Lot: 480 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: [Signature] Date: 10-11-64

E-18756

12

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|---|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SARKIS | | 1B. MIDDLE YEGIA | 1C. LAST (FAMILY) NALBANDBASHIAN | 2. DATE OF BIRTH MONTH DAY YEAR 12/25/1911 | 3. DATE OF DEATH MONTH DAY YEAR 10/07/2004 | 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 SCOTT NALIAN - SON 4544 LA CUENTA DR. SAN DIEGO, CA 92124 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116 | | | | 7B. CALIF LICENSE NUMBER — IF APPLICABLE FD-1424 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | BA. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | |
| | | | | | BB. DATE SIGNED 10/11/2004 | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/11/2004 R. MARTINEZ | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417229 |
| | 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | <input type="checkbox"/> 1. 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 10/11/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

At need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hadi Adib-Samiei 228270

in a slab Type of Burial Container Funeral, date, time Wed 10/13 1:00

Church, Chapel, Graveside Shunwood Mortuary

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

Division Musl Section _____ Blk/Row _____ Lot 155 Grave 1

Grave space & Care Fund 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 549-

Burial Container OCT 11 2004 117-

Handling Fees _____

Flower vases - Marker setting **MOUNT HOPE CEMETERY** _____

Recording/Filing/Transfer Fees 66-

Sales taxes 9.00

Total Due 741.00

Paid receipt number Visa 741.00

Balance due 0

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

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

X Print Name _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18757

MT HOPE CEMETERY C-18757

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|--------|--|--|
| | | | | | | |
| | | | | | | |
| | | | x | Samiei | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Dan Paulette Date: 10/11

Interment space for: Hadi Adib-Samiei

Interment Date: Wed 10/13 Time: 1:00

Div: M181 Sect: Blk/Row: Lot: 155 Gr: 1

Grave Laid out by: Norman Perry

Agrees with Legal Card: Yes No

Agrees with Map: Yes No Flag

Blind Check & Verified By: Kenneth Collins Date: 10/12/04

E-18757

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HADI | 1B. MIDDLE — | 1C. LAST (FAMILY) ADIB SAMIRI | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/21/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/09/2004 | 4. SEX M |
| 5A. CITY OF DEATH SANTA ANA | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE ORANGE | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MEHRDAD ADIB SAMII — SON P.O. BOX 70705 RIVERSIDE, CA 92513 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: WESTMINSTER MEMORIAL PARK MORTUARY 14803 BEACH BOULEVARD WESTMINSTER, CA 92683 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD1030 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED: 10/12/2004 | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/13/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> MARK B. HORTON, MD |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA ORANGE COUNTY HEALTH DEPT. P.O. BOX 234 SANTA ANA, CA 92702 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY HEALTH DEPT. P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 10-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE — | 15B. DATE OF DISPOSITION — | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION — |

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

At need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/11/04

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

of Ruperto Peralta 222046
in a TS Vault Funeral, date, time Fri 10/15 2:00

Church Chapel, Graveside : Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 465-
will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 5234 Grave 1

Grave space & Care Fund C-8587 0

Overtime/Late Arrival Fees 165-

Opening/Closing & Setup 413-

Burial Container 275-

Handling Fees 204-

Flower vases - Marker setting fee

Recording/Billing/Transfer Fees 50-

Sales taxes 21.31

PAID
OCT 11 2004

MOUNT HOPE CEMETERY

Total Due 1128.31

Paid receipt number 58115 1128.31

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 Name JUNE P. Ito
Address 6063 Redbrook Rd
City SAN DIEGO 92117 Zip Code
Telephone 858/874-3546

Signature [Handwritten Signature]

Work Order # E 18758

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18758

GRAVE BLIND CHECK FORM

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

| | | | | | |
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| | | | | | |

Handwritten scribble

Kamiura x Peralta Takamba
(same space) (same space)

Blind Check Initiated By: Pam Date: 10/11

Interment space for: Ruperto Peralta

Interment Date: Fri 10/15 Time: 2:00

Div: 10 Sect: Blk/Row: Lot: 5234 Gr: 1

Grave Laid out by: David Noriega

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: Kenneth Collins Date: 10/13/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-187581

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

| | | | | | |
|---|---------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) RUPERTO | 1B. MIDDLE LARA | 1C. LAST (FAMILY) PERALTA | 2. DATE OF BIRTH MONTH DAY YEAR 10/06/1926 | 3. DATE OF DEATH MONTH DAY YEAR 10/09/2004 | 4. SEX M |
| 5A. CITY OF DEATH SAN DIEGO | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JUNE ITO (DAUGHTER) 6063 REDBROOK RD. SAN DIEGO, CA 92117 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 964 | 8A. SIGNATURE OF APPLICANT — Person taking permit: 8B. DATE SIGNED 10/13/2004 | | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/14/2004 SANDRA PERA | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417466 |
| 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF PERMIT IS ISSUED IN CALIFORNIA SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. 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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED 10-15-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION: | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At need

Date 10/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Cook 201332

In a ASH VAULT Funeral, date, time Mon. Nov 8th 2pm
Type of Burial Container
 Church, Chapel Graveside Witness Witness ; ASH Cremation Mortuary.
PC FAMILY

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

Division 7 Section 2 Blk/Row A-7295 Lot 83 Grave 11
 Grave space & Care Fund

Overtime/Late Arrival Fees
 Opening/Closing & Setup
 Burial Container
 Handling Fees

PAID

116.00
61.00
61.00

OCT 12 2004

Flower vases - Marker setting fee
 Recording/Filing/Transfer Fees
 Sales taxes

MOUNT HOPE CEMETERY

50.00
4.73

Total Due 297.73

Paid receipt number R58125 297.73

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.

Ruth N. Weisenberg
Print Name
2332 Garfield Rd.
Address
San Diego CA 92110
City Zip Code
619-276-1461
Telephone

Signature

Paulotta

Work Order # E 18759

Invoice #

Acct. #

MT HOPE CEMETERY E-18759

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|---------------------------|------|----------|--------|--|
| | | | | | | |
| | | | x | Hamilton | | |
| | CORSO | Exlain COOK | x | Lowell | Lowell | |
| | | | 60ft | Lassy | Rube | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11-8

Interment space for: HELEN COOK ~~2~~

Interment Date: 11-8-04 Time: 2:00 G.S.

Div: 7 Sect: 2 Blk/Row: _____ Lot: 83 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

FLAG

Blind Check & Verified By: DARREY Date: 11-5-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 18759

99

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

| | | | | | |
|---|--------------------------------|---|---|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN | 1B. MIDDLE JOSEPHINE | 1C. LAST (FAMILY) COOK | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/03/1905 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/08/2004 | 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 RUTH H. WEISENBERG - DTR 2332 GARFIELD ROAD SAN DIEGO, CA 92110 | | |
| TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: NATIONAL CREMATION SERVICES - 645 "H" STREET SUITE #J, CHULA VISTA, CA 91910 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 1707 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code. | | | 8B. DATE SIGNED 10/13/2004 | | |

| | | | | |
|--|---|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED N/A GOOD 10/13/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417440 |
| | 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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|---------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 11/8/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | 12B. DATE CREMATED 10-18-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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 10-11-04

*Res. Fee
pre-need lot*

228248

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Charles & Jenne Hill 228248 in a _____ Funeral, date, time _____

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

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

Division 5 Section 8 Blk/Row _____ Lot 18 Grave 9
Grave space & Care Fund 1755.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Log/Transfer Fees _____

Sales taxes _____

PAID
OCT 18 2005

*10/18/05
Pd in full
pre-need lot
P-00540
Deed marked
self*

MT. HOPE CEMETERY

Total Due 1755.00

and receipt number 25% dwn 439.00

Balance due 1316.00

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

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

Charles M. Hill
Signature

Charles M. Hill *228248*
Print Name
3427-33rd
Address
San Diego, CA 92104
City Zip Code
619-281-0992
Telephone

Paulette

Work Order # E 18760

Invoice # _____

Acct. # _____

227414 + 228249 contract expires July 2006
 HILL, CHARLES M. JENNE 2427-33rd Street, S.D. CA 92104

#55.00 monthly (Due 11th of each month)
 #51.00 burial
 E-18760
 619)281-0992

DEBIT CREDIT BALANCE

| DATE | DESCRIPTION | DEBIT | CREDIT | BALANCE |
|----------|---|---------|--------|---------|
| 10/11/04 | Opened pre-need lot 25% down paid by visa card. | 1755.00 | | 1755.00 |
| | SECTION 5 SECTION 8 LOT 18 GRAVE 9 | | | |
| 11/09/04 | R*58213 coupon 1 (Nov 2004) | | 439.00 | 1316.00 |
| 2-15-05 | R-58517 #2,3 NO COUPON ready, Jan 05 | | 55.00 | 1261.00 |
| 3/14/05 | R-58624 #4,5 Feb 05, mar 05 | | 102.00 | 1159.00 |
| 4/13/05 | R-58736 #6,7 April, may 05 | | 102.00 | 1057.00 |
| 6/28/05 | R-59004 #8,9 June, July 05 | | 100.00 | 955.00 |
| 8-8-05 | R-59450 #10 Aug 05 | | 50.00 | 805.00 |
| 9-13-05 | R-59173 #11 Sept 05 | | 55.00 | 750.00 |
| 12-12-05 | R-59475 #12 Oct 05 | | 55.00 | 695.00 |
| 12-13-05 | mailed delinquent card letter 1-4-06 | | | |
| 1-3-06 | P-00031 #13 No Coupon Nov 05 | | 55.00 | 640.00 |
| 1-17-06 | P-00065 #14 #16 Dec 05 / Jan 06 | | 110.00 | 530.00 |
| 2-06 | P-00114 #16 no coupon Feb 06 | | 55.00 | 475.00 |
| 3/21/06 | P-00200 #17 #18 Mar 06 / Apr 06 | | 110.00 | 365.00 |
| 4-10-06 | P-00224 #19 May 06 | | 55.00 | 310.00 |
| 5-8-06 | P-272 #20 June 06 | | 55.00 | 255.00 |
| 6-5-06 | P-00324 #21 July 06 | | 55.00 | 200.00 |
| 8-14-06 | P-00441 #22 Aug 06 | | 110.00 | 90.00 |

Pre-Trust

E-18760

HILL, CHARLES + JEANNE

DIVISIONS SECTION 18 LOT 18 GRAVE 9

Debit

Credit

Balance

8-14-06

Balance Forwarded

114.50

9-15-06

55.00

10/18/06 P-00540 no coupon

90.00

9.00

0.00

PAID

OCT 18 2006

MOBILE

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00540

Date: October 18, 20 06

From: Charles Hill + Jenne Hill Address: 2427 33rd St., SD CA 92104
Ninety and 00/100 Dollars (\$ 90.-)

in part Payment of Pre-need account, paid in full.
Div 5 Sec 8 Blk/Row 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE \$0

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge
- Check

AC-212 (11-05)
This information is available in alternate format upon request.

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

PAID

OCT 18 2006

MOUNT HOPE CEMETERY

ISSUED BY Faujetta

| | | |
|----------------|-------|----------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | <u>90.-</u> |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| TOTAL PAID | | \$ <u>90.-</u> |

2006115712

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00324

From: Charles Hill Address: on record Date: 6-5, 2006
Fifty - Five and 00 Dollars (\$ 55 -)

in part Payment of Pre-need lot
Div 5 Sec 8 Blk/Row _____ Lot 18 Grave a

Invoice No. E-18760
Acct. No. _____
W.O. _____
BALANCE DUE \$255.-

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.
PAID
JUN - 5 2006
MOUNT HOPE CEMETERY
ISSUED BY Prunford

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge
- Check PA 148

CREDIT 87007
20% Sales Care 77184
Pre-Need 63033
Trust 77186

| | |
|------------|----------------|
| | <u>55 -</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL PAID | \$ <u>55 -</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00114

Date: 2/9, 20

From: Charles & Jenne Hill Address: on record

Fifty Five Dollars (\$ 55.-)

in part Payment of Pre-need lot

Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE \$ 530.-

Pre-Need Lot Money Order

Pre-Need Trust Charge

Check

AC-212 (11-05) 9126460674
This information is available in alternative formats upon request.

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

PAID

FEB - 9 2006

MOUNT HOPE CEMETERY

ISSUED BY Paullette C.

| | | |
|----------------|-------|-----------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>55</u> |
| Trust | 77186 | |

TOTAL PAID \$ 55.-

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

R-59475

Date: Dec 12, 2005

From: Charles & Jane Hill Address: on record

Fifty-five and 00 Dollars (\$ 55.-)

in part Payment of Pre-need lot.

Lot 18 Grave 9 Row _____ Section 8 Division 5 Block _____

Invoice No. E-18760

Acct. No. _____

W.O. #075.00

BALANCE DUE 075.00

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

PAID
 Dec 12 2005

MOUNT HOPE CEMETERY

ISSUED BY p Crawford

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | <u>55</u> |
| of Lots | 77184 | |
| Opening | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>55.-</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-02) 911813277

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERYCITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00031

Date:

01/05, 2006

From:

Charles & Jenne Hill Address: on record

in

Fifty - Five and 00
part

Payment of

Pre-need lotDollars (\$ 55 -)

Div

5

Sec

8Blk/
Row

Lot

18

Grave

9

Invoice No.

E-18760

Acct. No.

W.O.

BALANCE DUE

\$640. -NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID****JAN - 4 2006****MOUNT HOPE CEMETERY**
ISSUED BY PaullettaCREDIT
20% Sales Care 67007 77184
Pre-Need 63033
Trust 7718655 -

TOTAL PAID

\$ 55 -

AC-212 (11-05)

This information is available in alternative formats upon request.

9119674419

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59173

MOUNT HOPE CEMETERY

(619) 527-3400

Date: September 13, 20 05

From Charles/Jenna Hill Address: on record

Fifty-five and 00/100 Dollars (\$ 55.00)

in part Payment of Pre-need account (lot)

Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. \$ _____

BALANCE DUE 750.-

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

PAID

SEP 13 2005

MOUNT HOPE CEMETERY

ISSUED BY Pran Ford

| | | |
|----------------|-------|--------------|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | <u>55.-</u> |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>55.00</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

6084

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59450

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8-8, 20 05

From: Charles E Jenne III Address: on record

FIFTY and 00 Dollars (\$ 50.-)

in part Payment of pre-need acct.

Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE \$805.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04) 9098938941
This information is available in alternative formats upon request.

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

PAID

AUG 08 2005

MOUNT HOPE CEMETERY

ISSUED BY Peranzord

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | <u>50 -</u> |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>50 -</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59004

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 6/27, 20 05

From: Charles & Jennie Hill Address: 2427 33rd St. SD CA 92104
one hundred and 00 Dollars (\$ 100. —)

in part Payment of Pre-need lot
Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760
Acct. No. _____
W.O. _____
BALANCE DUE \$855. —

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

PAID

JUN 27 2005

MOUNT HOPE CEMETERY
ISSUED BY P. Crawford

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

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

AC-212 (Rev. 4-04) 9091 653720
This information is available in alternative formats upon request.

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58736

Date: 4-13, 2005From: Charles/Jennifer Address: on record
One hundred and two and 00/100 Dollars (\$ 102.00)
 in part Payment of Pre-need w/f.

 Div 5 Sec 8 Blk/
 Row 18 Lot 18 Grave 9
Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE \$955.-Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

9078992525NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.**PAID**

APR 13 2005

MOUNT HOPE CEMETERY

ISSUED BY

P Crawford

| | | |
|----------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | <u>102.00</u> |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>102.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58624

From: Charles Henry Hill Address: on record Date: 3/15, 2005
One hundred and two and 00 Dollars (\$ 102.00)
 in Part Payment of Pre-need lot.
 Div 5 Sec 9 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. \$ _____

BALANCE DUE 957.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04)

9073867558

This information is available in alternative formats upon request.

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

PAID

MAR 14 2005

P. Crawford

MOUNT HOPE CEMETERY

ISSUED BY _____

| | | |
|-------------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Com | 77184 | |
| 80% Sales of Lots | 100 | <u>102.00</u> |
| Opening/ | 77184 | |
| Closing | 100 | |
| Burial | 77181 | |
| Containers | 100 | |
| Handling Fee | 77182 | |
| Recording & | 100 | |
| Misc. Fees | 77185 | |
| Pre-Need | 100 | |
| Trust | 77183 | |
| Sales Tax | 63033 | |
| | 77186 | |
| | 80101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>102.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58517

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Feb. 15, 2005

From: Charles/Jenne Hill Address: on record

One Hundred Two and 00 Dollars (\$ 102.00)

in part Payment of Pre-need lot payments

Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE \$ 1059.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

9069025517

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.
PAID
FEB 15 2005
MOUNT HOPE CEMETERY
ISSUED BY P. Crawford

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | <u>102</u> |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>102</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58213

Date: Nov. 9, 2004

From: Charles M Hill Address: 2427 33rd St. S.D. CA. 92104

fifty-five Dollars (\$ 55)

in part Payment of pre-need lot

Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE 1,261⁰⁰

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5830

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

PAID

NOV 09 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

| | | |
|------------------------|-------|-----------|
| CREDIT | 76007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>55</u> |
| Opening/Closing | 77184 | |
| Burial | 100 | |
| Containers | 77181 | |
| Handling Fee | 100 | |
| Recording & Misc. Fees | 77182 | |
| Pre-Need Trust | 77185 | |
| Sales Tax | 100 | |
| | 77183 | |
| | 83033 | |
| | 77186 | |
| | 80101 | |
| | 78390 | |
| TOTAL PAID | | <u>55</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00200

Date: 3/27, 2006

From: Charles/Jenne Hill Address: 2427 33rd St. SD CA 92004

One Hundred and Ten dollars Dollars (\$ 110.-)

in Part Payment of Pre-need Lot.

Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE \$ 420.-

Pre-Need Lot Money Order

Pre-Need Trust Charge

Check

AC-212 (11-05)

This information is available in alternative format upon request

9132967591

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

PAID

MAR 27 2006

ISSUED BY [Signature]
MOUNT HOPE CEMETERY

| | |
|----------------|-------|
| CREDIT | 87007 |
| 20% Sales Care | 77184 |
| Pre-Need | 63033 |
| Trust | 77186 |

| | |
|------------|----------|
| | 110.- |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL PAID | \$ 110.- |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00065

Date: 1-17, 2006

From: Charles & Jerne Hill Address: on record
One hundred ten Dollars (\$ 110)

in part Payment of Pre-need lot
Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE \$ 585.-

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check

AC-212 (11-05)
This information is available in alternative formats upon request.

9122795426

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

PAID

JAN 17 2006

MOUNT HOPE CEMETERY

ISSUED BY Philetta

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>110</u> |
| Trust | 77186 | <u>0</u> |
| TOTAL PAID | \$ | <u>110</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00224

E-18760

Date: 4-10, 2006

From: Hill, Charles, Jennie Address: on record

fifty-five Dollars (\$ 55-)

in part Payment of pre-need

Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E-187

Acct. No. _____

W.O. _____

BALANCE DUE \$365-

Pre-Need Lot Money Order

Pre-Need Trust Charge

9134879 Check

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

APR 10 2006

MOUNT HOPE CEMETERY

ISSUED BY Paullette

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>55-</u> |
| Trust | 77186 | |

TOTAL PAID \$ 55-

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00272

Date: 5/8, 20 06

From: Charles & June Hill Address: _____

fifty-five Dollars (\$ 55-)

in part Payment of pre-need

Div 5 Sec 8 BIK/Row _____ Lot 18 Grave 9

Invoice No. E-18760

Acct. No. _____

W.O. _____

BALANCE DUE \$ 310.-

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge
- Check

AC-212 (11-05)
This information is available in alternative formats upon request.

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

PAID
MAY 08 2006

MOUNT HOPE CEMETERY
ISSUED BY Paulette

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>55 -</u> |
| Trust | 77186 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL PAID | \$ | <u>55.-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00493

Date: 9/15, 20 06

From: Charles/Jenne Hill Address: on record

fifty-five Dollars (\$ 55.-)

in part Payment of pre-need trust

Div 5 Sec 8 Blk/Row _____ Lot 18 Grave 9

Invoice No. E018760

Acct. No. _____

W.O. _____

BALANCE DUE \$ 90.-

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge
- Check

AC-212 (11-05)
This information is available in alternative formats upon request.

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

PAID

SEP 15 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette c

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 83033 | <u>55.-</u> |
| Trust | 77186 | |

| | | |
|------------|----|-------------|
| TOTAL PAID | \$ | <u>55.-</u> |
|------------|----|-------------|

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 10/11/04

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

of Frank Stolzer 288275 ^{21.00}

in a T.S. Vault _{Type of Burial Container} Funeral, date, time Friday Oct. 15 ^{3:00 p.m.}

Church, Chapel Graveside Raris Frederick Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$219.00

will be applied and billed to undersigned.

Division 7 Section 2 Blk/Row A-8575 Lot 88 Grave 12

Grave space & Care Fund 219.00

Overtime/Late Arrival Fees 219.00

Opening/Closing & Setup —

Burial Container —

Handling Fees —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees —

Sales taxes —

Total Due 219.00

Paid receipt number —

Balance due 219.00

fax (619) 444-2016

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18761

See Attached

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

At Need

Date 10/11/04

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

of Frank Stolzer 21.00

in a T. S. Vault Funeral date, time Friday Oct. 15 3:00

Church, Chapel (Graveside) Paris Frederick Mortuary Paris Frederick

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$219.00

will be applied and billed to: undersigned.

Division 7 Section 2 Blk/Row A-8575 Lot 88 Grave 12

Grave space & Care Fund 0

Overtime/Late Arrival Fees 0 219.00

Opening/Closing & Setup ---

Burial Container ---

Handling Fees ---

Flower vases - Marker setting fee ---

Recording/Filing/Transfer Fees ---

Sales tax ---

Total Due 0 219.00

Paid receipt number _____

(NO CHARGE CHANGED TIME TO 2PM)

Balance due 0 219.00

fax (619) 444-2012

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

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

Pauline S. Stolzer
Signature

Paullette

Work Order # E.18761

PAULINE STOLZER
11517 PASEO LAGO
LAKESIDE, CALIFORNIA 92040
619-562-5046

Invoice # _____
Acct # _____

REA-104 (2-04)

This information is available in alternative formats upon request.
* Please see request form

MT HOPE CEMETERY E 18761

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|----------|---|---------------|--|--|
| | | | | | | |
| | | Gilstrap | | Anderson | | |
| | | STOLZER | x | Clyde Sice | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10/13

Interment space for: Frank Stolzer

Interment Date: FRIDAY 10/15/04 Time: 2:00 PM 3:00pm

Div: 7 Sect: 2 Blk/Row: _____ Lot: 88 Gr: 12

Grave Laid out by: Nil ni

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: W F Flag Date: 10-13-04

E-18761

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--------------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Frank | 1B. MIDDLE Creighton | 1C. LAST (FAMILY) Stolzer | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/16/1931 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/11/2004 | 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 Pauline Stolzer-Sister-In-Law 11517 Paseo Lago Lakeside, CA 92040 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Paris-Frederick Mortuary 374 N Magnolia Ave, El Cajon, CA 92020 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-795 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jackie Kozica</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 10/12/2004 | | | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/12/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417339 <i>Jackie Kozica</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 CORONOR'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"/> D. 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 10-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Martinez</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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 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.

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Oct 12, 04

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

of Ledezma Santana 278277
in a DD 1st SE Funeral, date, time Thurs 10/14 2:30

Church, Chapel Graveside : Guadalupe Mortuary

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

| | | | | |
|---|------------------|---------------|----------------|-----------------|
| Division <u>12</u> | Section <u>2</u> | Blk/Row _____ | Lot <u>181</u> | Grave <u>10</u> |
| Grave space & Care Fund | | | | <u>1310-</u> |
| Overtime/Late Arrival Fees | | | | <u>549-</u> |
| Opening/Closing & Setup | | | | <u>556-</u> |
| Burial Container | | | | <u>468-</u> |
| Handling Fees | | | | <u>468-</u> |
| Flower vases - Marker setting fee | | | | <u>46-</u> |
| Recording/Filing/Transfer Fees | | | | <u>43.09</u> |
| Sales taxes | | | | <u>2992.09</u> |

PAID

OCT 12 2004

MOUNT HOPE CEMETERY

Total Due 2992.09

Paid receipt number R 58122 2992.09

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.

(NR) I hereby authorize the interment in lot I hold under deed.

Signature [Signature]

Magdalena L Robles
 First Name
1207 Evelyn St
 Address
San Diego, CA 92114
 City
619-5013588 Zip Code
 Telephone

Work Order # E 18762

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18762

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--------|---------|---------|--|------|--|
| | | | | | | |
| | | | Blevins | | | |
| | Hosley | Pastora | X | | Chen | |
| | | | Ma | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/12

Interment space for: Ledezma Santana

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 181 Gr: 10

Grave Laid out by: Roman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No flag on grave

Blind Check & Verified By: David Nowitz Date: 10-13-07

E-18762

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|---|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SANTANA | 1B. MIDDLE - | 1C. LAST (FAMILY) LEDESMA-CORONADO | 2. DATE OF BIRTH MONTH DAY YEAR 04/10/1910 | 3. DATE OF DEATH MONTH DAY YEAR 10/10/2004 | 4. SEX M |
| 5A. CITY OF DEATH TIJUANA | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE MEXICO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MAGDALENA L. ROBLES-DAUGHTER 1207 EVELYN ST. SAN DIEGO, CA. 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Selene Chavez</i> | |
| ACKNOWLEDGMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 10/13/2004 |

| | | | | |
|---|--|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 10/13/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2417429 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA - | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA. 92186-5222 |

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

| | | | | |
|-------------------------------|---|--|-------------------------------------|---|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOES CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102 | 11B. DATE BURIED 10-14-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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.

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/12/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony Waldron # 228300 in a N/A Funeral, date, time Mon 10/25 11:00 Church, Chapel, Graveside; Family Mortuary.

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

Division 12/0 Section 4219 Blk/Row _____ Lot 278/807 Grave 7

Grave space & Care Fund _____ 330 -

Overtime/Late Arrival Fees _____ **PAID**

Opening/Closing & Setup _____ 116 -

Burial Container _____ **OCT 13 2004** 66.00

Handling Fees _____ 66.00

Flower vases & Marker setting fee _____ 138 - **MOUNT HOPE CEMETERY** 16385

Recording/Filing/Transfer Fees _____ 50 -

Sales taxes _____ 4.73

Total Due 791.58 65.75 pc

Paid receipt number Mastercard 791.58

Balance due 0

N3261201
3-25-05

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.

Dana M. Waldron
Tam Paulette

X DANA M. WALDRON
Print Name
16176 BEADWELL WAY #83
Address
SAN DIEGO CA 92117
City Zip Code
X BSB 278-8004
Telephone

Work Order # E 18763

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18763

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|------------------|--|--|--|
| | | | | | | |
| | | | Smith | | | |
| | | | X | | | |
| | | | Smith | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10/20

Interment space for: Anthony Waldron

Interment Date: 10/25 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 278 Gr: 7

Grave Laid out by: Daman Ferguson

Agrees with Legal Card: Yes No lag

Agrees with Map: Yes No

Blind Check & Verified By: David Noriega Date: 10-21-04

E-18763

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|----------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Anthony | 1B. MIDDLE James | 1C. LAST (FAMILY) Waldron | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/13/1984 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/16/2004 | 4. SEX M |
| 5A. CITY OF DEATH Medford | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE Oregon | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Marie Sargent (Grandma) 4420 Cleveland Ave. San Diego, CA 92116 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1083 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Dominguez</i> | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 10/15/2004 | |

| | | | | |
|--|--|--|---|---|
| .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 13,00 | 9B. DATE PERMIT ISSUED 10/15/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417557 |
| | 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 |
| <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 CORONOR'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 10-25-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Monega</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/12/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roberto Muñoz 278279

In a Liner Type of Burial Container Funeral, date, time Fri 10/15 10:00am

Church Church, Chapel, Graveside Church ; Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 165⁰⁰ M.

will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row 1617 Lot 10 Grave 1

Grave space & Care Fund Pre need 11836 16

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 549

Burial Container Liner 278

Handling Fees 213

Flower vases - Marker setting fee 132.66^{AT}

Recording/Filing/Transfer Fees 132

Sales taxes 21.54

Total Due 1193.54

Paid receipt number 58124 1193.54

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 Nancy hold under deed. Jesus Muñoz Print Name

Signature Jesus Muñoz Address 2881 Washington St.

City Lemon Grove CA. Zip Code

Telephone 337-2489

Invoice # _____

Work Order # E 18764 Acct. # _____

MT HOPE CEMETERY E-18764

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--------|--------|-------|---------|--------|--|
| | | | | | | |
| | | Robt | White | | | |
| | Dobson | | x | | Howell | |
| | | Printz | | Graddis | | |
| | | | | | | |

Blind Check Initiated By: Pan Date: 10/12

Interment space for: Roberto Muñoz

Interment Date: Nov 10/15 Time: 10:00

Div: 10 Sect: Blk/Row: Lot: 1017 Gr: 1

Grave Laid out by: DARREY

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Wan Date: 10-12-04

*Blasen
Goe*

POWER OF ATTORNEY E-18764
SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Paul J and Shirley R. Holden
Hereinafter individually and/or collectively "principal", hereby makes, constitute and appoint
David N. Swim, DBA Cemetery Sales Information Services and any of its authorized agents principal's
true and lawful attorney to act for principal's name, place and stead for principal's use and benefit to
perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial
rights to any other party or parties to that certain parcel of Cemetery Property described as:
CEMETERY DESCRIPTION: MT. HOPE , DIVISION 10, LOTS 1617 AND 1618

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

May NOT be canceled for 3 years from the date of listing.

May NOT be canceled for One (1) year from the date of listing.

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

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

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

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

WITNESS my hand this _____ day of 2-21-, 2004

Paul J. Holden
Principal's Signature
Paul J. Holden
Print Name

Shirley R. Holden
Principal's Signature
SHIRLEY R. HOLDEN
Print Name

STATE OF California

COUNTY OF Santa Barbara }ss.

On this 21st day of February, 2004, in the year of 2004, before me, the
undersigned, a Notary in and for the said State, personally appeared Shirley & Paul Holden,
~~personally known to me~~ (or proved to me basis of satisfactory evidence) to be the person S whose
name ~~is~~ is subscribed to the within instrument, and acknowledged to me that he/~~she~~ they executed the
same in his/~~her~~ their authorized capacity ~~(S)~~ (S) and that by his/~~her~~ their signature ~~(S)~~ (S) on the instrument the
person ~~(S)~~ (S), or the entity upon behalf of which the person ~~(S)~~ (S) acted, executed the instrument.

WITNESS my hand and official seal.

Shannon M. Marshall
Notary Public in and for said State



Mr. Swim
Cemetery Sales
540 Broadway

E-18764 103

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|-----------------------------|---|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Roberto | 1B. MIDDLE Flores | 1C. LAST (FAMILY) Munoz | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/20/1941 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/11/2004 | 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 Jesus Munoz - Brother 2881 Washington Street Lemon Grove, CA 91945 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Community Mortuary 855 Broadway Chula Vista, CA 91911 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD1682 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Humphrey</i> | | | 8B. DATE SIGNED 10/12/2004 |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/12/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT D. Humphrey |
| 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 Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222 | 9E. 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetary 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 10-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. [Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At
mid

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/13/04

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

of Jesus Gonzalez 728282

in a TSV Funeral, date, time Mon 10/18 9:30

Church, Chapel, Graveside : Guadalupe Mortuary.

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

will be applied and billed to undersigned, _____

Division 12 Section 1 Blk/Row _____ Lot 51 Grave 7

Grave space & Care Fund 1310-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 549-

Burial Container 366-

Handling Fees 271-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 66-

Sales taxes 28.37

Total Due 2590.37

Paid receipt number 58127 194831

Balance due 642.00

58133 642.00

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.

(NR) Sam Ber.

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

Signature Dam

Print Name
 Address
 City
 Telephone

Work Order # E 18765

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18765

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|--|--|---------|
| | | | | | | |
| | | | | | | Hankies |
| | | | X | | | Johnson |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/13

Interment space for: Jesus Gonzalez

Interment Date: Mon 10/18 Time: 9:30

Div: 12 Sect: 1 Blk/Row: _____ Lot: 51 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: [Signature] Date: 10/24/09

228250

6112 West 2nd Street, Riolinda CA 95673

E-18767

Vogt, Phu B. 3880 Cambo Dr Oceanside 92056 (760)945-0714

DIV 12 SEG 2 LOT168 CR7

| | | | | | | | | |
|------------|---|---------|--|--|--|--------|--|---------|
| 10-13-2004 | Opened pre-need lot and trust to include open/close, liner, handling fee, recording fee and tax by M/C 25% down | 1310.00 | | | | | | |
| | | 1127.50 | | | | | | |
| | | | | | | 600.00 | | 1837.54 |
| 7-28-05 | mailed Delinquent Notice | | | | | | | |
| 8-19-05 | Sent to Mrs Vogt application for the refund of \$600 - which went to 80% of her selected lot. | | | | | | | |
| 9-14-05 | mailed Certified Delinquent letter | | | | | | | |

5-18765

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---------------------------|---|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JESUS | 1B. MIDDLE RIOS | 1C. LAST (FAMILY) GONZALEZ | 2. DATE OF BIRTH MONTH DAY YEAR 09/13/1951 | 3. DATE OF DEATH MONTH DAY YEAR 10/04/2004 | 4. SEX M |
| 5A. CITY OF DEATH ONTARIO | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN BERNARDINO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BEATRIZ GONZALEZ—DAUGHTER 1670 NEWTON AVE., SAN DIEGO, CA, 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA, 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE 0011425 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 10/12/2004 |
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/12/1004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ERIC FRYKMAN, M.D. |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, 351 N. MUMFORD AVE SAN BERNARDINO, CA, 92415 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO CO. HEALTH SAN DIEGO, CA 92186 6011 ROSECRANS ST. | | |

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 10/18/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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.

Pro
Aued

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/13/04

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

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

Church, Chapel, Graveside _____ Mortuary _____

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 108 Grave 7

Grave space & Care Fund _____ 985 -

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413 -

Burial Container _____ 209 -

Handling Fees _____ 100 -

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 50 -

Sales taxes _____ 110.20

Total Due _____ 1833.20

Paid receipt number _____ 500 -

Balance due 1333.20

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.

Chuan Ngoc Hoang
Print Name

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature
Haw

Work Order # E 18766

PHU
Need

Dr 4139343

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/13/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PHU B. Vogt 228250 in a liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 12 Section 2 Blk/Row 168 Grave 7

Grave space & Care Fund 1310-

Overtime/Late Arrival Fees 549-

Opening/Closing & Setup 278-

Burial Container 213-

Handling Fees 66-

Flower vases - Marker setting fee 21.84

Recording/Filing/Transfer Fees 2437.54

Sales taxes 1837.94

Total Due 7437.54

Paid receipt number M/C 6000-1837.94

Balance due 1837.94

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

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

Signature Ram

PHU B. VOGT
Print Name
 13880 Camino Dr
Address
 Ocean side Ca 92056
City
 760-945-0714
Telephone
Zip Code

Work Order # E 18767

Invoice # _____
Acct. # _____

Reimbursement sent to Dana Hill 10/16/04

Chk per Dana Hill 8/31/05 on 8533576

7608055650

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*AT Need
in grave of
Nora Davis*

Date 10-14-04

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

of Leonard Davis ²²⁸³³² ~~of~~ ^{Tue 10/19} ~~at~~ ^{AYD}

in a ASH VAULT _{Type of Burial Container} Funeral date, time THUR 10/14

Church, Chapel, ~~Crematorium~~ Delivery only Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 44 Grave 12

Grave space & Care Fund _____ ^{E-3394} **PAID** 116.00

Overtime/Late Arrival Fees _____ 116.00

Opening/Closing & Setup _____ 61.00

Burial Container _____ 66.00

Handling Fees _____ 50.00

Flower vases - Marker setting fee _____ 4.73

Recording/Filing/Transfer Fees _____ 297.73

Sales taxes _____ 297.73

Total Due _____ 0

Paid receipt number VisaCard Balance due _____

I hereby certify I am the Step-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

Amos Johnson Jr
Signature _____

Amos Johnson Jr
Print Name
815-3rd Ave # 303
Address
Chula Vista CA 91911
City Zip Code
619 420-2460
Telephone

Paulette
Work Order # E 18768

Invoice # _____
Acct. # _____

whna

MT HOPE CEMETERY E-18768

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--------|----------|-------|------|---------|--|
| | | | | | | |
| | | | | | Walters | |
| | Willis | | X | | | |
| | | Robinson | Nolan | Hunt | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/14

Interment space for: Leonard Davis

Interment Date: Thurs 10/24 Time: Del

Div: 12 Sect: 3 Blk/Row: Lot: 44 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: David Louie Date: 10-19-04

E-18768

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Leonard | 1B. MIDDLE - | 1C. LAST (FAMILY) Davis | 2. DATE OF BIRTH MONTH DAY YEAR 03/26/1919 | 3. DATE OF DEATH MONTH DAY YEAR 10/10/2004 | 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 Amos Johnson, Stepson 815 Third Avenue, Ste 303 Chula Vista, CA 91911 | |
| 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 FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 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>Philip Campbell</i> | |
| | | | | 8B. DATE SIGNED 10/15/2004 | |

| | | | | |
|---|---|---|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 10/18/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417638 |
| | 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 CORONOR'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"/> D. 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 11-9-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083 | 12B. DATE CREMATED 10/25/2004 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/14/04

28293

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

in a Liner Funeral, date, time Tri 10/22 1:00

Church, Chapel Graveside; Aztlan Mortuary.

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

Division S Section 1 Blk/Row 13 Lot 29 Grave 1

Grave space & Care Fund E-18096

Overtime/Late Arrival Fees _____

Opening/Closing & Setup **PAID** 413

Burial Container 209

Handling Fees OCT 14 2004 160

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees **MOUNT HOPE CEMETERY** 50

Sales taxes 16.00

Total Due 848.00

Paid receipt number 58132 848.00

Balance due 0

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

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

D.M. Montez
Signature tan

x Deborah Montez
Print Name
x 10011 Hiram Way
Address
x Lakeside Ca 92040
City Zip Code
x (619) 561-7734
Telephone

Work Order # E 18769

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 18769

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--------|-------|-----|--------|--------|--|
| | | | 411 | | | |
| | Carlin | | | | | |
| | | | x | Wilson | Krisen | |
| | | Moore | | Landos | | |
| | | | | | | |

Blind Check Initiated By:

Pan

Date:

10/19

Interment space for:

Charles Spencer

Interment Date:

Fri 10/22

Time:

1:00

Div: 5

Sect: 1

Blk/Row: 13

Lot: 21

Gr: 1

Grave Laid out by:

Kenneth Collins

Agrees with Legal Card: Yes

No

Agrees with Map: Yes

No

flag m grave

Blind Check & Verified By:

David Norwig

Date: 10-19-04

E-18769

117

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | | | | | |
|---|--|-----------------------------|--|---|--|--|--|---|--|--------------------------------------|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CHARLES | | 1B. MIDDLE EDWARD | | 1C. LAST (FAMILY) SPENCER | | 2. DATE OF BIRTH MONTH, DAY, YEAR 04/14/1937 | | 3. DATE OF DEATH MONTH, DAY, YEAR 10/13/2004 | | 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 DEBORAH MONTEZ—DPOA 10011 HIRAM WAY LAKESIDE, CA., 92040 | | | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: FUNERARIA AZTLAN 7856 LA MESA BLVD., LA MESA, CA., 91941 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1658 | | 8A. SIGNATURE OF APPLICANT—Permit taking permit <i>Leah A. Mata</i> | | | | 8B. DATE SIGNED 10/18/2004 | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$ 13.00 | | 9B. DATE PERMIT ISSUED Leah A. Mata 10/18/2004 | | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417587 | | | |
| AUTHORIZATION OF LOCAL REGISTRAR | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA., 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA — | | | | | | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | | | | | | | | |

| | | | | | | | | | | | |
|--|--|--|--|---|--|--|------------------------|--|--|--|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | | | | | | FOR CORONOR'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 ST. SAN DIEGO, CA., 92102 | | 11B. DATE BURIED 10 22 04 | | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Karen F. Jensen</i> | | | |
| | CREMATION | | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | | 12B. DATE CREMATED | | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | | | |
| | SCIENTIFIC USE | | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | | 13B. DATE RECEIVED | | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | | | |
| | TRANSIT | | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | | 14B. DATE SHIPPED | | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | | | |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | | 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.

At
Med

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/14/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Woolridge 228284

In a TS Vault Funeral, date, time Mon 10/18 1:00
Church Chapel, Graveside Ragsdale Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 219 Grave 1

Grave space & Care Fund 985-

Overtime/Late Arrival Fees **PAID** 413-

Opening/Closing & Setup 275-

Burial Container **OCT 14 2004** 204-

Handling Fees 138-

Flower vases - Marker setting **MOUNT HOPE CEMETERY** 50-

Recording/Filing/Transfer Fees 21.31

Sales taxes 2080.31

Total Due 4948.31

Paid receipt number 58135 2080.31 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.

X CONNIE WOOLRIDGE JR
Print Name
X 1713 EAST SHOREVIEW DR
Address
SAN RAMON, CA. 94583
City
(925) 735-9345 Zip Code
Telephone

Signature Pam

Work Order # E 18770

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18770

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|----------|---|----------|------|--|
| | | | | | | |
| | | Gilligan | | Lawrence | | |
| | | | X | | Orde | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/14

Interment space for: Patricia Woolridge

Interment Date: Mon 10/18 Time: 7:00

Div: 12 Sect: 2 Blk/Row: Lot: 219 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: M. [Signature] Date: 10/15/04

E-18770

APPLICATION 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 Ann | 1C. LAST (FAMILY) Woolridge | 2. DATE OF BIRTH MONTH DAY YEAR 02/13/1950 | 3. DATE OF DEATH MONTH DAY YEAR 10/08/2004 | 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 Connie Woolridge, Brother/DPOA 6750 Doriana Street San Diego, CA 92139 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragadale Mortuary, 5050 Federal Blvd San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 10/14/2004 | | | |

| | | | | |
|--|---|---|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 10/15/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417566 |
| | 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 CORONOR'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 10-18-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12E. 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/14/04

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

of Bridget Cole ²²⁸²⁸⁶
in a TS Vault Funeral, date, time Tues 10/19 1:00

Church Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 165-

will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 1079 Grave 1

Grave space & Care Fund 1095-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup **PAID** 413-

Burial Container 25-

Handling Fees 204-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees **MOUNT HOPE CEMETERY** 80-

Sales taxes 21.31

Total Due 2058.31

Paid receipt number 58136 2058.31

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 [Signature]

X THELMA L. LEE
Print Name
13241 COLLEGE PL. #26
Address
LEMON GROVE CA 91945
City
619 697-3373
Telephone
Zip Code

Work Order # E 18771

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18771

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|------|---------|---------|--|---------|--|
| | | | | | | |
| | WOOD | | MOMY | | WILBERT | |
| | | SCHULKE | X | | NASH | |
| | | | FLEMING | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/14

Interment space for: Bridget Cole

Interment Date: Tues 10/19 Time: 1:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1079 Gr: 1

Grave Laid out by: CW Jones

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: Kenneth Collins Date: 10/10/04

E-18771 40

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------------------|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Bridget | 1B. MIDDLE Elaine | 1C. LAST (FAMILY) Cole | 2. DATE OF BIRTH MONTH DAY YEAR 10/05/1958 | 3. DATE OF DEATH MONTH DAY YEAR 10/10/2004 | 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 Thelma L. Lee, Mother 3241 College Grove Place #26 Lemon Grove, CA 91945 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102 | | | 7B. CALIF LICENSE NUMBER — IF APPLICABLE FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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>Brian Campbell</i> | |
| | | | | 8B. DATE SIGNED 10/15/2004 | |

| | | | | |
|--|--|---|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA</small> | 9A. AMOUNT OF FEE PAID 13.00 | 9B. DATE PERMIT ISSUED 10/18/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417592 |
| 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 CORONOR'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 10/19/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION - | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION - |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/14/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Robinson 78286

in a Liner Funeral, date, time Tues 10/19/11:00

Church/Union/Graveside Memorial Mortuary

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

Division 12 Section 2 Blk/Row _____ Lot 244 Grave 10

Grave space & Care Fund _____ 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ **PAID** 413-

Burial Container _____ 209-

Handling Fees _____ **OCT 14 2004** 140-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fee **MOUNT HOPE CEMETERY** _____ 50-

Sales taxes _____ 14.20

Total Due 1833.20

Paid receipt number 58137 1833.20

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 [Signature]

Christie Johnson
Print Name
1021 E. Lexington Ave. # 19
Address
El Cajon, Ca. 92020
City
(619) 322-8228 628-2492
Telephone

Work Order # E 18772

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18772

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-----------------|--------------------|---------------|--|--|
| | | | | | | |
| | | | | | | |
| | | XXXX | X | XX | | |
| | | Briscoe | Franklin Henderson | Kearney | | |
| | | | | | | |

Blind Check Initiated By: Ram Date: 10/14

Interment space for: William Robinson

Interment Date: Tues 10/19 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 244 Gr: 10

Grave Laid out by: C. Ramon

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: Kenneth Collins Date: 10/18/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18772

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

| | | | | | |
|--|----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM | 1B. MIDDLE WAYNE | 1C. LAST (FAMILY) ROBINSON JR. | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/27/1984 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/09/2004 | 4. SEX M |
| 5A. CITY OF DEATH SAN DIEGO | | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | | |
| 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 | | |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | 8A. SIGNATURE OF APPLICANT — Person issuing permit: <i>[Signature]</i> | | |
| | | | 8B. DATE SIGNED 10/13/2004 | | |
| 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHRISTIE JOHNSON—SISTER 1021 E. LEXINGTON AVE. APT A19 EL CAJON, CA 92020 | | | | | |

| | | | | |
|---|---|--|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 10/13/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. LEMON JR. |
| 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |

| | | | |
|--|---|-------------------------------------|--|
| BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ST. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 10/19/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

Pre need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date

10/14/04

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

of Lizzie Richburg 26508

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2923 Grave 1

Grave space & Care Fund _____

Overtime/Late Arrival Fees PAID 413 x 2 ↓ 826

Opening/Closing & Setup PAID ↓ 418

Burial Container OCT 14 2004 ↓ 352

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 20 x 2 100

Sales taxes 32.40

Total Due 1728.40

Paid receipt number 58128 1728.40

Balance due 0

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

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

Signature _____

Pan

Lizzie Richburg
First Name
12368 Blackton Dr.
Address
San Diego 92125
City Zip Code
(619) 264-0983
Telephone

Work Order # E 18773

Invoice # _____

Acct. # _____

Prd
Med

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/14/04

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

of Lizzie Richburg 216508
in a (2) TS Vault Funeral date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary _____

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

Division 10 Section _____ Blk/Row _____ Lot 2924 Grave 1

Grave space & Cartage _____ 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413 x 2 826

Burial Container OCT 14 2004 _____ 275 x 2 550

Handling Fees _____ 204 x 2 408

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 50 x 2 100

Sales taxes _____ 21.31 x 2 42.62

Total Due 1926.62

Paid receipt number 58139 1926.62

Balance due 0

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

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

X Lizzie Richburg
Print Name
2368 Blackton Dr.
Address
San Diego 92105
City Zip Code
(619) 264-0983
Telephone

Signature
[Signature]

Work Order # E 18774

Invoice # _____

Accl. # _____

At Need
Schwand

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/15/04

228339

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

in a Ash Vault Funeral, date, time Fri. Nov 12 10:00

Church, Chapel, Graveside FAMILY Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 1977 Grave 1
Grave space & Care Fund 330.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 116.00

Burial Container 61.00

Handling Fees 66.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50.00

Sales taxes 4.73

OCT 15 2004

MOUNT HOPE CEMETERY

Total Due 627.73

Paid receipt number 58141 627.73

Balance due 0

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

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

Signature Pam

Eleanor Shull
Print Name
6287 Cordes Mtn Blvd
Address
San Diego CA 92119
City Zip Code
619-463-5625
Telephone
1800-523-2300 ext 3100

Work Order # E 18775

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-18775

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-----------|------------|-------|--|--|--|
| | | | | | | |
| | | Turner | | | | |
| | Blanchett | Willingham | X | | | |
| | Brewer | King | Jones | | | |
| | | | | | | |

Blind Check Initiated By: Paullette Date: 11/9/04

Interment space for: Eleanore Shull

Interment Date: Friday 11-12-04 Time: 10:00 G.S.

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1977 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18775

85

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

| | | | | | |
|---|--------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Eleanore | 1B. MIDDLE Eve | 1C. LAST (FAMILY) Shull | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/26/1919 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/14/2004 | 4. SEX F |
| 5A. CITY OF DEATH Mesa | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Gary Shull - Son 6287 Cowles Mtn Blvd San Diego, CA 92119 | | |
| 7. NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 S Mollison Ave, El Cajon, CA 92020 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1022 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jackie Kozica</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 10/19/2004 | |

| | | | | |
|--|---|---|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 10/19/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417676 Jackie Kozica |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P O Box 85222 San Diego, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |

| | |
|---|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|---------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Johnson</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY, VISTA, CA 92083 | 12B. DATE CREMATED 10/21/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>SW Schrock</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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 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 IN THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

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

V99 (REV. 3/03)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/18/04

At need

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

of Vernetta Jennings 228290

in a liner Funeral, date, time Fri 10/22 11:00

Church Chapel, Graveside Rogersdale Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 245 Grave 7

Grave space & Care Fund 985-

Overtime/Late Arrival Fees

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160-

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees 50-

Sales taxes 16.20

Total Due 1833.20

Paid receipt number MC 1833.20

Balance due 0

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

Vernetta Jennings
Print Name
Address 7551 Skyline 101
City San Diego State CA Zip Code 92114
Telephone 2673464

Work Order # E 18776

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18776

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|----------|--|--|---|----------|--------|--|
| | | | | | | |
| | | | | standard | | |
| | | | X | crumble | | |
| Jennings | | | | | Taylor | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/20

Interment space for: Vernetta Jennings

Interment Date: Tri 10/22 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 248 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag in grave

Blind Check & Verified By: Kenneth Collins Date: 10/21/04

E-18776
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|------------------------|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Vernetta | 1B. MIDDLE - | 1C. LAST (FAMILY) Jennings | 2. DATE OF BIRTH MONTH DAY YEAR 03/09/1943 | 3. DATE OF DEATH MONTH DAY YEAR 10/16/2004 | 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 Vernon Parrish, Brother 7551 Skyline Drive San Diego, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragdale Mortuary, 5050 Federal Blvd San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8A. SIGNATURE OF APPLICANT—Person using permit: <i>Blair Candace</i> | |
| | | | | 8B. DATE SIGNED 10/21/2004 | |

| | | | | |
|---|---|--|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 10/21/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417868 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 10-22-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION - |

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

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/18/04

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

of Henderson Campbell

in a DO 1st Funeral, date, time Thurs 10/21/04

Church, Chapel Graveside CA Central Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ Glona 105 will be applied and billed to undersigned.

Division 8 Section S Blk/Row Lot 602 Grave 1

Grave space & Care Fund E 9500

Overtime/Late Arrival Fees

Opening/Closing & Setup E 1600

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees

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.

X Print Name
X Address
X City Zip Code
X Telephone
See attached

Signature
Pan

Work Order # E 18777

Invoice #
Acct. #

10/18/2004 11:31

SD MT. HOPE CEMETERY -> CALIF BURIAL

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/18/04

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

in a DO 1st Funeral, date, time Thurs 10/21 1:00

Church, Graveside CA Burial Monterey

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 105 will be applied and billed to undersigned.

Division 8 Section 5 Burial Row E 921 Lot 1002 Grave 1

Grave space & Care Fund E 921

Overtime/Late Arrival Fees 0

Opening/Closing & Setup E 1000

Burial Container 0

Handling Fees 0

Flower vases - Market selling fee 0

Reburial/Filing/Transfer Fees 0

Other taxes 0

Total Due 0

Paid receipt number 0

Balance due 0

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

I hereby authorize the interment in lot 1 held under deed.

Daisy Campbell

802 58 4790157

S. P 92113

Ran

Work Order # E 18777

Invoice # _____

Acct. # _____

White Bell

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|-------|------|--|--|
| | | | | | | |
| | | | Tracy | | | |
| | | | X | Bott | | |
| | | | Lund | Lund | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/18

Interment space for: Henderson Campbell

Interment Date: Thurs 10/21 Time: 1:00

Div: 8 Sect: 5 Blk/Row: _____ Lot: 692 Gr: 1

Grave Laid out by: CP Men

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag for flag

Blind Check & Verified By: McQuinn Date: 10/15/14

E 18777

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HENDERSON | 1B. MIDDLE B. | 1C. LAST (FAMILY) CAMPBELL | 2. DATE OF BIRTH MONTH DAY YEAR 01/23/1923 | 3. DATE OF DEATH MONTH DAY YEAR 10/16/2004 | 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 DAISY L. CAMPBELL—WIFE 802 SO. 47TH STREET SAN DIEGO, CA 92113 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950 | | | 7B. CALIF LICENSE NUMBER — IF APPLICABLE FD-1689 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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>Chauvette Ross</i> | |
| | | | | 8B. DATE SIGNED 10/19/2004 | |

| | | | | |
|---|---|---|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/19/2004 C. ROSS | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417707 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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, CALIFORNIA 92102 | 11B. DATE BURIED 10/21/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE — | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At
Aud

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/19/04

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

of William Kifer
in a Ash vault Funeral, date, time Fri 10/22 2:00

Church, Chapel, Graveside; Family ~~Mortuary~~

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

Division 7 Section 16 Blk/Row D 2850 Lot 84 Grave 12
Grave space & Care Fund _____

Overtime/Late Arrival Fees _____
Opening/Closing & Setup _____
Burlal Container _____
Handling Fees _____

PAID

154-
81-
88-

OCT 19 2004

Flower vases - Marker setting fee _____
Recording/Filing/Transfer Fees _____
Sales taxes _____

MOUNT HOPE CEMETERY

66-
6.28

Total Due 395.28

Paid receipt number 58146 395.28

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 _____

Fam

X PATRICIA A - GASS
Print Name
X 5848 Venus Ave.
Address
X Fort Collins CO 80525
City
X 970-229-0896
Telephone Zip Code

Work Order # E 18778

Invoice # _____

Acct. # _____

W/ Mary

MT HOPE CEMETERY C-18778

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--------|--|----------|------|--|--|
| | | | | | | |
| | | | Lawrence | | | |
| | Sutton | | X | Boss | | |
| | | | Ruiz | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/19

Interment space for: William Kifer

Interment Date: Fri 10/22 Time: 2:00

Div: 1 Sect: 16 Blk/Row: Lot: 84 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

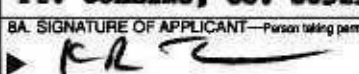
Blind Check & Verified By: M. B... Date: 10/22/19

E-18778

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) WILLIAM | 1B. MIDDLE RICHARD | 1C. LAST (FAMILY) KIFER | 2. DATE OF BIRTH MONTH DAY YEAR 09/19/1951 | 3. DATE OF DEATH MONTH DAY YEAR 08/26/2004 | 4. SEX M |
| 5A. CITY OF DEATH LOVELAND | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE CO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PATRICIA GASS-SISTER 5848 VENUS AVE. PT. COLLINS, CO. 80525 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GOODBODY MORTUARY, 5027 EL CAJON BLVD. SAN DIEGO CA 92115 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 790 | 8A. SIGNATURE OF APPLICANT—Person taking permit  | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 09/15/2004 | | | |

| | | | | |
|---|---|---|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 8A. AMOUNT OF FEE PAID \$13.00 | 8B. DATE PERMIT ISSUED 09/15/2004 K JONES | 8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2415889 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA — | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA PO BOX 85222 SAN DIEGO CA 92186-5222 | | |

| | |
|---|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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 ST. SAN DIEGO CA 92102 | 11B. DATE BURIED 10-22-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Pre
need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/19/04
208273

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

of Elma Arnold (Estate)

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 82 Grave 9

Grave space & Care Fund _____ 985-

Overtime/Late Arrival Fees _____

PAID

Opening/Closing & Setup _____ 413-

Burial Container _____ 209-

OCT 19 2004

Handling Fees _____ 160-

Flower vases - Marker setting _____ 138

MOUNT HOPE CEMETERY

Recording/Filing/Transfer Fees _____ 50-

Sales taxes _____ 16.20

Total Due _____ 1997.05

Paid receipt number 58148 1997.05

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.

(R)
I hereby authorize the interment in lot I
hold under deed.

First Name _____
Address _____
City _____ Zip Code _____
Telephone _____
see attached

Signature _____
Pan

Work Order # E 18779

Invoice # _____

Acct. # _____

*Pre
need*

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/19/04

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

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

Church, Chapel, Graveside _____ Mortuary _____

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

Division 12 Section 1 Blk/Row _____ Lot 82 Grave 9
985

| | |
|-----------------------------------|---------------|
| Grave space & Care Fund | _____ |
| Overtime/Late Arrival Fees | <u>413</u> |
| Opening/Closing & Setup | <u>209</u> |
| Burial Container | <u>160</u> |
| Handling Fees | <u>138</u> |
| Flower vases - Marker setting fee | <u>25.85</u> |
| Recording/Filing/Transfer Fees | <u>50</u> |
| Sales taxes | <u>16.20</u> |
| Total Due | <u>997.05</u> |

Paid receipt number 58148 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 Pam

Work Order # E 18779

ELMA ARNOLD

ESTATE OF

ELMA ARNOLD

5207 WIPPA RD

SAN DIEGO, CA 92123

858-694-2953

Invoice # _____
Acct. # _____

This information is available in alternative formats upon request

Disin

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/19/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lelia Link 173293

in a Liner to DD Type of Burial Container Funeral, date, time Tues 11:00
Church, Chapel, Graveside Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ (paid)
will be applied and billed to undersigned. 266-7880

Division 12 Section 1 Blk/Row _____ Lot 140 Grave 11

Grave space & Care Fund _____

Overtime/Late Arrival Fee _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID
OCT 19 2004
11:00
MOUNT HOPE CEMETERY

418 -
352 - = 1452 -

Total Due 1902.40

Paid receipt number 58151 1902.40

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]

1 DAVID J. GOSLEE
Print Name
12621 SWEETWATER RD. #93
Address
NATIONAL CITY 91950
City Zip Code
x(619) 479-0419
Telephone

Work Order # E 18780

Invoice # _____

Acct. # _____



THE CITY OF SAN DIEGO

E-18780

LETTER OF APPROVAL FOR DISINTERMENT OF Lelia Link

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Lelia Link and have the right to make this authorization, and that they are related to the decedent as indicated below. THE UNDERSIGNED FURTHER AGREE TO DEFEND, INDEMNIFY, PROTECT AND HOLD THE CITY OF SAN DIEGO AND ITS AGENTS, OFFICERS, AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED OR LIABILITY ESTABLISHED FOR DAMAGES OR INJURIES TO ANY PERSON OR PROPERTY, which arise from or are connected with and are caused or claimed to be caused by the disinterment of (insert name) ^{Lelia Link} and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

The burial site for Lelia Link is identified as:

Lot 140 Grave 11 Section 1 Division 12

We acknowledge that we have been advised that the remains of Lelia Link may not be present and/or intact.

[Handwritten Signature]

SIGNATURE(S)

x daughter

RELATION TO DECEASED

[Handwritten Signature]

WITNESSED BY

SUBSCRIBED AND SWORN TO before me on this 21 DAY OF Oct, 2004,
BY BETTYE M. GASLIE
[Handwritten Signature]
NOTARY PUBLIC

21 October 2004
DATE



Mt. Hope Cemetery

Community Parks & Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

MT HOPE CEMETERY E-18780

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|-----------|----------|-------|--|--|
| | | | | | | |
| | | Tall tree | | | | |
| | Above | Phone | X | ERVIN | | |
| | | Wolter | Campbell | Young | | |
| | | | | | | |

Blind Check Initiated By: Dam Date: 10/88

Interment space for: Lilia Link

Interment Date: Jesus 11/2 Time: 1:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 140 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag on grave

Blind Check & Verified By: M. Constanter Date: 11/1/88

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT NEED

Date 10/11/04

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

in a TS Vault Type of Burial Container: Funeral, date, time Thurs. Oct. 28 11:00

Church, Chapel, Graveside: Ragsdale Mortuary:

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

Division 11 Section 2 Blk/Row _____ Lot 135 Grave 2

Grave space & Care Fund E-1808.5 ~~985.00~~

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fees 204.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50.00

Sales taxes 21.31

Total Due 963.31 ~~1948.31~~ pc

TS Vault Res Fee Met to pay

NO

Paid receipt number _____

Balance due _____

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

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

Signature _____

Print Name _____

Address _____

City _____

Telephone _____

Zip Code _____

10/26 Skipper called 1:00 pm to change from TS to a DD crypt. I radio Kevin he told me to be faxed

Work Order # E 18781 Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/21/04

*Quit Claim
Transfer
Gift to:*

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

of Quit Claim lot to Anderson - Ragsdale

in for Juanda Blenis Original, date, time _____
Type of Burial Container

Church/Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned, _____

Division 11 Section 2 Blk/Row _____ Lot 135 Grave 2

Grave space & Care Fund E-18085

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due 0

Paid receipt number _____

Balance due 0

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

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

Signature _____

(See attached copy)
Print Name 700 Selma Pl.
Address San Diego CA 92114
City (619) 244-8846 Zip Code
Telephone

Invoice # _____

Acct. # _____

Paulette
Work Order # E 18782

E-18782

LOT OWNER

E-18085

(619) 264-9134

STEVENS, GEORGE 700 SELMA PL., S.D. CA 92114

264-9134

NAME

ADDRESS

LOT 135 GR. 2 ROW SEC 2 BLK DIV 11

10/09/03 Quit Claim transfer lot from Girlene Garcia.
Transfer fee paid by check R-56779, NSF fee pd R-56966

^{E-18782}
10-21-04 TO Tranda Rogodole
Blessins

10/21/04 George Stevens
PR-961 (REV. 1-83) TAYLOR SYSTEM OF CEMETERY RECORDING

Pre
Med

Enk
Nowong
MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/25/04

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 48 Grave 2

Grave space & Care Fund 985-

Overtime/Late Arrival Fees **PAID** 413-

Opening/Closing & Setup..... 289-

Burial Container **OCT 25 2004** 160-

Handling Fees..... 163.85

Flower vases - gatu Marker setting fee **MOUNT HOPE CEMETERY**..... 50-

Recording/Filing/Transfer Fees..... 16.20

Sales taxes..... 1997.05

Total Due..... 50162 1997.05

Paid receipt number _____

Balance due 0

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

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

Signature _____

ham

X Print Name _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 18783**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/23/04

*AT NEED
in the grave
with Crystal Corp*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADREA CORP ~~2~~ 46

in a ASH VAULT Funeral, date, time OCT. 30 Sat 11:00

Church, Chapel, Graveside FAMILY Mortuary.

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

Division MAS Section A Blk/Row _____ Lot 3/2 Grave 2

Grave space & Care Fund B-1745

Overtime/Late Arrival Fees 307.00

Opening/Closing & Setup E-17048

Burial Container **PAID**

Handling Fees _____

Flower vases - Marker setting fee OCT 25 2004

Recording/Filing/Transfer Fees _____

Sales taxes **MOUNT HOPE CEMETERY**

Total Due 307.00

Paid receipt number Card 30700

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

*Paulotte
C:*

Work Order # E 18784

Signature Attached

10/26/04
 TO John,
 Please sign,
 print and add
 your address to the
 highlighted areas and mail
 back to Mt. Hope Cemetery for
 our file copy.

AT NEED
 in the grave
 with Clyde Corp
 Thanks, Paulette (619) 527-3401

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/25/04

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

In a ASH VAULT Funeral, date, time OCT. 30 Sat 1:00

Church, Chapel, Graveside FAMILY Mortuary.

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

will be applied and billed to undersigned.

Division MAS Section A Blk/Row _____ Lot 3/2 Grave 2

Grave space & Care Fund B-1745

Overtime/Late Arrival Fees 307.00

Opening/Closing & Setup E-17048

Burial Container " " " " " "

Handling Fees " " " " " "

Flower vases - Marker setting fee " " " " " "

Recording/Filing/Transfer Fees " " " " " "

Sales taxes " " " " " "

Total Due 307.00

Paid receipt number Card 307.00

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 need

Paulette C.

John Corp
1553 Albright Ave
Clarendon Ca 91786
909-985-0103 Zip Code

Work Order # E 18784

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18784

GRAVE BLIND CHECK FORM

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

in grave of Clyde

| | | | | | | |
|--|--|------------|--------|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | Torrescano | Miller | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 10/26

Interment space for: Adrea N. Corp

Interment Date: Sat. Oct. 30 Time: 1:00 pm

Div: MAS Sect: A Blk/Row: _____ Lot: 3 1/2 Gr: 2

Grave Laid out by Aman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 10/26/04

FLAS

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18784

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

| | | | | | |
|--|-------------------------|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Adrea | 1B. MIDDLE N. | 1C. LAST (FAMILY) Corp | 2. DATE OF BIRTH MONTH DAY YEAR 11/23/1905 | 3. DATE OF DEATH MONTH DAY YEAR 09/20/2004 | 4. SEX F |
| 5A. CITY OF DEATH Escondido | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sarah Allison, DPOA HC 30660 Anthony Rd. Valley Center, CA 92082 | |
| 7. PERMITS NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: California Funeral Alternatives 1020 E. Pennsylvania Av., Escondido, CA 92025 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD1624 | | |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | | 8A. SIGNATURE OF APPLICANT — Person taking permit: J. Seargeant 8B. DATE SIGNED: 09/22/2004 | |

| | | | | |
|---|--|---|---|---|
| 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 \$ 13.00 | 9B. DATE PERMIT ISSUED 09/22/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. Seargeant 2416329 |
| 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 CORONOR'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"/> D. 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 10-30-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature] |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services, Inc. 2570 Fortune Way, Vista, CA 92083 | 12B. DATE CREMATED: 9/23/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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 IN THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/26/04

206593

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Bauer 11/8

In a Liner Funeral, date, time Mon 11/8 12:00

Church Chapel, Upside : Humphreys Mortuary.

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

Division 6 Section 5 Blk/Row _____ Lot 12 Grave 13

Grave space & Care Fund D 6515 ⊖

Overtime/Late Arrival Fees _____ ⊖

Opening/Closing & Setup E 12929 ⊖

Burial Container _____ ⊖

Handling Fees _____ ⊖

Flower vases - Marker setting fee _____ ⊖

Recording/Piling/Transfer Fees _____ ⊖

Sales taxes _____ ⊖

Total Due ⊖

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.

X DANIEL BAUER
Print Name
X 1754 VIA COSTINA
Address
X SAN VSD 92173
City
X 619-577-0565 Zip Code
Telephone

Signature
[Signature]

Work Order # E 18785

Invoice # _____
Acct. # _____

w/ eoa

DIP MT HOPE CEMETERY E-18785

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|------------------|-------------------|---|-------|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | Witch | Kennel | | | | |
| | | | | Bauer | | |

Blind Check Initiated By: Pam Date: 10/20

Interment space for: Arthur Bauer

Interment Date: Mon 11/18 Time: 12:00

Div: 6 Sect: 5 Blk/Row: Lot: 12 Gr: 13

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: Kenneth Collins Date: 10/29/04

E-18785

APPLICATION 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 HENRY | 1C. LAST (FAMILY) BAUER | 2. DATE OF BIRTH MONTH DAY YEAR 04/05/1915 | 3. DATE OF DEATH MONTH DAY YEAR 10/25/2004 | 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 DANIEL BAUER (SON) 1754 VIA COSTINA SAN YSIDRO, CA 92173 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 964 | | 8. DATE SIGNED 10/29/2004 |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/29/2004 SANDRA PENA | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418321 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — SAN DIEGO CO. P.O. BOX 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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102 | 11B. DATE BURIED 11/05/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Zanker</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/26/04

228354

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

in a DIS 13E Funeral, date, time Fri 10/29 11:30

Church Chapel, Graveside : 80 Memorial Mortuary

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

Division 12 Section 2 Blk/Row _____ Lot 95 Grave 3 HPT

Grave space & Care Fund 985-

Overtime/Late Arrival Fees 413 PAID

Opening/Closing & Setup 820-

Burial Container 418-

Handling Fees OCT 27 2004 352-

Flower vases - Marker setting fee MOUNT HOPE CEMETERY 100-

Recording Filing/Transfer Fees 30.40

Sales taxes 2713.40

Total Due 2713.40

Paid receipt number 58171 2713.40

Balance due 2713.40

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. (R) Mortuary

Gwendolyn L Wells
Print Name
294872 Imperial Ave
Address
San Diego Calif 92102
City
619-239-0073 Zip Code
Telephone

Signature
Pam

Work Order # E 18786

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18786

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|---------|---|--------|--------|--|
| | | | | | | |
| | | Amansce | | | | |
| | | | X | Gibson | Gibson | |
| | | Wells | | Almida | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/26

Interment space for: Joseph Wells

Interment Date: En 10/29 Time: 11:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 95 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: M. Dunster Date: 10/26/26

flag on grave

E-18786
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) JOSEPH | 1B. MIDDLE JOE | 1C. LAST (FAMILY) WELLS JR. | 2. DATE OF BIRTH MONTH DAY YEAR 12/05/1951 | 3. DATE OF DEATH MONTH DAY YEAR 10/22/2004 | 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 GWENDOLYN WELLS—WIFE 2948 1/2 IMPERIAL AVE. SAN DIEGO CA 92102 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1575 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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>[Signature]</i> | |
| | | | | 8B. DATE SIGNED 10/26/2004 | |

| | | | | |
|---|---|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 10/26/2004 R. PRYOR | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418096 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> 1. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. 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 10-29-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/26/04

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

of Juande Ragsdale Blevins 728302

in a D.D. Crypt (A) Funeral, date, time Thurs. Oct. 28, 11:00

Church, Chapel, Graveside Ragsdale Mortuary.

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

Division 11 Section 2 Blk/Row _____ Lot 135 Grave 2

Grave space & Care Fund E-18085

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due 1265.40

Paid receipt number R58164 1265.40

Balance due 0

PAID

MOUNT HOPE CEMETERY

MORT TO PAY RES. FEE

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

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

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature _____

Paulette

Work Order # E 18787

MT HOPE CEMETERY E-18787

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-----------|--------|--------|--|--|
| | | | | | | |
| | | | Baker | | | |
| | | | x | | | |
| | | Rodriguez | ANDERS | Anders | | |
| | | | | | | |

Blind Check Initiated By: 10/25 Paulette Date: _____

Interment space for: Juande R. Blains

Interment Date: Invs. Oct 28 Time: 11:00 Church

Div: 11 Sect: 2 Blk/Row: _____ Lot: 135 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: _____ Date: _____

E-18787

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Juande | 1B. MIDDLE Lilla | 1C. LAST (FAMILY) Blevins | 2. DATE OF BIRTH MONTH DAY YEAR 08/20/1937 | 3. DATE OF DEATH MONTH DAY YEAR 10/20/2004 | 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 Jonell H. Blevins, Daughter 1461 49th Street 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 FD-4329 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Plan Campbell</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 10/27/2004 | | | |

| | | | | |
|---|---|--|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 10/27/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418176 |
| | 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 CORONOR'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 10-28-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Perry</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION - |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY - |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER - |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION - |

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

At need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/27/04

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

of Geneva Pugh 222963

in a TS Vault Funeral, date, time Fri 10/29 1:00

Church, ~~Chapel~~, Graveside _____ : Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 652 Grave 1

Grave space & Care Fund 1095-

Overtime/Late Arrival Fees **PAID** 413-

Opening/Closing & Setup 275-

Burial Container **OCT 27 2004** 204-

Handling Fees _____

Flower vases - Marker setting fee **MOUNT HOPE CEMETERY** _____

~~Recording~~ Filing/Transfer Fees 50-

Sales taxes 21.31

Total Due 94 2058.31

Paid receipt number 581 1100-

Balance due 958.31

MIC 958.31

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.

Patricia BRAXTON
Print Name
4050 Newton Ave.
Address
SAN Diego, CA. 92113
City
619-266-2986 Zip Code
Telephone

Signature
Pam

228317

Work Order # **E 18788**

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18788

GRAVE BLIND CHECK FORM

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

Water/ice

| | | | | | | |
|--|--|---------|-------|-------|--|--|
| | | | | | | |
| | | Hottel | Anell | | | |
| | | Forster | x | PRIOR | | |
| | | | Lewis | Lewis | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/27

Interment space for: Geneva Pugh

Interment Date: Fri 10/29 Time: 1:00

Div: D Sect: Blk/Row: Lot: 062 Gr: 1

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: P. C. Burns Date: 10/28/04

E-18788

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|------------------------|---|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Geneva | 1B. MIDDLE - | 1C. LAST (FAMILY) Pugh | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/25/1925 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/24/2004 | 4. SEX F |
| 5A. CITY OF DEATH San Diego | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Willie Pugh, Husband 260 S. Gregory Street San Diego, CA 92113 | |
| 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 FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking perm: <i>Blaine Campbell</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 10/27/2004 | | |

| | | | | |
|---|---|--|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 10/27/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418180 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92108-5222 | 9E. 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 CORONOR'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 10/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. [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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION - | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION - |

COPY 2 IS RETAINED BY 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



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/27/04

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 101 Grave 11

Grave space & Care Fund 985

Overtime/Late Arrival Fees **PAID**

Opening/Closing & Setup 413

Burial Container 275

Handling Fees 204

Flower vases - Marker setting fee MOUNT HOPE CEMETERY

Recording/Filing/Transfer Fees 50

Sales taxes 21.31

Total Due 1948.31

Paid receipt number Visa 048.31

Balance due 1000.00

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]

[Signature]
Full Name Devick Desoto
Address 1711 Midvale dr
SD 92103
City 619) 262 8063 Zip Code
Telephone

Work Order # E 18789

Invoice # _____
Acct. # _____

375502

2452 Jefferson St. - Sid 92110 = RALPH A. DESOTO = CO-purchaser 228750

DESOTO, DAVID 1711 Midvale Dr. SD 92105 (619)262-8063

617-375-2554 -> CO purchaser

Div 12 Sec 1 Lot 101 Cr 11

DEBIT

CREDIT

BALANCE

| | | | DEBIT | CREDIT | BALANCE |
|------------|--|-------------------|--------|--------|---------|
| 10-27-2004 | Opened pre-need lot and trust by Visa | | 985.00 | | |
| | To include open/close, TS Vault, handling, fee, recording fee and tax. | | 963.31 | | 1948.31 |
| | | | | 948.31 | 1000.00 |
| 12-8-04 | R* VISA | Coupon 1 | 30.00 | 42.00 | 958.00 |
| " | " | 2 | 30.00 | 42.00 | 916.00 |
| " | " | 3 | 30.00 | 42.00 | 874.00 |
| " | " | 4 | 30.00 | 42.00 | 832.00 |
| " | " | 5 | 30.00 | 42.00 | 790.00 |
| 4-21-05 | VISA | Coupon 6 thru 11 | | 252.00 | 538.00 |
| 9-7-05 | VISA | Coupon 12 thru 24 | | 538.00 | 0 |

PAL

SEP 07 2005

MOUNT HOPE LEND FILE

Pre-need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/28/04

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

of June Elaine Bishop 274298

in a vault Funeral, date, time _____

Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 1564 Grave 1

Grave space & Care Fund 2042 -

Overtime/Late Arrival Fees 54 m.v.

Opening/Closing & Setup 549 -

Burial Container 366 -

Handling Fees 271 -

Flower vases - marker setting fee 184 -

Recording/Filing/Transfer Fees 106

Sales taxes 28 37

Total Due 3506 57

Paid receipt number VISA 3506 57

Balance due 0

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

(NR)

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

Maria Vellegas
Signature PAM

X BERNARD L. BISHOP
Print Name
X 5690 YORKSHIRE AVE
Address
X LA MESA CA. 91942
City Zip Code
X (619) 466-2881
Telephone

Work Order # E 18790

Invoice # _____

Acct. # _____

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Wells 228309

in a DD 2nd Type of Burial Container Funeral, date, time Wed 11/3 11:00
Greenwood Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 71 Grave 2

Grave space & Care Fund E 11301

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handing Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number _____ Balance due

I hereby certify I am the XSON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 MERRICK B. BIGHAMES
 Print Name
19575 Genesee Ave. #2
 Address
SAN DIEGO CA. 92131
 City Zip Code
(858) 623-9439
 Telephone

Signature [Signature]

Work Order # E 18791

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18791

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|------------------|----------------|----------|----------|--|--|
| | | | | | | |
| | | sweet ROBINSON | | CANISSEE | | |
| | SAYER | DILLARD | X | BURBANK | | |
| | Lambert Blakeney | | Leverenz | | | |
| | | | | | | |

Blind Check Initiated By: Fam Date: 10/29

Interment space for: Betty Wells

Interment Date: Wed 11/3 Time: 11:00

Div: 11 Sect: 1 Blk/Row: Lot: 71 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag in grave

Blind Check & Verified By: [Signature] (date) 11/1/11

E-18791

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | |
|---|--|--|-----------------------------------|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BETTY | | 1B. MIDDLE - | 1C. LAST (FAMILY) WELLS | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/16/1945 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/28/2004 | 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 MERRICK B. BIGHAMES-SON 9575 GENESEE AVE. #E2 SAN DIEGO CA 92121 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: 7B. CALIF. LICENSE NUMBER — IF APPLICABLE GREENWOOD MORTUARY, 1-805 & IMPERIAL AVE SAN DIEGO CA 92102 FD 843 | | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | | 8B. DATE SIGNED 11/01/2004 |

ACKNOWLEDGEMENT OF APPLICANT

I hereby acknowledge as Applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/02/2004 K JONES | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418463 |
| | 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 checked="" type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONOR'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 11/3/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At
need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/29/04

228320

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

in a Ash vault Funeral, date, time Fri 11/5 1:00

Church, Chapel, Graveside ; 20 Memorial Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 1018 Grave 1

Grave space & Care Fund _____ E 3512 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 116-

Burial Container _____ 60-

Handling Fees _____ 60-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ NOV 05 2004 30-

Sales taxes _____ 4.73

MOUNT HOPE CEMETERY 297.73

Paid receipt number R# 58203 297.73

Balance due 0

Martha to pay

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.

(R)

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

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____
(See attached)

Signature
Dan

Work Order # E 18792

Invoice # _____
Acct. # _____

At
Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/29/04

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

of Rebecca Brown

in a Ash vault Funeral date, time Fri 11:5 1:00

Church, Chapel, San Marcos San Marcos Mortuary

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

Division D Section _____ Burial Row _____ Lot 1018 Grave 1

Grave space & Care Fund _____ E 3512 0

Overtime/Late Arrival Fee _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Time 1pm
Pending Friday 11-5-04
160
160
30
4.73
297.73

Make sure to pay!

Paid receipt number _____

Balance due _____

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

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

Signature Dan

GREG J. VIERA
788 N. ALDA DR.
SAN MARCOS, CA 92069
760-471-8621

Work Order # E 18792

Invoice # _____

Acct. # _____

1pm sh

w/ Winifred

MT HOPE CEMETERY E-18792

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|----------|----------|-----------|--|--|
| | | | | | | |
| | | Underway | | Stogsdill | | |
| | Jones | | x | Jordan | | |
| | | Rontek | Commerce | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 10/29

Interment space for: Rebecca Brown ⊗

Interment Date: Tri 11/5 Time: _____

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1018 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag in grave

Blind Check & Verified By: DARKEY Date: 11-1

E-18792

54

2905-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) REBECCA | 1B. MIDDLE A. | 1C. LAST (FAMILY) BROWN | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/11/1950 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/24/2004 | 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 VIERA-SON 788 NORTH ALDA DR. SAN MARCOS, CA 92069 | | |
| 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>Ronnie Pryor</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 710(d) of the Health and Safety Code. | | 8B. DATE SIGNED 11/02/2004 | | | |

| | | | | |
|---|---|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/02/2004 R. PRYOR | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418480 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

| | |
|---|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|---------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 3/4 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 11/5/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST. LAKE ELSINORE, CA 92530 | 12B. DATE CREMATED: 11-4-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/29/04

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

in a TS Vault Type of Burial Container Funeral, date, time Tues 11/20

Church, Chapel, Graveside Guadalupe Mortuary.

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

Division 12 Section 2 Blk/Row 19 Grave 7

Grave space & Care Fund 1310

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 549

Burial Container 360

Handling Fees 271

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 66

Sales taxes 28.37

Total Due 2500.37

Paid receipt number R58175 2500.37

Balance due 0

Canceled
PAID
OCT 29 2004

I hereby certify I am the (NR) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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]

Print Name _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Work Order # **E 18793**

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT NEED

Date 11-1-04

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

of De Angelo Davis 228323
in a T.S. Vault Funeral, date, time Mon Nov 8 1:00

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

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

Division 12 Section 1 Blk/Row _____ Lot 63 Grave 5

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fees NOV 01 2004 204.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees **MOUNT HOPE CEMETERY** 50.00

Sales taxes 21.31

Total Due 1948.31

Paid receipt number R-58176 1948.31

Balance due 0

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

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

Clarence Davis Jr
Signature

CLARENCE DAVIS JR
Print Name
734 SAN MIGUEL AVE
Address
SAN DIEGO, CA 92113
City Zip Code
619 262 8352
Telephone

Paulette

Work Order # E 18794

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18794

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--------|--------------|-----------|--|--|--|
| | | | | | | |
| | | | | | | |
| | | Wilson Jones | X | | | |
| | Swartz | | Davis Sr. | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11-2-04

Interment space for: De Angelo Davis

Interment Date: Mon 11-8 Time: 1:00 Church

Div: 12 Sect: 1 Blk/Row: _____ Lot: 63 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: D. W. Durrin Date: 11-24-04

E-18794

APPLICATION 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 LaFrance | 1C. LAST (FAMILY) Davis | 2. DATE OF BIRTH MONTH, DAY, YEAR 06/26/1985 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/26/2004 | 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 Clarence Davis, Jr., Father 734 San Miguel Avenue San Diego, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Bagsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 11/01/2004 | | | |

| | | | | |
|--|---|---|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 11/01/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418389 |
| | 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 CORONOR'S USE ONLY |
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |

| | | | | |
|-------------------------------|--|--|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 11/8/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

Mother Norma 888-270-1895
Linda Hale 619)994-8069

MT HOPE CEMETERY E-18795

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|------|------|--------------|--|--|--|
| | | | | | | |
| | | | 626 Hubbs | | | |
| | Town | Town | x | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11/12

Interment space for: Douglas E. Hubbs

Interment Date: 11/15/04 ~~Witness~~ Time: 1:00 Mon. Nov 15

Div: 4 Sect: 4 Blk/Row: _____ Lot: 54 1/2 Gr: 3

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: Yes No Flag

Agrees with Map: Yes No

Blind Check & Verified By: David Honey Date: 11-

E-18795

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) DOUGLAS | 1B. MIDDLE EDWARD | 1C. LAST (FAMILY) HUBBS | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/10/1913 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/31/2004 | 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 NORMA J. HUBBS - WIFE 4114 TAOS DRIVE SAN DIEGO, CA 92117 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY - 4266 MT. ABERNATHY AVE. SAN DIEGO, CA 92117 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 1126 | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 11/02/2004 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103053 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 \$13.00 | 9B. DATE PERMIT ISSUED NLA GOOD 11/02/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418514 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186 5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

| | | | | | | |
|-------------------------------|--|---|--------------------------------------|--|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102 | 11B. DATE BURIED 11-15-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> | | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102 | 12B. DATE CREMATED 11-8-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE | |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT Need

Date 11-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria E. Herrera 778316

in a T.S. Vault Funeral, date, time Thurs, Nov 4, 9:00

Church, Chapel, Graveside ; Guadalupeana Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 89 Grave 7

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fees 204.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50.00

Sales taxes 21.31

MOUNT HOPE CEMETERY

NOV 02 2004

PAID

Total Due 1948.31

Paid receipt number R-58182 1948.31

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Pauline
Work Order # E 18796

see attached to be faxed

q-544-9334

SD MT. HOPE CEMETERY + 95449334

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT Need

Date 11-2-04

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

of Maria E. Herrera
in a T.S. Vault Funeral date, time Thurs. Nov. 4, 4:00
#Church Chapel Graveside Guadalupeana Mortuary

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

| | |
|--|---------------|
| Division <u>12</u> Section <u>2</u> Blk/Row _____ Lot <u>89</u> Grave <u>7</u> | |
| Grave space & Care Fund | <u>985.00</u> |
| Overtime/Late Arrival Fees | _____ |
| Opening/Closing & Setup | <u>413.00</u> |
| Burial Container | <u>275.00</u> |
| Handling Fees | <u>204.00</u> |
| Flower vases - Marker setting fee | _____ |
| Recording/Filing/Transfer Fees | <u>50.00</u> |
| Sales taxes | <u>21.31</u> |

PAID

MOUNT HOPE CEMETERY

NOV 02 2004

Total Due 1948.31

Paid receipt number R-58782 1948.31

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 _____
hold under deed.

Rosa M. Herrera
Signature

Rosa Maria Herrera
Print Name

3124 1/2 Clay Ave. 92113
Address
619 527 0178
City Phone Zip Code

Paulick

Work Order # E 18796

Invoice # _____

Acct. # _____

MT HOPE CEMETERY C-18796

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|-------|--|---------|
| | | | | | | |
| | | | | Green | | |
| | | | X | | | Russell |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11/4

Interment space for: María E. Herrera

Interment Date: Thurs-11/4 Time: 9:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 89 Gr: 7

Grave Laid out by: Norman Perry

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: Kenneth Collins Date: 11/2/04

E-18796

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARIA | 1B. MIDDLE ELISA | 1C. LAST (FAMILY) HERRERA | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/12/2944 | 3. DATE OF DEATH MONTH, DAY, YEAR 10/30/2004 | 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 ROSA MARIA HERRERA—DAUGHTER 3124 1/2 CLAY AVE. SAN DIEGO, CA. 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1425 | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>Selene Chavez</i> | | 8B. DATE SIGNED 11/01/2004 |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/01/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418425 |
| | 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOBB CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102 | 11B. DATE BURIED 11-04-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

In grave of Daniel Gutierrez
AT Deed

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/2/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mike Gutierrez 288 318
in a Arch Vault Funeral, date, time Fri. Nov. 5 1:00
Church, Chapel, Graveside; Family Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 128 Grave 2
Grave space & Care Fund E-11929 0
Overtime/Late Arrival Fees _____
Opening/Closing & Setup _____ 154.00
burial Container 6 3/4 W x 6 1/4 L 81.00
Handling Fees _____ 88.00
Flower vases - Marker setting fee _____
Recording/Filing/Transfer Fees _____ 66.00
Sales taxes _____ 6.28

PAID

NOV 03 2004

non-res. fee

Total Due 395.28
MOUNT HOPE CEMETERY 395.28
VISA CARD 0
Balance due

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.

Paullette
Signature

Paullette

David A. Acevedo
Print Name
1958 Avon Ln.
Address
Spring Valley 91977
Zip Code
619.933.4167
Telephone

Work Order # E 18797.

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18797

GRAVE BLIND CHECK FORM

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

In the grave of Daniel Gutierrez

| | | | | | | |
|--|--|--------------|---|------|--|--------------------|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | Blackman III | | Pegg | | Garza Stevens Ruiz |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Mike Gutierrez

Interment Date: 11/5 Time: 1:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 128 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: DARKEY Date: 11-3-04

86344

E-18797

AAX
686

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | | |
|---|--|------------------------------|--|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MIKE | | 1B. MIDDLE FUENTES | 1C. LAST (FAMILY) GUTIERREZ | | 2. DATE OF BIRTH MONTH DAY YEAR 11/11/1945 | 3. DATE OF DEATH MONTH DAY YEAR 10/11/2004 | 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 STELLA GUTIERREZ - WIFE 1958 AVON LANE SPRING VALLEY CA 91977 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ECM ERICKSON ANDERSON CHAPEL 8390 ALLISON AVE LA MESA CA 91941 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD296 | | 8A. SIGNATURE OF APPLICANT—Person being permitt <i>[Signature]</i> | | 8B. DATE SIGNED 10/13/2004 |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/14/2004 E. JORDAN | 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 | | | | FOR CORONOR'S USE ONLY | |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | | | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) | |
| <input checked="" type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT | | | | |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA | | | | |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | | | | |

| | | | | | |
|-------------------------------|--|---|---------------------------------------|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102 | 11B. DATE BURIED 11-5-04 | 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 10/15/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

PM
Mud

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/2/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty M. Goslee 778307

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 140 Grave 11

Grave space & Care Fund _____ PAID

Overtime/Late Arrival Fees _____ 549 -

Opening/Closing & Setup _____ NOV 02 2004

Burial Container _____

Handling Fees _____

Flower vases - Market setting fee _____ 73 -

Recording Filing/Transfer Fees _____ 106 -

Sales taxes _____

Total Due _____ 688 -

Paid receipt number R58190 688 -

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 Susan R. Johnson
Print Name
12461 TRACE RD.
Address
X Spring Valley CA. 91978
City Zip Code
X 619-660-2326
Telephone

Signature _____

D

Work Order # E 18798

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-2-04

*The need
Quit Claim*

228310

228311

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Quit Claim to Erwin Golden/Kenny Golden

In a _____ Funeral, date, time or Susie Spiegel
Type of Burial Container _____
Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 8 Section 3 Blk/Row _____ Lot 1430 Grave 1

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

NOV 02 2004

MOUNT HOPE CEMETERY

Total Due 50.00

Paid receipt number R 5817 50.00

Balance due 0

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

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

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Signature _____

Paullette

Work Order # E 18799

(See Attached)



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-18799

QUITCLAIM DEED

In consideration of LOT 1430, SECTION 3, DIVISION 8

I/Ws. Mary M. Nelson

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to _____
Irvin Golden or Renee Golden or Susie Spiegel

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 1430 Grave _____ Row _____ Section 3 Division/Block 8

TO HAVE AND TO HOLD THE above-described quitclaimed property unto the said
Irvin/Renee Golden or Susie Spiegel, its successors and assigns forever.

WITNESS my/our hand this 25 day of OCT ~~19~~ 2004

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESS:

MARY M. NELSON
By Jane E. [unclear] the Attorney in fact

Witnesses



DIVERSITY
BRINGS US ALL TOGETHER

E 18799

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That _____

Margaret Mary Nelson

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY, a licensed and bonded cemetery broker in the State of California or, in his absence, Gene K. Whatley, a licensed representative of the cemetery broker, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

Lot 1430, Section 3, Division 8

at Mt. Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Margaret Mary Nelson
Signature

State of Iowa County of Jackson

On October 11, 2004 before me, the undersigned, a Notary Public and for said State personally appeared Margaret Mary Nelson

Personally known to me (or proved to me on the basis of satisfactory evidence), to be the person/s whose name/s is/are subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal. Pam Feller
Notary Public in and For Said State



STATE OF IOWA

County Record

C 18799

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 124-

| | | |
|---|--|--|
| TYPE OF DEATH 1. Natural 2. Suicide 3. Homicide 4. Accidental 5. Unknown | BIRTH NAME DECEASED'S NAME FIRST Paul MIDDLE LAST Potter | DATE OF DEATH (Mo., Day, Yr.) 7 July 2004 |
| SEX Male | AGE - LAST BIRTHDAY (Years, Mo., Day) 92 | DATE OF BIRTH (Mo., Day, Yr.) 5 Oct 1911 |
| COUNTY OF DEATH Jackson | | |
| FACILITY NAME (If not institution, give street and number) Jackson County Public Hospital | | CITY, TOWN, OR LOCATION OF DEATH Maquoketa |
| PLACE OF DEATH (If not in Iowa, give address) IN, Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| HOSPITAL <input checked="" type="checkbox"/> INSTITUTION <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| OCCUPANT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+) | | |
| RACE <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> American Indian, Ala. (Specify) <input type="checkbox"/> Other (Specify) | | |
| SOCIAL SECURITY NUMBER 15 667-18-8617 | | |
| USUAL OCCUPATION (If not at work state during period of writing this. Do not use retired) Housekeeper | | |
| PLACE OF BIRTH (City or town of foreign country) Maquoketa, IA | | |
| CITY, TOWN, OR LOCATION OF RESIDENCE 700 W. Grove Street, Maquoketa | | |
| PASTOR'S NAME (If not, give name of funeral home) Walter Casson Potter | | |
| FUNERAL HOME (Name, address, city or town, state, zip code) Maquoketa Funeral & Cremation Services 105 West Maple Street Maquoketa, IA 52060 | | |
| RITUAL ADDRESS (Street and number or Rural Route Number, City or Town, State, Zip Code) 115 W. Jones St, Maquoketa, IA 52060 | | |
| PLACE OF BURIAL (Name of cemetery, city or town, state) Fairmount Crematory, Davenport, Iowa | | |
| FUNERAL DIRECTOR (Name, address, city or town, state, zip code) Randy P. Lahey, 105 West Maple Street, Maquoketa, IA 52060 | | |
| REGISTERED (Name, address, city or town, state, zip code) Paul N. Koob, D.O., 611 W. Quarry St, Maquoketa, IA 52060 | | |
| DATE ISSUED (Mo., Day, Yr.) 6/7/04 | | |
| HOUR OF DEATH 8:35 AM | | |
| NAME AND TITLE OF ATTENDING PHYSICIAN (If not, state cause) Paul N. Koob, D.O. | | |
| SIGNATURE AND ADDRESS OF REGISTRAR (If not, state cause) Paul N. Koob, D.O., 611 W. Quarry St, Maquoketa, IA 52060 | | |
| PART I. Cause, site, duration, extent, or description of the disease that caused the death. Do not enter the mode of dying, such as suicide or respiratory arrest, which is based on fact. List only one cause or death. (See instructions on back) First disease or condition resulting in death Carcinomatosis due to colon cancer | | |
| Subsequently list conditions, if any, leading to immediate cause. Cite (underlying cause) disease or injury that initiated a process resulting in death. LAST. (None listed) | | |
| PART II. Other conditions contributing to death but not resulting in the immediate cause given in Part I. (None listed) | | |
| B. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify year or not) No | | |
| AUTOPSY (Specify year or not) No | | |
| WERE AUTOPSY AND THIS AVAILABLE FOR COPIES OF DEATH BY DEATH CERTIFICATE (Specify year or not) No | | |

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.



JUN 19, 2004

DATE ISSUED

C1604561

FORM 1500-020C (1/00)

BY *Paul N. Koob*

COUNTY REGISTRAR OF VITAL RECORDS

JACKSON

COUNTY



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

LAST WILL AND TESTAMENT

OF

PAUL JENNINGS POTTER

I, Paul Jennings Potter, a resident of the City of San Diego, California, being of sound and disposing mind and memory, make, publish and declare this instrument to be my last Will and Testament, hereby revoking all former Wills and Codicils executed by me.

ARTICLE I

I direct that my funeral expenses and costs of administration of my estate be paid.

ARTICLE II

I bequeath all the rest of my property, real and personal, to my sister, Grayce Marie Hirsch, if she is surviving at the time of my death, and if she predeceases me, I bequeath all the rest of my property, real and personal, to my second cousin, Margaret Mary Nelson, to be her property, absolutely.

ARTICLE III

I nominate my sister, Grayce Marie Hirsch, as Executor of my estate to serve without bond. If she fails to serve in such capacity for any reason, I nominate my second cousin, Margaret Mary Nelson, presently of E. K. 2, Osler, Iowa, 52037, to serve as Executor of my estate without bond, regardless of the fact that she might be a nonresident of the State of California at the time of my death.

IN WITNESS WHEREOF, I have heretofore subscribed this, my last Will and Testament, in the City of San Diego, California, on this 26th day of November, 1990.

Paul J. Potter 11/26/90
Paul Jennings Potter

The foregoing instrument was on the date thereof, by Paul Jennings Potter, subscribed and declared to be his Will, in the presence of us, who at his request, and in his presence, and in the presence of each other, do sign the same as witnesses thereto.

Stanley J. Janick, Residing at 4571 Monser Ave, California 11/26/90
San Diego

Norm J. Barney, Residing at 4573 Monser Ave, California 11-26-90
San Diego 92115

E-18799

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 1/89)

E-18794
3 199737 002802

TE FILE NUMBER

LOCAL REGISTRATION NUMBER

| | | | | | |
|---|--|--|---|---|--|
| 1. NAME OF DECEASED—FIRST (GIVEN) Grayce | | 2. MIDDLE M. | | 3. LAST (FAMILY) Hirsch | |
| 4. DATE OF BIRTH MM/DD/CCYY 09/15/1899 | | 5. AGE YRS. 97 | | 6. SEX F | |
| 7. DATE OF DEATH MM/DD/CCYY 02/18/1997 | | 8. HOUR 0630 | | | |
| 9. STATE OF BIRTH IA | | 10. SOCIAL SECURITY NO. 564-03-1672 | | 11. MILITARY SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 12. MARITAL STATUS Widowed | | 13. EDUCATION—YEARS COMPI 10 | | | |
| 14. RACE Caucasian | | 15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 16. USUAL EMPLOYER Walker Scott | |
| 17. OCCUPATION Sales Clerk | | 18. KIND OF BUSINESS Department Store | | 19. YEARS IN OCCUPATION 37 | |
| 20. RESIDENCE—STREET AND NUMBER OR LOCATION 4582 Monroe Avenue | | | | | |
| 21. CITY San Diego | | 22. COUNTY San Diego | | 23. ZIP CODE 92115-3118 | |
| 24. YRS IN COUNTY 69 | | 25. STATE OR FOREIGN CO CA | | | |
| 26. NAME RELATIONSHIP Margaret Nelson: Cousin | | | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE) 4582 Monroe Avenue, San Diego, CA 92115-3118 | | |
| 28. NAME OF SURVIVING SPOUSE—FIRST - | | 29. MIDDLE - | | 30. LAST (MAIDEN NAME) - | |
| 31. NAME OF FATHER—FIRST Norton | | 32. MIDDLE - | | 33. LAST Potter | |
| 34. BIRTH MI | | 35. NAME OF MOTHER—FIRST Royce | | 36. MIDDLE - | |
| 37. LAST (MAIDEN) Thomas | | 38. BIRTH Engle | | | |
| 39. DATE MM/DD/CCYY 02/21/1997 | | 40. PLACE OF FINAL DISPOSITION Mount Hope Cemetery: 3751 Market Street, San Diego, CA 92102 | | | |
| 41. TYPE OF DISPOSITION(S) BU | | 42. SIGNATURE OF EMBALMER <i>R. P. Greyson</i> | | 43. LICENSE NO. 8329 | |
| 44. NAME OF FUNERAL DIRECTOR Greenwood Mortuary | | 45. LICENSE NO. F-843 | | 46. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | |
| 47. DATE MM/DD/CCYY 02/21/1997 | | | | | |
| 101. PLACE OF DEATH San Diego Hospice | | 102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA | | 103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input checked="" type="checkbox"/> OTHER | |
| 104. COUNTY San Diego | | 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 4311 Third Avenue | | | |
| 106. CITY San Diego | | | | | |
| 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) | | 108. DEATH REPORTED TO CORP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| IMMEDIATE CAUSE (A) Acute Pneumonia | | TIME INTERVAL BETWEEN ONSET AND DEATH 1 week | | 110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DUE TO (B) | | | | 111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DUE TO (C) | | | | | |
| DUE TO (D) | | | | | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Congestive Heart Failure; Osteoarthritis; Hypertension | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No | | | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE MM/DD/CCYY 02/15/1997 | | 115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | 116. LICENSE NO. 20A5464 | |
| DECEASED LAST SEEN ALIVE MM/DD/CCYY 02/18/1997 | | 117. DATE MM/DD/CCYY 02/19/1997 | | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Daniel D. Pearce, D.O. 2918 Fifth Avenue, #300, San Diego, CA 92103 | |
| 119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SHOULD NOT BE DETERMINED | | 120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO | | 121. INJURY DATE MM/DD/CCYY | |
| 122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) | | 123. HOUR | | 124. PLACE OF INJURY | |
| 125. SIGNATURE OF CORONER OR DEPUTY CORONER | | 127. DATE MM/DD/CCYY | | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER | |
| A | | R | | C | |
| D | | E | | F | |
| G | | H | | FAX AUTH. # 9702943 | |
| | | | | CENSUS TRA | |

DATE ISSUED: March 20, 1997
 REGISTRAR OF VITAL RECORDS
 ORIGINAL DOCUMENT FILED
 REQUIREMENT PAID

E-18799



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

QUITCLAIM DEED

In consideration of LOT 1430

I/We GRAYCE M. HIRSH

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to
PAUL J. POTTER

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 1430 Grave _____ Row _____ Section 3 Division/Block 8

TO HAVE AND TO HOLD the above-described quitclaimed property unto the
said PAUL J. POTTER, its successors and assigns forever.

WITNESS my/our hand this 4 day of FEB 1997

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

Grayce M. Hirsh

Witnesses

E 18799

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

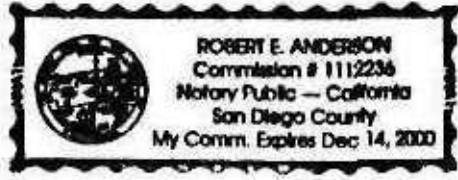
State of CALIFORNIA

County of SAN DIEGO

On 4 FEB 97 before me, ROBERT E. ANDERSON, NOTARY PUBLIC,

personally appeared GRACE M. HINSA

personally known to me - **OR** - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(ies), and that by ~~his~~/her/~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Robert E. Anderson

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

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

DESCRIPTION OF ATTACHED DOCUMENT

JC DEED CONVEYANCE
TITLE OR TYPE OF DOCUMENT

1
NUMBER OF PAGES

4 FEB 97
DATE OF DOCUMENT

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

None
SIGNER(S) OTHER THAN NAMED ABOVE

Estate of Freddie Braxton
MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-8-04

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

of Freddie Braxton 228344

in a D.D. Crypt (A) Funeral, date, time Mon. Nov. 15th 11:30

Church, Chapel, Graveside _____ : Rogers Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 180 Grave 10

Grave space & Care Fund _____ 985.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413.00

Burial Container D.D. Crypt _____ 418.00

Handling Fees _____ 352.00

Flower vases - Marker set _____

Recording/Filing/Transfer Fees _____ 50.00

Sales taxes _____ 32.40

PAID
NOV 03 2004

Total Due _____ 2713.40

Paid receipt number R-58195 2713.40

MOUNT HOPE CEMETERY

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18800

MT HOPE CEMETERY E 18800

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--------|--------|--|----------|--------|--|--|
| | | | | | | |
| | | | | Wilson | | |
| Fisher | Fisher | | x | | | |
| | | | manduano | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11/15

Interment space for: Freddie Braxton

Interment Date: 11/15/04 Time: 11:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 180 Gr: 10

Grave Laid out by: Norman Perry

Agrees with Legal Card: Yes No Flag

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 11/15/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18800

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

| | | | | | | |
|---|--------------------------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) FREDDIE | 1B. MIDDLE McCLEATOR | 1C. LAST (FAMILY) BRAXTON | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/25/1927 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/03/2004 | 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 JOHNNIE BRAXTON, HUSBAND 2382 JUDSON STREET SAN DIEGO, CA 92111 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; 7B. CALIF. LICENSE NUMBER — IF APPLICABLE ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102 FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Louis Whitley</i> | | | | 8B. DATE SIGNED 11/06/2004 |

| | | | | | |
|--|---|---|--|---|--|
| ACKNOWLEDGEMENT OF APPLICANT | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 13.00 | 9B. DATE PERMIT ISSUED 11/08/2004 L. WHITLEY | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418785 | |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | | |

| | |
|--|---|
| AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | FOR CORONOR'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 11/15/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/4/04

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

of Natalia Baldobinos
in a TS Vault Funeral, date, time Tues 11/9 9:00

Church, Chapel, ~~Crematorium~~ : Guadalupe Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot S2 Grave 12

Grave space & Care Fund _____ 1310

Overtime/Late Arrival Fees _____ **PAID** _____

Opening/Closing & Setup _____ 549

Burial Container _____ NOV 05 2004 366

Handling Fees _____ 271

Flower vases - Marker setting fee _____ **MOUNT HOPE CEMETERY** _____

Recording/Filing/Transfer Fees _____ 46

Sales taxes _____ 28.37

Total Due _____ 2590.37

Paid receipt number R 58205 2590.37

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. (UR)

Signature Pam

X Print Name _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 18801

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-18801

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|-------|--|--|-----------|--|----------|--|
| | | | | | | |
| | | | Parker | | | |
| Solon | | | X | | Crenshaw | |
| | | | Jefferson | | | |
| | | | | | | |

Blind Check Initiated By: Pam Date: 11/4

Interment space for: Natalia Baldobinos

Interment Date: Tues 11/9 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 52 Gr: 12

Grave Laid out by: Norman Pennington

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

fly on grave

Blind Check & Verified By: DARKEH Date: 11-8-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18801

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

| | | | | | |
|---|------------------------|--|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) NATALIA | 1B. MIDDLE - | 1C. LAST (FAMILY) VALDOVINOS-VILLALOBOS | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/24/1912 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/03/2004 | 4. SEX F |
| 5A. CITY OF DEATH LEMON GROVE | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARGARITA GUILLEN-GRANDDAUGHTER 7592 MADISON AVE. LEMON GROVE, CA, 91945 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA, 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1425 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100555 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 11/04/2004

| | | | | |
|----------------------------------|--|---|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/05/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT SELENE CHAVEZ 2418721 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA, 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONOR'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 11-9-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/8/04

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

of Lucy Celedon
in a liner Funeral, date, time 11/10/04 10:00

Church Chapel, Graveside Ours lady ; Greenwood Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 152 Grave 2

Grave space & Care Fund E 2496 0

Overtime/Late Arrival Fees 0

Opening/Closing & Setup E 15493 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 0

Sales taxes 0

Total Due 0

Paid receipt number _____

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 Jesse S. CELEDON
Print Name
X 2532 Boundary St.
Address
X San Diego Ca. 92104
City Zip Code
X 619 247-5855
Telephone

Signature
maria

Work Order # E 18802

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18802

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|---------|------|--------|--|--------|
| | | | | | | |
| | | | More | | | |
| | Nyce | Serafin | X | | | (Free) |
| | Ellis | | | Fernan | | |
| | | | | | | |

Blind Check Initiated By: Pen Date: 10/1/8

Interment space for: Lucy Celedon

Interment Date: Wed 11/10 Time: 10:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 152 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No


flag on grave

Blind Check & Verified By: Kenneth Collins Date: 11/8/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS


E-10802
117

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

| | | | | | |
|---|------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) LUCY | 1B. MIDDLE S | 1C. LAST (FAMILY) CELEDON | 2. DATE OF BIRTH MONTH DAY YEAR 02/19/1937 | 3. DATE OF DEATH MONTH DAY YEAR 11/07/2004 | 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 JESSEE S. CELEDON—SON 2532 BOUNDARY ST. SAN DIEGO CA 92104 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD 843 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8A. SIGNATURE OF APPLICANT—Person taking permit:  8B. DATE SIGNED 11/09/2004 | |

| | | | | |
|---|---|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 11/09/2004 K JONES | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418916 |
| 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 CORONOR'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 11-10-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY 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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego 11:12 PAID

Date _____

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

of William P. Ludwig 708309

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 12 Section 3+ Blk/Row _____ Lot 136 Grave 2

Grave space & Care Fund _____ ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ **PAID** 549-

Burial Container _____ 556-

Handling Fees _____ 468- **NOV 08 2004**

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees **MOUNT HOPE CEMETERY** 66-

Sales taxes _____ 43.67

Total Due 1682.09

Paid receipt number Visa 1682.09

Balance due ⊖

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

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

(NR)

X KATHRYN LUDWIG
Print Name
6670 NAGEL ST
Address
CLAMESA 91942
City Zip Code
619-466-1910
Telephone

Signature _____
Ran

Work Order # **E 18803**

Invoice # _____
Acct. # _____

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego 11-08-04P12:07 PAID
Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Valencia 220334

in a DO 1st Funeral, date, time Wed 11/09/04

Church, Chapel, Graveside Mayer Mortuary _____

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 1105 will be applied and billed to undersigned.

Division 1d Section 2 Blk/Row _____ Lot 130 Grave 1

Grave space & Care Fund _____ 1310

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 549

Burial Container _____ 550

Handling Fees PAID _____ 468

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 66

Sales taxes _____ 43.09

MOUNT HOPE CEMETERY

Total Due 2992.09

Paid receipt number R 58210 2992.09

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. (NR)
Print Name x Rebecca Martinez
Address 1134 Westview Pl #C
Lemon Grove CA 94145
City x (619) 648-6459 Zip Code _____
Telephone _____

Signature Ram

Work Order # E 18804

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E 18804

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-------|---------|--------|--|--|
| | | | | | | |
| | | Perry | | DAVIS | | |
| | | | X | Riley | | |
| | | | Nichols | Haynes | | |
| | | | | | | |

Blind Check Initiated By: Paul Maria Date: 11/8

Interrment space for: Jose Valencia

Interrment Date: wed 11/10 Time: 1:00

Div: 12 Sect: 7 Blk/Row: _____ Lot: ~~144~~ Gr: 1

136 KC

Grave Laid out by: Norma Perry

Agrees with Legal Card: Yes No **plag**

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 11/8/04

E18809 49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|-----------------------------|---|---|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOSE | 1B. MIDDLE MANUEL | 1C. LAST (FAMILY) VALENCIA | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/08/1955 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/06/2004 | 4. SEX M | |
| 5A. CITY OF DEATH LA JOLLA | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REBECA VALENCIA - WIFE 7134 WESTVIEW PL. APT.C LEMON GROVE, CA 91945 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1424 | 8A. SIGNATURE OF APPLICANT — <i>Person taking permit</i> <i>T.Mitchell</i> | | | 8B. DATE SIGNED 11/18/2004 |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/08/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418841 |
| AUTHORIZATION OF LOCAL REGISTRAR | | | T. MITCHELL | |
| 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 CORONOR'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"/> D. 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 11/10/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-8-04

AT NEED

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

of INEZ A. MAC DONALD ~~228382~~

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

Church, Chapel, Graveside _____; AYD Mortuary.

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

Division 8 Section 1 Blk/Row _____ Lot 187 Grave 1

Grave space & Care Fund C-0982 _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 154.00

Burial Container _____ 81.00

Handling Fees _____ 88.00

Flower vases Marker setting fee _____ 66.00

Recording/Filing/Transfer Fees _____ 66.00

Sales taxes _____ 6.28

MOUNT HOPE CEMETERY

Paid receipt number Mastercard 7528

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.

Dennis Mc Donald
Print Name
5101 So. Ironton Way
Address
Greenwood Village Colorado
City
303-796-0155 Zip Code 80111
Telephone

X
Signature
Paulette 2/17 658 138

Work Order # E 18805

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18805

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-----------|-------|---------|--|--|
| | | | | | | |
| | | | Ross | | | |
| | | Macdonald | x | Parkman | | |
| | | Henderson | Noble | Noble | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/7

Interment space for: INGE A. MACDONALD

Interment Date: Delivery City Time: AYD AYD

Div: 8 Sect: 1 Blk/Row: _____ Lot: 187 Gr: 1

Grave Laid out by: DARREY

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: Darren Date: 12-7-01

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18805
45

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

| | | | | | |
|--|---------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Inez | 1B. MIDDLE Alma | 1C. LAST (FAMILY) MacDonald | 2. DATE OF BIRTH MONTH DAY YEAR 09/14/1909 | 3. DATE OF DEATH MONTH DAY YEAR 11/07/2004 | 4. SEX F |
| 5A. CITY OF DEATH Loveland | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE Colorado | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Dennis A. MacDonald (Son) 2115 Eagle Drive Loveland, CO 80537 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1083 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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. Domingo | |
| | | | | 8B. DATE SIGNED 11/29/2004 | |

| | | | | |
|---|---|--|---|--|
| 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 13.00 | 9B. DATE PERMIT ISSUED 11/29/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT M. Dominguez |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA - | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222 | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | | |
|--|---|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | FOR CORONOR'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"/> D. 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 12-07-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wendy Fambor |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED: | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED: | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER. |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

11-08-04P02:1

City of San Diego

Date 11/8/04

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

of Carmen Ponce 280334
in a Double Crypt 1 Funeral, date, time wed 11/10/04 10:00

Church, Graveside ; CALIFORNIA Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 70 Grave 11

Grave space & Care Fund 985⁻

Overtime/Late Arrival Fees m. ~~413~~

Opening/Closing & Setup..... 413⁻

Burial Container..... 418⁻

Handling Fees..... 352⁻

Flower vases - Marker setting fee.....

Recording/Filing/Transfer Fees..... 50⁻

Sales taxes..... 3240

Total Due..... 2250⁴⁰

Paid receipt number Rx 58211 2250⁴⁰

Balance due 0

I hereby certify I am the x Jose Raul Ponce of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold 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.

José Raul Ponce
Signature

maria

x Jose Raul Ponce
Print Name
4215 Thom St.
Address
San Diego CA-92105
City Zip Code
x 619-465-5599
Telephone

Work Order # E 18806

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

18806

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--------|--------|------|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | COOK | | |
| | | ortega | garcia | | | |
| | | | | | | |

Blind Check Initiated By: MARLEA Date: 11/8/04

Interment space for: Carmen Ponce

Interment Date: wed 11/10 Time: 10:00

Div: 12 Sect: 2 Blk/Row: Lot: 20 Gr: 11

Grave Laid out by: Norman Peyer

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

F. lag

Blind Check & Verified By: DAKKEH Date: 11-9-04

E188006
4/1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) CARMEN | 1B. MIDDLE - | 1C. LAST (FAMILY) PONCE | 2. DATE OF BIRTH MONTH DAY YEAR 08/22/1957 | 3. DATE OF DEATH MONTH DAY YEAR 11/07/2004 | 4. SEX F |
| 5A. CITY OF DEATH SAN DIEGO | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOSE RAUL PONCE-HUSBAND 4215 THORN STREET SAN DIEGO, CA 92108 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA INTERNATIONAL BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | 8A. SIGNATURE OF APPLICANT — (Person taking permit) <i>Chantelle Russ</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 11/09/2004 | | | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/09/2004 C. RUSS | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418935 |
| | 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 CORONOR'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 <i>11/10/04</i> | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Tenter...</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. — IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

~~PAID~~
Med

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego 04P02:38 PAID

Date _____

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

of Jonnie Horne 278348

in a Liner Funeral, date, time Mon 11/5 1:00

Church (Chapel, Graveside) PAID : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. on a regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. 3:45 arrival R-58825

Division 12 MOUNT HOPE CEMETERY Blk/Row _____ Lot 67 Grave 6

Grave space & Care Fund _____ 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 209-

Handling Fees _____ 1100-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 50-

Sales taxes _____ 16.20

Total Due _____ 1833.20

Paid receipt number m/c _____ 1833.20

Balance due 0

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

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

Signature _____
Jan

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____

Invoice # _____

Work Order # E 18807

Acct. # _____

MT HOPE CEMETERY E-18807

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|------|--|------|--|-------------|-----|
| | | | | | | |
| | | | Gone | | | |
| | East | | x | | Battle Land | Row |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Don Paulett Date: 11/10/02

Interment space for: Johnnie Horne

Interment Date: Mon 11/5 Time: 1:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 67 Gr: 6

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: [Signature] Date: 11/10/02

E-18807 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) Johnnie | 1B. MIDDLE Ray | 1C. LAST (FAMILY) Horne | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/10/1925 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/07/2004 | 4. SEX M |
| 5A. CITY OF DEATH Brawley | | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE Imperial | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Courtney Horne, Son 814 Hickory Court Brawley, CA 92227 |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragedale Mortuary, 5050 Federal Blvd San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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>Plan Campbell</i> |
| | | | | | 8B. DATE SIGNED 11/10/2004 |

| | | | | |
|---|---|--|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 11/10/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B. Campbell |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Dept of Vital Records, 925 Broadway, El Centro, CA 92243 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Dept. of Vital Records, P.O. Box 85222 San Diego, CA 92186-5222 | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10: AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | |

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

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

E18807

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE
11-19-2004

YOUR ORDER NO.
E-18807

| | |
|-----|--|
| TO: | COURTNEY HORNE 814 Hickory Crt. Brawley CA 92227 |
|-----|--|

| DESCRIPTION OF CHARGE | AMOUNT |
|--|----------|
| Late arrival fee for Johnnie Horne service on 11-15-2004. Your arrival time was 3:45. Please submit within 10 days of receipt. | |
| Total | \$165.00 |



11/18/2004

15:59

NCA

SD MT. HOPE CEMETERY - RAGSDALE
INTERMENT

City of San Diego - DAP02:3B PAID

NO. 222

Date _____

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

of Jonnie Horne

in a liner funeral date, time Mon 11/18 1:00

Church (Chapel, Graveside) Ragsdale Mortuary

All funeral calls must arrive before 9:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Flw _____ Lot 67 Grave 6

Grave space & Care Fund _____ 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413-

Burial Container _____ 209-

Handling Fees _____ 1100-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 50-

Sales taxes _____ 16.20

Total Due 1833.20

Paid receipt number TNC 1833.20

Balance due 0

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

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

Dawn
Signature _____
Full name Courtney Horne
Address 814 Hickory Ct.
Brawley, CA 92227
Telephone (760) 344-9450

Work Order # E 18807 Invoice # _____
Acct # _____

* Information is available in alternative formats upon request.

at need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/09/04

228342

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

of Sylvia Byrd

in a 15 vault

Type of Burial Container

Funeral, date, time Fri. 11/12/04 @ 1:00

Church Chapel, Graveside

Preferred Mortuary, MARK

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 102 Grave 5

Grave space & Care Fund 985 -

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413 -

Burial Container 275 -

Handling Fees 204 -

Flower vases - Marker setting fee 138 -

Recording/Filing/Transfer Fees 50 -

Sales taxes 21 31

PAID

NOV 10 2004

MOUNT HOPE CEMETERY

Total Due 2112 16

Paid receipt number R-582212112.16

Balance due 0

mortuary to pay

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 _____ hold under deed.

Signature

Tamika Hughes
maria

(R) fee verified

Tamika Hughes
Print Name
1415 Picador Blvd Apt G
Address
San Diego, CA 92154
City Zip Code
(619) 939-4924
Telephone

Invoice # _____

Work Order # E 18808

Acct. # _____

MT HOPE CEMETERY

E 18868

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|-------------|---------|--|--|
| | | | | | | |
| | | | Reid Early | | | |
| | | | X | Epperly | | |
| | | | Keith Smith | | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 11/9/04

Interment space for: Sylvia Byrd

Interment Date: 11/12/04 Time: 1-

Div: 12 Sect: 2 Blk/Row: _____ Lot: 102 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag

Blind Check & Verified By: DARREY Date: 11-13-04

E-18808

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Sylvia | 1B. MIDDLE Pearl | 1C. LAST (FAMILY) Byrd | 2. DATE OF BIRTH MONTH DAY YEAR 07/05/1954 | 3. DATE OF DEATH MONTH DAY YEAR 11/06/2004 | 4. SEX F |
| 5A. CITY OF DEATH National City | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Dow - Sister 4539 Logan Avenue #B San Diego, California 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Preferred Cremation and Burial 3094 El Cajon Boulevard Ste., A San Diego, California 92104 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1746 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Mark Jenkins</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103053 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 11/2/2007 | | | |

| | | | | |
|---|---|---|--|--|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/12/2004 Mark Jenkins | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2419109 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, California 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 11/12/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Swartz</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/9/04

*At Need
 IN GRAVE OF
 HARRY L. MIX*

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

of MARGARET MIX 215224

In a Ash vault Funeral, date, time Fri. 11/19/04 01:00

Church, Chapel, Graveside : Featheringill Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 4200 Grave 1

Grave space & Care Fund C-8076

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container E-13121"

Handling Fees

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due

Paid receipt number

Balance due

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

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

Carol Merino
 Signature

maria

Carol Merino
 Print Name
3802 Conrad Ave
 Address
San Diego CA 92117
 City
658-2771595 Zip Code
 Telephone

Work Order # E 18809

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18809

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|------|------------------|----------|-------|-------|--|
| | | | | | | |
| | | | | | | |
| | BAMI | Edward martin | X | Tyree | Lewis | |
| | | | BRUNBERG | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Margaret MIX

Interment Date: 11/19/04 Time: 1:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4200 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 11/16/04

E 18809

80

2931-02

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|--|--------------------------|---|--|--|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Margaret | 1B. MIDDLE May | 1C. LAST (FAMILY) Mix | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/19/1924 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/07/2004 | 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 Carol Merino (Daughter) 3802 Conrad Ave. San Diego, CA 92117 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1083 | | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>M. Dominguez</i> |

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as Applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7260 of the Health and Safety Code.

8B. DATE SIGNED: **11/09/2004**

| | | | | |
|--|---|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 13.00 | 9B. DATE PERMIT ISSUED 11/10/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418962 |
| | | 8B. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222 | | |

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

| | | | | |
|-------------------------------|--|---|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 11-19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Lee</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY So. CA Crematory: 601 D Crane St. Lake Elsinore, CA 92530 | 12B. DATE CREMATED: 11/10/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Ju Hernandez</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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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 11-12-04

AT Need

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

of Curtis Moring Sr. 134172

in a T.S. Vault Funeral, date, time Jesus 11/16 1:00

Type of Burial Container Bethel ; Anderson Mortuary.
Ragsdale

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 165-

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row E-18031 Lot 126 Grave 3

Grave space & Care Fund

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container T.S. Vault

Handling Fees

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due

Paid receipt number E-18031

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulotte
Work Order # E 18810

(See attached for signatures)

MT HOPE CEMETERY

E-18810

GRAVE BLIND CHECK FORM

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

| | | | | | |
|--|---------|----------|---|------|--------|
| | | | | | |
| | | Smith | | Wood | |
| | Simpson | | X | | Hacker |
| | | Campbell | | | |
| | | | | | |

Blind Check Initiated By: Ram Date: 11/12

Interment space for: Curtis Moring

Interment Date: Thurs 11/14 Time: 1:00

Div: 11 Sect: 1 Blk/Row: _____ Lot: 126 Gr: 3

Grave Laid out by: Ken & David

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

flag on grave

Blind Check & Verified By: M. [Signature] Date: 11/18/12

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18810

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

| | | | | | |
|---|------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Curtis | 1B. MIDDLE - | 1C. LAST (FAMILY) Moring | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/03/1928 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/12/2004 | 4. SEX M |
| 5A. CITY OF DEATH San Diego | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Emma Moring, Wife 5290 Prosperity Lane San Diego, CA 92115 | |
| 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 FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 11/13/2004 | |

| | | | | |
|--|---|--|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 11/15/2004 B. Campbell | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | | | FOR CORONOR'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"/> D. 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 <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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

11/12/2004

10:29

SD MT. HOPE CEMETERY → RAGSDALE
City of San Diego

NO. 225

001

AT Need

Date 11-12-04

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

In a T.S. Vault Funeral, date, time Tuesday, 11/16/04 @ 1:00P

Church, Chapel, Graveside Bethel AME Church: Anderson Mortuary

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

| | | | | | | | | | |
|------------------------------------|-----------|---------|----------|--------|-------------------|-----|------------|-------|----------|
| Division | <u>11</u> | Section | <u>1</u> | Bk/Row | <u>E-18031</u> | Lot | <u>126</u> | Grave | <u>3</u> |
| Grave space & Care Fund | | | | | | | | | <u>⊖</u> |
| Overtime/Late Arrival Fees | | | | | | | | | <u>⊖</u> |
| Opening/Closing & Setup | | | | | | | | | <u>⊖</u> |
| Burial Container | | | | | <u>T.S. Vault</u> | | | | <u>⊖</u> |
| Handling Fees | | | | | | | | | <u>⊖</u> |
| Flower vases - Marker setting fee | | | | | | | | | <u>⊖</u> |
| Recording/Filing/Transfer Fees | | | | | | | | | <u>⊖</u> |
| Sales taxes | | | | | | | | | <u>⊖</u> |
| Total Due | | | | | | | | | <u>⊖</u> |
| Paid receipt number <u>E-18031</u> | | | | | | | | | <u>⊖</u> |
| Balance due | | | | | | | | | <u>⊖</u> |

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

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

Emma Moring
5290 Prosperity Lane
San Diego, CA 92115
(619) 287-9874

Paulette
Work Order # E 18870

Invoice # _____
Acct. # _____

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-need Lot

228328

Date 11/12/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR ELVIRA A. PASTRANA

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 181 Grave 283

Grave space & Care Fund 2 @ 985- 1970-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup..... _____

Burial Container..... _____

Handling Fees..... _____

Flower vases - Marker setting fee..... _____

Recording/Filing/Transfer Fees..... _____

Sales taxes..... _____

PAID

NOV 12 2004

PAID

MOUNT HOPE CEMETERY

P-60579

OCT 05 2006

pd pre-need in full
MOUNT HOPE CEMETERY

Total Due 1970-

MC card 25% down 500-

Balance due 1470-

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

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

Elvira Pastrana
Signature

maria

ELVIRA A. PASTRANA
Print Name
 3904 GLENING DR
Address
 SD CA 92154
City State Zip Code
 (619) 300-4087
Telephone

Work Order # E 18811

Invoice # _____

Acct. # _____

PI# 22 8328

Two year contract
 CONTRACT Expires November 2006

\$61.00 monthly / one 13th
 \$67.00 Final / Each month

E-18811

Pastrana, Elvira 3904 Glading Dr. S.D. CA 92154

(619) 300-4087

| | | | | DEBIT | CREDIT | BALANCE |
|----------|--|-------------------|----------|---------|--------|---------|
| 11-12-04 | Opened pre-need lots, account with 25% down on LOT 181, Graves 2&3, Section 2, Division 12 | | | 1970.00 | | 1970.00 |
| | Master Card | | | | 500.00 | 1470.00 |
| 12-3-04 | Coupon* 1 | R# 58287 | Dec 04 | | 62.00 | 1408.00 |
| 1-6-05 | 2 | 58392 | Jan 05 | | 62.00 | 1346.00 |
| 2-9-05 | 3 | 58492 | Feb 05 | | 62.00 | 1284.00 |
| 3-3-05 | 4 | 58582 | MAR 05 | | 62.00 | 1222.00 |
| 4-19-05 | 5 | 58756 | April 05 | | 62.00 | 1160.00 |
| 5-5-05 | 6 | 58816 | May 05 | | 62.00 | 1098.00 |
| 6-2-05 | 7 | 58897 | June 05 | | 62.00 | 1036.00 |
| 7-7-05 | 8 | 59038 | July 05 | | 62.00 | 974.00 |
| 8-09-05 | 9 | 59070 | Aug 05 | | 62.00 | 912.00 |
| 8-09-05 | | one month payment | 59076 | Aug 05 | 31.00 | 912.00 |
| 9-13-05 | 10 | 59109 | SEPT 05 | | 62.00 | 850.00 |
| 11/8/05 | 11 | 59386 | OCT 05 | | 62.00 | 788.00 |
| 11/8/05 | 12 | old coupon | 59387 | NOV 05 | 62.00 | 726.00 |
| 12-21-05 | 13 | " | P00002 | Dec 05 | 62.00 | 664.00 |
| 1-13-06 | 14 | | P00059 | Jan 06 | 62.00 | 602.00 |
| 2-14-06 | 15 | P-00128 | Feb 06 | | 62.00 | 540.00 |
| 3-23-06 | 16 | P-00192 | Mar 06 | | 62.00 | 478.00 |

(over)

Elvira Pastrana

E-18811

Div. 12 ~~lot~~ ^{Sec} 2 ^{lot} sec 181 gr 2/3

Balance Forwarded

| | | | | | |
|---------|------------|--------------|---------|------|------|
| 4-5-06 | Coupon #17 | April 06 | P-00209 | 62- | 478- |
| 5-8-06 | " #18 | May 06 | P-00273 | 62- | 416- |
| 6-7-06 | " #19 | June 06 | P-00330 | 62- | 354- |
| 7-10-06 | " #20 | July 06 | P-00379 | 62- | 292- |
| 8-4-06 | " #21 | August 06 | P-00431 | 62- | 230- |
| 9-6-06 | " #22 | September 06 | P-00473 | 62- | 168- |
| 10-8-06 | " #23 & 24 | Oct 06 | P-00519 | 106- | 106- |

Paid in full 10/5/06

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00519

Date: October, 20

From: Elvira A. Rustrana Address: 5100 Georgetown N.E.V 91911

One hundred Six and 00 Dollars (\$ 106.-)
in full Payment of paid in full lots. Surplus 23 & 24

Div 12 Sec 2 Blk/Row Lot 181 Grave 243

Invoice No. E18811

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot Money Order

Pre-Need Trust Charge

Check 5667

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

PAID

OCT 05 2006

MOUNT HOPE CEMETERY

ISSUED BY

| | | |
|----------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 69033 | <u>106.-</u> |
| Trust | 77186 | <u> </u> |

TOTAL PAID \$ 106.-

AC-212 (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00473

From: Elvira A. Pastrana Address: on record Date: September 20 06
Sixty-Two and 00 Dollars (\$ 62 -)
 in part Payment of pre-need
 Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 2 + 3

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 106.-

Pre-Need Lot Money Order

Pre-Need Trust Charge

Check 3659

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

PAID

SEP - 5 2006

ISSUED BY Paulette

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>62 -</u> |
| Trust | 77186 | |

TOTAL PAID

\$

62 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00379
E-18811
7-10, 20 06

From: E. Portnaro Address: on record

Sixty - two Dollars (\$ 62 -)

In part Payment of Pre-need lots coupon # 20

Div 12 Sec 2 Blk/Row Lot 181 Grave 2x3

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 230 -

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check 5648

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.
PAID
JUL 10 2006
MOUNT HOPE CEMETERY
ISSUED BY p. newgard

CREDIT 67007
20% Sales Care 77184
Pre-Need 63033
Trust 77186

| | | | |
|--|--|-------------|--|
| | | | |
| | | <u>62 -</u> | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | <u>62 -</u> | |

AC-212 (11-05)
This information is available in alternative formats upon request.

TOTAL PAID

\$

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00431

Date: 8/4, 2006

From: Elvira A. Pashang Address: on record

Sixty - two Dollars (\$ 62 -)

in part Payment of pre-need lots.

Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 243

Invoice No. E-18911

Acct. No. _____

W.O. _____

BALANCE DUE ~~\$ 29-168~~

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge
- Check 3055

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

PAID

AUG 04 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | |
|----------------|-------|-----------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>62</u> |
| Trust | 77186 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL PAID | \$ | <u>62</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00330

From: Elvira A. Pastrana Date: 6-7, 20 06
Address: on record
Sixty-two Dollars (\$ 62-)

in part Payment of Pre-need lots.
Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 2+3

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 292.-

Pre-Need Lot
 Pre-Need Trust
 Money Order
 Charge

Check 5040

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

PAID

JUN - 7 2006

MOUNT HOPE CEMETERY

ISSUED BY

Paulette

CREDIT
20% Sales Care 77184
Pre-Need 63033
Trust 77186

| | |
|----|---|
| 62 | - |
| | |
| | |
| | |
| | |
| | |
| | |
| 62 | - |

TOTAL PAID

\$

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00273

Date: 5-8 .20 06

From: Elvira A. Pastora Address: _____

Sixty-two Dollars (\$ 62.-)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 243

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 354-

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

PAID

MAY 08 2006

MOUNT HOPE CEMETERY

ISSUED BY Paul [Signature]

CREDIT 67007
20% Sales Care 77184
Pre-Need 63033
Trust 77186

62-

TOTAL PAID \$ 62-

Pre-Need Lot

Money Order

Pre-Need Trust

Charge

Check 5641

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00209

Date: 4-5, 20 06

From: E. Pastrana Address: on record

Sixty-Two Dollars (\$ 62-)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 2+3

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE \$410.-

Pre-Need Lot

Money Order

Pre-Need Trust

Charge

Check 5036

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

PAID

APR 04 2006

MOUNT HOPE CEMETERY

ISSUED BY Zaubette

CREDIT 67007
20% Sales Com 77184
Pre-Need 63033
Trust 77186

| | |
|------------|---------------|
| | <u>62-</u> |
| | |
| | |
| | |
| | |
| | |
| TOTAL PAID | \$ <u>62-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00192

Date: 3-23, 2006

From: Elvira Pastрана Address: on record
Sixty - Two Dollars (\$ 62.-)

in part Payment of Pre-need lots
Div 12 Sec 2 Blk/Row Lot 181 Grave 223

Invoice No. E-18811

Acct. No.

W.O.

BALANCE DUE \$ 478.-

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check 4631

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE
PAID
MAR 23 2006
MOUNT HOPE CEMETERY
ISSUED BY pcrawford

CREDIT 67007
20% Sales Care 77184
Pre-Need 63033
Trust 77186

| |
|-------------|
| <u>62.-</u> |
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| |
| |
| |
| |
| <u>62.-</u> |

TOTAL PAID \$ 62.-

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00128

Date: 2/14, 20 06

From: Elvira Pastrana Address: on record
Sixty-two and 00 Dollars (\$ 62-)

In part Payment of Pre-need lots
Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 2+3

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE ~~\$ 555.00~~

Actual Bal 540.- FEB 14 2006

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

PAID

MOUNT HOPE CEMETERY

ISSUED BY Paulette

4627 + 1833

CREDIT 67007
20% Sales Care 77184
Pre-Need 63033
Trust 77186

| |
|-----|
| 62- |
| 2 |
| 62- |

TOTAL PAID \$ 62-

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00059



From: Rosa Pastrana/Elvira A. Pastrana Date: 1/13 2006
 Address: on record
 in part Payment of 2 payments @ 31.- each / coupon #14 Dollars (\$ 62.-)
 Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 2+3

Invoice No. E-18811
 Acct. No. _____
 W.O. _____
 BALANCE DUE \$602.-

Pre-Need Lot Money Order
 Pre-Need Trust Charge
 Check

AC-212 (11-05)
 This information is available in alternative formats upon request.

1821 + 5625

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE.
PAID
 JAN 13 2006
 MOUNT HOPE CEMETERY
 ISSUED BY pnewford

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>62.-</u> |
| Trust | 77186 | |
| TOTAL PAID | \$ | <u>62.-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00012



Date: 12/21, 2005

From: Elvina Pastorana Address: on record

thirty one Dollars (\$ 31)

in part Payment of Pre-need

Div 12 Sec 2 Bik/ Row _____ Lot 181 Grave 243

Invoice No. E-18811

Acct. No. _____

W.O. -

BALANCE DUE \$ 664

Pre-Need Lot
 Pre-Need Trust
 Money Order
 Charge

AC-212 (11-05)
This information is available in alternative formats upon request.

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

PAID

DEC 22 2005

MOUNT HOPE CEMETERY

ISSUED BY Paullette

CREDIT
20% Sales Care 67007 77184
Pre-Need 63033
Trust 77186

| |
|----|
| 31 |
| |
| |
| |
| |
| |
| |
| |
| 31 |

TOTAL PAID

\$

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

✓
copyDate: November 9, 2005
 From: Elvira A. Pastrana Address: on record
Sixty-two and 00 Dollars (\$ 62.-)

 in part Payment of Pre-need lots
 Lot 181 Grave 2+3 Row - Section 2 Division Block 12
Invoice No. E-19811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 788.-NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

NOV 08 2005

MOUNT HOPE CEMETERY

ISSUED BY Paula Torres C.

| | | |
|----------------|-------|-----------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | <u>62</u> |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |

TOTAL PAID

\$

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

#5615

copy ✓

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: November 9, 20 05

From: Elvira A. Pastana Address: on record
Sixty-two and 00 Dollars (\$ 62.00)

in part Payment of Pre-need lots.
Lot 181 Grave 2 + 3 Row _____ Section 2 Division 12
Block _____

Invoice No. E-18811

Accl. No. _____

W.O. _____

BALANCE DUE \$ 726.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

271 + 278

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.
PAID
NOV 08 2005
MOUNT HOPE CEMETERY
ISSUED BY pauletc

| | | |
|----------------|-------|--------------|
| 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>62.00</u> |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>62.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59169

E18811 ✓

Date: September 13, 2005

From: Elvira Pastarava Address: on record
Sixty Two and 00 Dollars (\$ 62)
 in part Payment of Pre-need lets
 Div 12 Sec 2 Blk/ Row _____ Lot 181 Grave 243

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 850.-

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

PAID

SEP 12 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | <u>62 -</u> |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |

TOTAL PAID

\$

62 -

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5607

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59070

MOUNT HOPE CEMETERY
(619) 527-3400

From: Elvira A Pastana Date: 8/12, 2005
Address: on record

Trusty record on Dollars (\$ 31.-)

in part of Payment of Pre-need lots.

Div 12 Sec 2 Bk/Row _____ Lot 181 Grave 243

Invoice No. E-19811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 2600.943

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

PAID

AUG 11 2005

MOUNT

ISSUED BY P Crawford

| | | |
|----------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | <u>31.00</u> |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>31.00</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

2 checks 56004/1771

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59076 ✓

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 8/12, 2005

From: Rosa Patrancy Address: or record

thirty-one Dollars (\$ 31-)

in part of ⁵⁹⁰⁷⁰ Payment of Pre-need lots

Div 12 Sec 2 Blk/Row 181 Lot 181 Grave 2+3

Invoice No. E-14811

Acct. No. -

W.O. -

BALANCE DUE \$912-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1771

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

PAID

AUG ' 9 2005

MOUNT HOPE CEMETERY

ISSUED BY Pa...

| | | | |
|-------------------|-------|------------|--|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales of Lots | 100 | <u>31-</u> | |
| Opening/ | 77184 | | |
| Closing | 100 | | |
| Burial | 77181 | | |
| Containers | 100 | | |
| Handling Fee | 77182 | | |
| Recording & | 100 | | |
| Misc. Fees | 77185 | | |
| Pre-Need | 77183 | | |
| Trust | 63033 | | |
| Sales Tax | 77186 | | |
| | 80101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>31-</u> | |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59038 ✓

MOUNT HOPE CEMETERY
(619) 527-3400

From: E. A. Patrone Date: 7-7, 20 05
Address: on record
Sixty-two Dollars (\$ 62.-)

in _____ Payment of _____
Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 283

Invoice No. E-18811
Acct. No. _____
W.O. _____
BALANCE DUE \$ 974.00

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

PAID

JUL 07 2005

MOUNT HOPE CEMETERY

ISSUED BY [Signature]

| | | |
|-------------------------------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | <u>62.-</u> |
| 80% Sales of Lots | 100 | |
| Opening/ Closing | 77184 | |
| Burial Containers | 100 | |
| 77181 | 77181 | |
| 77182 | 100 | |
| 77185 | 100 | |
| Handling Fee Recording & Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | |
| 77186 | 77186 | |
| Sales Tax | 60101 | |
| 78390 | 78390 | |
| TOTAL PAID | \$ | <u>62.-</u> |

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
5598

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58897

From: Elvira A. Pastrana Address: on record Date: 6/2, 20 05

Sixty-Two Dollars (\$ 62.-)
in Part Payment of Pre-need lots

Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 283

Invoice No. E-10011

Acct. No. _____

W.O. _____

BALANCE DUE \$ 1036.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5595

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

PAID

JUN - 2 2005

MOUNT HOPE CEMETERY

ISSUED BY pastrana

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | <u>62.-</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 | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>62.-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58816

From: Elvira A. Pastana Address: on record Date: May 5, 2005

Sixty Two Dollars (\$ 62-)

in part Payment of Pre-need lots

Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 2:3

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE 1098.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5592

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

PAID

MAY 05 2005

MOUNT HOPE CEMETERY
ISSUED BY Pastana

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | <u>62-</u> |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>62-</u> |

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58756 ✓

 From: Quina Pastrana Date: 4/19, 2005
Sikty - 1 us Address: on record
 Dollars (\$ 62.-)

 in part Payment of Pre-need lots.
 Div 12 Sec 2 Blk/ Row _____ Lot 181 Grave 2E3
Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 1160.-NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE**PAID**

APR 19 2005

MOUNT HOPE CEMETERY

ISSUED BY Perayud

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | <u>62.-</u> |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |

TOTAL PAID

\$

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

5588

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58582 ✓

Date: Mar 3, 20 05

From: Elvira Postrana Address: on record
Sixty-Two and 00 Dollars (\$ 62-)

in part Payment of pre-need lots
Div 12 Sec 2 BIK/Row _____ Lot 181 Grave 2 & 3

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE \$ 1222.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5584

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

PAID

MAR 03 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | <u>62-</u> |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>62-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58492

From: Elvira Pastora Date: 2/10, 2005
Address: on record

Sixty two Dollars (\$ 62-)

in part Payment of Pre-need ~~lots~~

Div 12 Sec 2 Blk/Row 181 Lot 181 Grave 203

Invoice No. E-18811

Acct. No. - _____

W.O. - _____

BALANCE DUE \$ 1284.⁰⁰

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5579

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

PAID

FEB - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

| | | |
|-------------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>62 -</u> |
| Opening/ | 77184 | |
| Closing | 100 | |
| Burial | 77181 | |
| Containers | 100 | |
| Handling Fee | 77182 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 83033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |

TOTAL PAID \$ 62 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58392 ✓

From: Elvira Pastrana Address: 3904 Gladys Dr. SD. 92154 Date: Jan. 6, 20 05

in sixty-two ⁰⁰/₁₀₀ Dollars (\$ 62-)
 Payment of pre-need lot
 Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 2 & 3

Invoice No. E-18811
 Acct. No. _____
 W.O. _____
 BALANCE DUE 1,346⁰⁰

NOT VALID FOR PURPOSES STATED UNLESS
 STAMPED "PAID" IN THIS SPACE
PAID
 JAN - 6 2005
MOUNT HOPE CEMETERY
 ISSUED BY m. Vulegas

| | | |
|-------------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | <u>62 -</u> |
| Opening/ | 77184 | |
| Closing | 100 | |
| Burial | 77181 | |
| Containers | 100 | |
| Handling Fee | 77182 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>62 -</u> |

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
5570

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58287

From: Elvira Pastrana Address: 3904 Glading Dr. S.D. 92154 Date: Dec 3 20 04

in sixty-two /100 Dollars (\$ 62⁰⁰)

in part Payment of pre-need lot
Div 12 Sec 2 Blk/Row _____ Lot 181 Grave 283

Invoice No. E-18811

Acct. No. _____

W.O. _____

BALANCE DUE 1,408⁰⁰

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

5566

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

PAID

DEC - 3 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

| | | | |
|----------------|-------|--|-------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | 62 00 |
| Opening | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | | 62 00 |

Pruned

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

11-15-04A 11:26 RCVD
Date _____

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

of Magdalena Robles

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 181 Grave 11

Grave space & Care Fund 985

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due 985

Paid receipt number R-58233 246

Balance due 739

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

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

Signature Ram

Magdalena L. Robles
Print Name
1207 Evelyn St
Address
San Diego, Ca 92114
City
619-5013588 Zip Code
Telephone

Work Order # E18812

Invoice # _____

Acct. # _____

pin# 228276

Two year contract
Contract Expires NOV 2006monthly \$31.00
Final \$26.00due 15th
each month

E-18812

ROBLES, MAGDALENA 1207 Evelyn St SD 92114 (619)501-3588

DIV 12 SEG 2 LOT 181 GR 11

DEBIT

CREDIT

BALANCE

11-15-2004 Opened pre-need lot w/ 25% down

985.00

R-58233

246.00

739.00

11-26-04 R-58261

1

Dec 04

31.00

708.00

12-30-04 R-58367

2

Jan 05

31.00

677.00

1-27-05 R-58449

3

Feb 05

31.00

646.00

2-28-05 R-58561

4

March 05

31.00

615.00

4-12-05 R-58731

5

April 05

31.00

584.00

5-9-05 R-58827

6

May 05

31.00

553.00

6-9-05 R-58931

7

June 05

31.00

522.00

7-15-05 R-59068

8

July 05

31.00

491.00

8-18-05 R-59091

9

Aug 05

31.00

460.00

9-13-05 R-59179

10

Sept 05

31.00

429.00

10-18-05 R-59323

11

Oct 05

31.00

398.00

11-22-05 R-59423

12

Nov 2005

31.00

367.00

12-19-05 P-00001

13

Dec 2005

31.00

336.00

1-20-06 P-00073

14

Jan 2006

31.00

305.00

2-16-06 P-00132

15

Feb 2006

31.00

274.00

3-22-06 P-00186

16

Mar 2006

31.00

243.00

4-17-06 P-00239

17

Apr 2006

31.00

212.00

5-6-06 R-59609

18

May 2006

31.00

181.00

(OVER)

Credit Balance

| | | | | | | | | Credit | Balance |
|----------|---------|-------------|-----------|--|--|--|--|--------|--------------|
| 6-16-06 | P-00347 | Coupon #19 | June 2006 | | | | | 31- | \$150.00 |
| 7-25-06 | P-00411 | Coupon #20 | July 2006 | | | | | 31- | \$119.00 |
| 8-28-06 | P-00460 | Coupon #21 | Aug 2006 | | | | | 31- | \$88.00 |
| 9-28-06 | P-00506 | Coupon #22 | Sept 2006 | | | | | 31- | \$57.00 |
| 10/24/06 | P-00551 | Coupon # 23 | Oct 2006 | | | | | 31- | \$ 26.00 |
| 11/30/06 | P-00597 | Coupon # 24 | NOV 2006 | | | | | 26 | 0 |

in grave of
Raymond L. Brockway

MT. HOPE CEMETERY
INTERMENT ORDER 43 PAID
City of San Diego

Date 11-15-04

11-15-04P02:44 PAID

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

of Marjorie Naomi Brockway # 228388

in a ASH VAULT Funeral, date, time Thur, Dec 9th 1:00

Church, Chapel, Graveside Witness : Family Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 25 Grave 7

Grave space & Care Fund D-7963 0

Overtime/Late Arrival Fees —

Opening/Closing & Setup 116.00

Burial Container 61.00

Handling Fees 66.00

Marker setting fee NOV 15 2004

Recording/Filing/Transfer Fees 50.00

Sales taxes 4.73

MOUNT HOPE CEMETERY

Total Due 297.73

Paid receipt number R-5823 297.73

Balance due 0

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

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

Signature [Signature]

Paulette

Work Order # E 18813

MARTIN ALAN METZGER
Print Name
4610 JESSIE AVE.
Address
LA MESA CA, 91941
City Zip Code
619-460-8849
Telephone
1-858-494-9353

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18913

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|--------|---------|----------|--------|
| | | | | | | |
| | | | Woodsm | Woodson | Frankins | |
| | | | X | | Miller | Norris |
| | | | | | Vechio | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/7

Interment space for: Margorie N. Brockway

Interment Date: December 9th Time: 1:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 25 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: _____ Date: _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58235

Date: November 15, 20 04

From: M+M Tree Control Address: PO. Box 87529 SD CA 92138-7529

Two hundred Ninety Seven and 73/100 Dollars (\$ 297.73),

In Full Payment of Interment Remains Service of Marjorie N. Brockway

Div 12 Sec 2 Blk/Row 25 Lot 25 Grave 7

Invoice No. E-18813

Acct. No. _____

W.O. _____

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1231

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

PAID

NOV 15 2004

MOUNT HOPE CEMETERY

ISSUED BY Paauferd

| | | |
|----------------|-------|---------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | <u>116.00</u> |
| Closing | 77181 | |
| Burial | 100 | <u>61.00</u> |
| Containers | 77182 | |
| | 100 | <u>60.00</u> |
| Handling Fee | 77185 | |
| Recording & | 100 | <u>50.00</u> |
| Misc. Fees | 77189 | |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| Sales Tax | 60101 | <u>4.73</u> |
| | 78390 | |
| TOTAL PAID | \$ | <u>297.73</u> |


AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

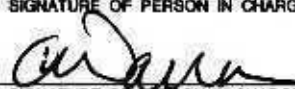
E-18813

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--|--|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MARJORIE | 1B. MIDDLE NAOMI | 1C. LAST (FAMILY) BROCKWAY | 2. DATE OF BIRTH MONTH DAY YEAR 09/21/1914 | 3. DATE OF DEATH MONTH DAY YEAR 11/17/1997 | 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 MARTIN A. METZGER - EXECUTOR 4610 JESSIE AVENUE LA MESA, CA 91941 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BEARDSKEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD. - SAN DIEGO, CA 92107 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD816 | 8A. SIGNATURE OF APPLICANT—Person taking permit  | | 8B. DATE SIGNED 11/08/2004 |
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/08/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418813 J. J. CALLAHAN |
| | | 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | | FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) |
| 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 | | |

| | | | | |
|-------------------------------|---|--|-------------------------------------|---|
| 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 12-10-04 | 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.

At need

Add 4 more
chairs totaling
8 chairs

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

11-16-04 11:06 PAID

Date _____

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

of John Payne 228359

in a Ash vault Type of Burial Container Funeral date, time Tues Nov 30th 2:30

Church, Chapel, Graveside : Selexphase Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 74 Grave 8

Grave space & Care Fund 439 -

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 154 -

Burial Container 81 -

Handling Fees 88 -

Flower vases - marker setting fee 184 -

Recording Filing/Transfer Fees 66

Sales taxes 6.28

Total Due 1018.28

PAID
NOV 16 2004
Paid receipt number R 58237 1018.28

Balance due 0

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

(NR)
I hereby authorize the interment in lot I hold under deed.

X JOSEPHINE A. PAYNE
Print Name
X 62 CORTE MARIA AVE
Address
X CHULA VISTA CA 91910
City Zip Code
X 619-420-4530
Telephone

Signature
Pan

Work Order # E 18814

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E19814

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interrment space for: John Payne

Interrment Date: 11/30/04 Time: 2:30 pm

Div: 11 Sect: 1 Blk/Row: _____ Lot: 74 Gr: 8

Grave Laid out by: Ken and David

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Wann Date: 11/26/04

E 18814

| CHARACTER OF SEPARATION | | REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES | | | DEPARTMENT | |
|--|---|---|---|---|---|--|
| HONORABLE | | | | | ARMY | |
| SEPARATION DATA | 1. LAST NAME—FIRST NAME—MIDDLE NAME | | 2. SERVICE NUMBER | | 3. GRADE—RATE—RANK AND DATE OF APPOINTMENT | |
| | PAYNE JOHN RICHARD | | EP19 243 868 | | CPL(T) 13AUS51 | |
| | 4. COMPONENT AND BRANCH OR CLASS | | 5. EFFECTIVE DATE OF SEPARATION | | 6. TYPE OF SEPARATION | |
| | ER0 | | 12 OCT 51 | | TRF TO ER0 | |
| SEPARATION DATA | 8. REASON AND AUTHORITY FOR SEPARATION | | 9. PLACE OF SEPARATION | | | |
| | REL FR AD | | PRESIDIO DE SAN FRAN, CALIF | | | |
| | SE 615-383-5 PETS | | | | | |
| SEPARATION DATA | 10. DATE OF BIRTH | | 11. PLACE OF BIRTH (City and State) | | 12. DESCRIPTION | |
| | 30 NOV 17 | | SAN DIEGO, CALIF | | SEX MALE RACE CAU COLOR HAIR BROWN COLOR EYES BLUE HEIGHT 67 WEIGHT 125 | |
| SELECTIVE SERVICE DATA | 13. REGISTERED | | 14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) | | 15. INDUCTED | |
| | YES NO X SELECTIVE SERVICE NUMBER | | | | DAY MONTH YEAR | |
| SELECTIVE SERVICE DATA | 16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT | | 17. MEANS OF ENTRY OTHER THAN BY INDUCTION | | 18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE | |
| | YES NO X | | COMPONENT AND BRANCH OR CLASS | | COGNIZANT DISTRICT OR AREA COMMAND | |
| | ER0-CE | | ENLISTED REENLISTED COMMISSIONED | | CALLED FROM INACTIVE DUTY | |
| | | | | | PFC | |
| SERVICE DATA | 19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE | | 20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State) | | | |
| | 15 DEC 30 FT BRD, CALIF | | 467 GARDNER ST, EL CAJON, CALIF | | | |
| | 21. NET () SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD | | | 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD | | |
| | A. YEARS 0 B. MONTHS 0 C. DAYS 0 | | | A. YEARS 1 B. MONTHS 0 C. DAYS 28 | | |
| | 23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES | | | 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES | | |
| | A. YEARS 4 B. MONTHS 1 C. DAYS 25 | | | A. YEARS 5 B. MONTHS 2 C. DAYS 23 | | |
| | 25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY | | | | | |
| | DAY MONTH YEAR AMOUNT | | | | | |
| | 26. FOREIGN AND/OR SEA SERVICE | | | | | |
| | YEARS MONTHS DAYS | | | | | |
| 27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED | | | | | | |
| NONE | | | | | | |
| 28. MOST SIGNIFICANT DUTY ASSIGNMENT | | | 29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) | | | |
| HQ 6TH ARMY | | | NONE | | | |
| 30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED | | | 31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED | | | |
| NONE | | | NONE | | | |
| GOVERNMENT INSURANCE INFORMATION: If premium is not paid when due, or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the United States. Forward payments for National Service Life Insurance to the Collections Unit, Veterans Administration District Office having jurisdiction of area in which you maintain your mailing address for insurance purposes. Forward payments for United States Government Life Insurance to Collections Division, Veterans Administration, Washington 25, D. C. When making insurance payments be sure to give full name and mailing address for insured purposes, service number and policy number(s), if known. | | | | | | |
| 32. KIND OF INSURANCE (Amount and premium due each month) | | 33. MONTH ALLOTMENT DISCONTINUED | | 34. MONTH NEXT PREMIUM DUE | | |
| N.S.L.I. \$10,000 (15.45) | | N.S.L.I. | | PL 20 | | |
| 35. TOTAL PAYMENT UPON SEPARATION | | 36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT | | 37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER | | |
| \$ 271.18 | | \$ 36.54 | | E. J. JOHNSON P15-121 | | |
| 38. REMARKS (Continued on reverse) | | | | 39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN | | |
| REL FR AD & TRF TO ER0 FOR COMPL OF PER OF SWG IF ER0 COMPL 1 YR 20 DAS OF 21 YRS AD TOUR PAID FOR 17 DAS ACC LV BY FINAL VOUCHER PAID TVE ALPS TO EL CAJON, CALIF NO DAS LOST UNDER SEC 6(A) APPENDIX 28 NOV 1951 | | | | <i>E. J. Miller</i> | | |
| | | | | NAME, GRADE AND TITLE (Typed) | | |
| | | | | E. J. MILLER P01, USAF | | |
| 40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) | | | | | | |
| COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. | | | | | | |
| 41. DATES OF LAST CIVILIAN EMPLOYMENT | | 42. NAME CIVILIAN OCCUPATION | | 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER | | |
| 1948 TO 1950 | | POSTOFFICE | | 1000 1/2 ST. ... | | |
| 44. UNITED STATES CITIZEN | | 45. MARITAL STATUS | | 46. NON-SERVICE EDUCATION (Years successfully completed) | | |
| YES NO X | | MARRIED | | GRADE HIGH SCHOOL COLLEGE DEGREE(S) MAJOR COURSE OR FIELD | | |
| | | | | NONE | | |
| 47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State) | | | | 48. SIGNATURE OF PERSON BEING SEPARATED | | |
| S E 18 20 | | | | <i>John R. Payne</i> | | |

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

E-18814

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) JOHN | 1B. MIDDLE RICHARD | 1C. LAST (FAMILY) PAYNE | 2. DATE OF BIRTH MONTH DAY YEAR 11/30/1917 | 3. DATE OF DEATH MONTH DAY YEAR 11/14/2004 | 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 JOSEPHINE PAYNE-WIFE 62 CORTE MARIA AVE. CHULA VISTA, CA 91910 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: TELOPHASE CREMATION SOCIETY-SD 7851 MISSION CENTER COURT #104 SAN DIEGO, CA 92108 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1272 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Claudia Zavala</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 11/17/2004 | |

| | | | | |
|---|--|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 11/22/2004 C. ZAVALA | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2419675 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |

| | |
|---|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 11-30-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wm F. ...</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC., 14065 HWY 8 BUSINESS EL CAJON, CA 92021 | 12B. DATE CREMATED: 11/23/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date _____

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

of Denise V. Langley 228356

in a TS Vault Funeral, date, time Tues, Nov 23 1:00

Church Chapel, Graveside _____; CA Burial Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 182 Grave 1

Grave space & Care Fund 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup PAID 413-

Burial Container 209 276-

Handling Fees 160 204-

Flower vases - Marker setting fee _____

Recording Filing/Transfer Fees MOUNT HOPE CEMETERY 50-

Sales taxes 16.00

Total Due 1833.20

Paid receipt number Visa Card 1833.20

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

Pam

Pam listed amounts incorrectly we had to adjust for liner prices.

X Glenda F. Hill
Print Name
X 1951 MEEKS BAY DRIVE
Address
X Chula Vista 91913
City Zip Code
X 619-216-6298
Telephone

Work Order # E 18815

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 10015

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|---------|--------|---|----------|---------|--|
| | | | | | | |
| | | Tudman | | | | |
| | Blivins | Smith | X | Fletcher | McDavid | |
| | | Chan | | | Cheno | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11/22

Interment space for: Denise Langley

Interment Date: 11-23 Time: Tues 1:00

Div: 12 Sect: 2 Blk/Row: Lot: 182 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No Flag

Agrees with Map: Yes No

Blind Check & Verified By: DARREYI Date: 11-22-08

E18815

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DENISE | 1B. MIDDLE D | 1C. LAST (FAMILY) LANGLEY | 2. DATE OF BIRTH MONTH DAY YEAR 11/05/1965 | 3. DATE OF DEATH MONTH DAY YEAR 11/14/2004 | 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 GLENDIA HILL-SISBER 1951 MEKES BAY DR. CHULA VISTA CA 91913 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 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>Walter Mitchell</i> 8B. DATE SIGNED 11/17/2004 | | | |

| | | | | |
|--|---|---|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/17/2004 V MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2419479 |
| | 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 CORONOR'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 11/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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

AT need

Date 11/17/04

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

of Kenneth Newton ^{11-17-04P04:02 PAID 228352}
in a Liner _{type of Burial Container} Funeral, date, time Fri. Nov 19 1:30
Church, Chapel, Graveside CA BURIAL Mortuary

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

Division 11 Section 2 Blk/Row - Lot 86 Grave 8
Grave space & Care Fund 1164.⁰⁰

Overtime/Late Arrival Fees 549.⁰⁰

Opening/Closing & Setup 278⁰⁰

Burial Container 213⁰⁰

Handling Fees NOV 17 2004

Flower vases - Marker setting fee 66⁰⁰

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 21.54

Sales taxes 400

\$3.46 to go to Misc.
DAVID WUGO

Total Due 2295.⁰⁰

Paid receipt number R-58245

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

*Sue BAZA
Print Name
*8162 LEMON GROVE AVE
Address
LEMON GROVE CA
City
419-462-0471 91945
Telephone

*Sue B. Daza
Signature

462 0471
252 2874
2463651E 18816
Work Order #

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18816

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|----------|---|--------|----------|---------|
| | | | | | | |
| | | Abrowson | | Cooper | Anderson | Garrett |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11/18

Interment space for: Kenneth Newton

Interment Date: Friday Time: ?

Div: 11 Sect: 2 Blk/Row: _____ Lot: 86 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Kenneth Collins Date: 11/18/04 *F1208*

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18816

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

| | | | | | |
|---|--------------------------|---|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) KENNETH | 1B. MIDDLE LEE | 1C. LAST (FAMILY) NEWTON | 2. DATE OF BIRTH MONTH DAY YEAR 05/26/1949 | 3. DATE OF DEATH MONTH DAY YEAR 11/11/2004 | 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 JANICE JO-ANNE NEWTON WIFE 543 HOTEL CIRCLE S. #125 SAN DIEGO CA 92108 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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>Janice Jo-Anne Newton</i> | |
| | | | | 8B. DATE SIGNED 11/18/2004 | |

| | | | | |
|---|---|--|---|--|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/22/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT V MITCHELL |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

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

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED 11-19-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Aleman 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

11-18-04 12:36 Date 11-18-04

AT NEED

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

of Mary Ann Boykins

in a Liner Funeral, date, time Weds Nov 24 11:00

Church, Chapel Graveside SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 11-22-04 09:29 P. Col Joseph

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 89 Grave 3

Grave space & Care Fund E-18407

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due E-18407

Paid receipt number _____

E-18407 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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18817

REA-104 (3-04)

This information is available in alternative formats upon request.

*11/18 a day
No time as
of yet for
Service Weds
-24th 11:00
Name Ronny 11:00
12:00*

See the attached for signature

Paulette

MT HOPE CEMETERY

E 19817

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-------|---------|----------|--|--|
| | | | | | | |
| | | | Hull | | | |
| | | Green | x | Ethridge | | |
| | | | Stevens | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11/22

Interment space for: Mary Ann Boykins

Interment Date: 11/24/04 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 89 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flay

Blind Check & Verified By: DARREY Date: 11/22/04

E-18817

APPLICATION 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 ANN | 1C. LAST (FAMILY) BOYKINS | 2. DATE OF BIRTH MONTH DAY YEAR 08/24/1907 | 3. DATE OF DEATH MONTH DAY YEAR 11/17/2004 | 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 VASHTI ANN REED-DAUGHTER 8563 FIRESIDE AVE. SAN DIEGO, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1575 | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>Joseph Lemon Jr</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 11/19/2004 | | | |

| | | | | |
|--|---|---|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 11/19/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. LEMON JR. 2419637 |
| | | 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 CORONOR'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 11-24-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>C. Warren</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

11/18/2004

12:53

SD MT. HOPE CEMETERY → SD PERMITS

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11-18-04

AT NEED

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

in a liner type of casket Funeral, date, time SD Memorial Monetary
Chapel, Graveside Joseph

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

| | | | | | | | | | |
|-----------------------------------|-----------|---------|----------|---------|----------------|-----|-----------|-------|----------------|
| Division | <u>12</u> | Section | <u>2</u> | Blk/Row | <u>E-18407</u> | Lot | <u>89</u> | Grave | <u>3</u> |
| Grave space & Care Fund | | | | | | | | | <u>0</u> |
| Overtime/Late Arrival Fees | | | | | | | | | <u> </u> |
| Opening/Closing & Setup | | | | | | | | | <u> </u> |
| Burial Container | | | | | | | | | <u> </u> |
| Handling Fees | | | | | | | | | <u> </u> |
| Flower vases - Marker setting fee | | | | | | | | | <u> </u> |
| Recording/Filing/Transfer Fees | | | | | | | | | <u> </u> |
| Sales taxes | | | | | | | | | <u> </u> |
| Total Due | | | | | | | | | <u>E-18407</u> |

Paid receipt number

E-18407 Balance due

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

I hereby authorize the interment in lot I hold under deed

Vashti Ann Reed
Signature

Paulette

Work Order # E 18817

Vashti A. Reed
Print Name
8563 Funiado Ave
Address
SD 92123
City
(858) 278-2425
Telephone

Invoice #
Acct #

RF A-104 (3-04)

This information is available in alternative formats upon request.

527 3403
1.87.0896

in the grave
of Elsie Rector

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/22/04

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

of Jeannette Rector ~~EX~~ 228389
in a Cash Vault Funeral, date, time SAT. DEC. 11th 10:00

Church, Chapel Graveside Mortuary: Family
858-547-9736 Bill Rector

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

Division 10 Section _____ Blk/Row _____ Lot 2158 Grave 1

| | | |
|-----------------------------------|---------------------|---------------|
| Grave space & Care Fund | <u>C-9656</u> | <u>0</u> |
| Overtime/Late Arrival Fees | <u>SAT. SERVICE</u> | <u>231.00</u> |
| Opening/Closing & Setup | | <u>116.00</u> |
| Burial Container | | <u>81.00</u> |
| Handling Fees | | <u>66.00</u> |
| Flower vases - Marker setting fee | PAID | |
| Recording/Filing/Transfer Fees | | <u>50.00</u> |
| Sales taxes | <u>DEC - 8 2004</u> | <u>473</u> |
| Total Due | | <u>528.73</u> |

Family to Pay

MOUNT HOPE CEMETERY
R-58500 528.73

Balance due 0

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

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

William F. Rector
Signature

WILLIAM F. RECTOR
Print Name
12615E Camino Real #8
Address
San Diego, CA 92130
City Zip Code
(658) 847-9736
Telephone

Paulette

Work Order # E 18818

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 18818

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|----------|---------|---------|--------|--|--|
| | | | | | | |
| | | | Johnson | | | |
| | Siferell | Diperek | x | Marcey | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/8

Interment space for: Jeannette Rector X

Interment Date: 12-11-04 Time: 10:00 G.S.

Div: 10 Sect: Blk/Row: Lot: 2158 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: W. Warren Date: 12-8-04

E-12818

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JEANETTE | 1B. MIDDLE LOIS | 1C. LAST (FAMILY) RECTOR | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/15/1932 | 3. DATE OF DEATH MONTH, DAY, YEAR 09/02/2004 | 4. SEX F |
| 5A. CITY OF DEATH AUSTIN | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE TEXAS | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BILL RECTOR - BROTHER 12619 EL CAMINO REAL #B SAN DIEGO, CA 92130 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL ENCINITAS CHAPEL 340 MELROSE AVENUE ENCINITAS, CA 92024 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 857 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | 8B. DATE SIGNED 11/23/2004 |
| 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 REFUSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 11/23/2004 M SOUDER | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2419809 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA — | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

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

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

11-23-04 09:43 Date 11/22/04

At Need

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

of Marian Morgan 228357

in a Liner Funeral, date, time Friday Nov. 26th 11:30

Church, Chapel, Graveside Luyben Family Sponberg Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 562-867-1778

will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row E-9251 Lot 763 Grave 1

Grave space & Care Fund 0

Overtime/Late Arrival Fees ---

Opening/Closing & Setup "

Burial Container "

Handling Fees "

Flower vases - Marker setting fee ---

Recording/Filing/Transfer Fees "

Sales taxes "

Total Due 0

Paid receipt number ---

Balance due 0

Fax to Mort. Dept. 562-867-3222

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.

Paulette
Signature

X Print Name
X Address
X City Zip Code
X Telephone

See attached for signatures

Work Order # E 18819

Invoice # ---

Acct. # ---

MT HOPE CEMETERY

E 18819

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|---------|--------|--------|--|--|--|
| | | | | | | |
| | | | | | | |
| | Connell | | X | | | |
| | Boyd | Greene | Greene | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: ~~11-23-04~~

Interment space for: Marian Morgan

Interment Date: 11-26-04 Time: 11:30

Div: 8 Sect: 3 Blk/Row: _____ Lot: 763 Gr: 1

Grave Laid out by: Norman Perdue

Agrees with Legal Card: Yes No Flag

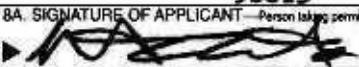
Agrees with Map: Yes No

Blind Check & Verified By: DARKEY Date: 11-23-04

E-19819

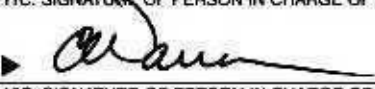
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|--|-------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Marian | | 1B. MIDDLE Y. | 1C. LAST (FAMILY) Morgan | 2. DATE OF BIRTH MONTH DAY YEAR 01/15/1899 | 3. DATE OF DEATH MONTH DAY YEAR 11/22/2004 | 4. SEX F |
| 5A. CITY OF DEATH Seal Beach | | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE Orange | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT J. Morgan - Son 2670 Foreman Ave., Long Beach CA 90815 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Luyben Family Spongberg Bellflower Mt. 10333 Alondra Ave., Bellflower CA 90706 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-118 | 8A. SIGNATURE OF APPLICANT — Person taking permit:  8B. DATE SIGNED 11/24/2004 | | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10065 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/24/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Box 234, Santa Ana CA 92702-0234 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Box 85222, San Diego CA | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS: | FOR CORONOR'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"/> D. 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 11/26/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

11/23/2004 10:31

5628673222

LUYBEN FAM SPONGBERG

11/22/2004 16:38

SD MT. HOPE CEMETERY → 915628673222

PAGE 01
NO. 271

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/22/04

At Need

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

in a Liner Funeral, date, time
Type of Burial Container Graveside Church, Chapel Luyben Family Spongberg Mortuary
562-421-7778

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

| | | | | | | | | | |
|-----------------------------------|------------|---------|----------|---------|---------------|-----|------------|----------|----------|
| Division | <u>8</u> | Section | <u>3</u> | Blk/Row | <u>E-9251</u> | Lot | <u>763</u> | Grave | <u>1</u> |
| Grave space & Care Fund | <u>0</u> | | | | | | | | |
| Overtime/Late Arrival Fees | <u>---</u> | | | | | | | | |
| Opening/Closing & Setup | <u>---</u> | | | | | | | | |
| Burial Container | <u>---</u> | | | | | | | | |
| Handling Fees | <u>---</u> | | | | | | | | |
| Flower vases - Marker setting fee | <u>---</u> | | | | | | | | |
| Recording/Filing/Transfer Fees | <u>---</u> | | | | | | | | |
| Sales taxes | <u>---</u> | | | | | | | | |
| Total Due | | | | | | | | <u>0</u> | |

Paid receipt number _____
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.
Charm Morgan
Signature

X DORON V. MORGAN JR.
Print Name
42670 Foreman Ave.
Address
Long Beach CA 90815
City
562-421-6956
Telephone

Dau Lettz

Work Order # E 18819

Invoice # _____
Acct. # _____

This information is available in alternative formats upon request.

Keep

Pre-need trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

11-23-04 11:55 PAID

Date 11/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of pre-need trust Bettie thrower

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 231 Grave 12 ~~E-17719~~

Grave space & Care Fund _____ PAID E-17719 0

Overtime/Late Arrival Fees _____ 0

Opening/Closing & Setup _____ 413-

Burial Container _____ NOV 23 2004 209-

Handling Fees _____ 160-

Flower vases - Marker setting fee _____ **MOUNT HOPE CEMETERY**

Recording/Filing/Transfer Fees _____ 50

Sales taxes _____ 16²⁰

Total Due _____ 848²⁰

Paid receipt number MC 848²⁰

Balance due 0

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

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

Bettie Thrower
Signature

Bettie THROWER
Print Name
2152 Ocean View Blvd
Address
San Diego, Ca. 92113
City Zip Code
(619) 696-3761
Telephone

maria

Work Order # E 18820

Invoice # _____

Acct. # _____

Pre-need
lot & Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-23-04

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

of for Vladislav Baluyev

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 98 Grave 1

Grave space & Care Fund 1095.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

PAID

Burial Container 209.00

Handling Fees 160.00

NOV 23 2004

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50.00

MOUNT HOPE CEMETERY

Sales taxes 16.20

Total Due 1943.20

Paid receipt number Visa Card 485.00

Balance due 1458.20 80%

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.

228362

Ilona Baluyeva
Print Name
14368 Camino De La Luna #5
Address
San Diego CA 92127
City
(619) 757-8131 Zip Code
Telephone

[Signature]
Signature

Paulette

Invoice # _____

Work Order # E 18821

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/20/04

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

of for Anita Cendeys 201104
in a liner Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary _____

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

Division 12 Section 2 Blk/Row _____ Lot 148 Grave 11

Grave space & Care Fund E-15662 ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 50.00

Sales taxes 16.20

Total Due 848.20

Balance due 246.20

PAID

NOV 20 2004

MOUNT HOPE CEMETERY

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

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

Print Name _____
Address Soll E-15662-3
for signature
Telephone _____
Zip Code _____

Signature Paulette
pd in full
P.00626 (trust)

Work Order # E 18822

Invoice # _____
Acct. # _____

PIN # 207164

(Contract Expires NOV 2006)

monthly \$25.00

E-18822

CENDEJAS, ANITA 1157 10TH AVENUE #3, SAN DIEGO CA 92101

Due 10th of each month

| DIVISION 12 | | SECTION 2 | | LOT 148 | | GRAVE 11 | | DEBIT | CREDIT | BALANCE |
|-------------|---|-----------|--------------------------------|---------|---------------|----------|-----|--------|--------|---------|
| 11/20/04 | Opened pre-need trust acct. Trust includes: O/C \$413, H/F \$160, B/C \$209, R/F Fee \$50, Sales Tax 16.20. | | | | | | | 848.20 | | 848.20 |
| | Paid by visa card. | | | | | | | | 246.20 | 602.00 |
| 1-11-05 | * 58398 | 142 | no coupon | | Jan, Feb 2005 | | 50- | | 552- | |
| 3/8/05 | * 58601 | | Coupon 3 | | march 2005 | | 25- | | 527- | |
| 4/12/05 | * 58730 | | Coupon 4 | | April 2005 | | 25- | | 502- | |
| 5-11-05 | * 58836 | | " 5 | | May, 2005 | | 25- | | 477- | |
| 6/10/05 | 58936 | | NO COUPON (6) | | June 2005 | | 25- | | 452- | |
| 6/29/05 | R-59012 | | mailed in 6+7 but only 1 check | | July | | 25- | | 427- | |
| 8-3-05 | R-59429 | #8 | | (8) | Aug 2005 | | 25- | | 402- | |
| 9/10/05 | R-59141 | #9 | coupon | (9) | Sept 2005 | | 25- | | 377- | |
| 10/14/05 | R-59271 | #10 | " | (10) | Oct 2005 | | 25- | | 352- | |
| 11/04/05 | R-59369 | #11 | " | (11) | Nov 2005 | | 25- | | 327- | |
| 12-2-05 | R-59448 | #12 | " | (12) | Dec 2005 | | 25- | | 302- | |
| 1-3-06 | P-00627 | #13 | " | (13) | Jan 2006 | | 25- | | 277- | |
| 1-30-06 | P-00085 | #14 | " | (14) | Feb 2006 | | 25- | | 252- | |
| 3-6-06 | P-00162 | #15 | " | (15) | Mar 2006 | | 25- | | 227- | |
| 4-14-06 | P-00231 | #16 | " | (16) | April 2006 | | 25- | | 202- | |
| 5-8-06 | P-271 | #17 | " | (17) | May 2006 | | 25- | | 177- | |
| 6-13-06 | P00338 | #18 | " | (18) | June 2006 | | 25- | | 152- | |

- over -

E-12822

MONTHLY \$5.00
due 10th of each month

Pre-need trust.

Cendejas, Anita

12-2-148-11

DEBIT

CREDIT

BAL.

| 6/13/06 | Balance forwarded | | | | | | | | 152- |
|----------|--------------------|---------|-----------|--|--|--|-----|--|------|
| 7/14/06 | Coupon # 19 | P-00394 | July 2006 | | | | 25- | | 127- |
| 8-8-06 | " 20 | P-00436 | Aug 2006 | | | | 25- | | 102- |
| 9-15-06 | " 21 | P-00494 | Sept 2006 | | | | 25- | | 77- |
| 10/24/06 | 22 " 22 | P-00547 | Oct-06 | | | | 25- | | 52- |
| 11/27/06 | " 23 | P-00594 | NOV-06 | | | | 25- | | 27- |
| 12/18/06 | " 24 | P-00626 | Dec 06 | | | | 27- | | 0- |

DEC 18 2006

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58398

From: Anita Cendyera Address: 1157 104th Ave S.D. Date: Jan 11, 20 05

fifty 00/100 Dollars (\$ 50-)

in part Payment of pre-need trust

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE 552-

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

PAID

JAN 11 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

| | | |
|-------------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/ | 77184 | |
| Closing | 100 | |
| Burial | 77181 | |
| Containers | 100 | |
| | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need Trust | 63033 | <u>50-</u> |
| Sales Tax | 77186 | |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>50-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E-18822

58601

Date: 3/8, 2005

From: Cirita C. Address: Or record
Twenty - Five Dollars (\$ 25.-)

in part Payment of Pre-need trust.
Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 527-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04) 4601776799
This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.
PAID
MAR - 8 2005
MOUNT HOPE CEMETERY
ISSUED BY Paullette

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | <u>25.-</u> |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>25.-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58730

From: Anita Cendejas Date: 4-12, 2005
Address: 1157 10th AVE. #3, SD CA 92101
Twenty-Five and 00/100 Dollars (\$ 25-)
in Part Payment of Pre-need trust
Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-10822

Acct. No. _____

W.O. _____

BALANCE DUE \$502.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

08-156624877

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

PAID

APR 12 2005

MOUNT HOPE CEMETERY

ISSUED BY [Signature]

| | | | |
|----------------|-------|--|--------------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | | <u>25.00</u> |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | | <u>25.00</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E 18822

58836

From: Aruta Cordero Date: May 11, 2005
Address: on record

Twenty-Five and 00 Dollars (\$ 25.-)

in part Payment of pre-need trust

Div 12 Sec 2 Bk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 477.-

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

PAID

MAY 11 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | <u>25.-</u> |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>25.-</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check
1436

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58936

MOUNT HOPE CEMETERY

(619) 527-3400

From: Anita Cendejas Date: June 10, 2005
Address: 1157 10th Ave #3, S.D. CA 92101

Twenty - Five Dollars (\$ 25.00)
in Part Payment of Pre-need trust account.

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 452.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04) 1446
This information is available in alternative formats upon request.

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

PAID

JUN 10 2005

MOUNT HOPE CEMETERY
ISSUED BY pcrawford

| | | | |
|----------------|-------|------------|----------|
| CREDIT | 67007 | | |
| 20% Sales Care | 77184 | | |
| 80% Sales | 100 | | |
| of Lots | 77184 | | |
| Opening/ | 100 | | |
| Closing | 77181 | | |
| Burial | 100 | | |
| Containers | 77182 | | |
| | 100 | | |
| Handling Fee | 77185 | | |
| Recording & | 100 | | |
| Misc. Fees | 77183 | | |
| Pre-Need | 63033 | <u>25.</u> | <u>—</u> |
| Trust | 77186 | | |
| Sales Tax | 60101 | | |
| | 78390 | | |
| TOTAL PAID | \$ | <u>25.</u> | <u>—</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59012

MOUNT HOPE CEMETERY

(619) 527-3400

From: Arleta Cordero Date: 6-29, 20 05
Address: 1157-10th Ave #3 SD 92101
in Twenty - Five Dollars (\$ 25-)
in Part of Payment of Pre-need trust
Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$427.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

1451

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

PAID

JUN 29 2005

MOUNT HOPE CEMETERY

ISSUED BY

[Signature]

| | | |
|-------------------|-------|-----|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales of Lots | 100 | |
| Opening/ | 77184 | |
| Closing | 100 | |
| Burial | 77181 | |
| Containers | 100 | |
| Handling Fee | 77182 | |
| Recording & | 100 | |
| Misc. Fees | 77185 | |
| Pre-Need Trust | 77183 | 25 |
| Sales Tax | 83033 | |
| | 77186 | |
| | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | 25- |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

59429

E-18822

From A. Cordero
Twenty-Five

Address: on record

Date: 8/4, 2005

Dollars (\$ 25.-)

in Pre-need Trust. Payment of

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$402.00

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

PAID

AUG 03 2005

MOUNT HOPE CEMETERY

ISSUED BY Paullette

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | |
| Trust | 77186 | <u>25.-</u> |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>25.-</u> |

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

145

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

59141

E18822

9/6, 20 05

From: Quita Anderson Address: on record Date: _____

Twenty-Five Dollars (\$ 25-)

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 377-

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

PAID

SEP 06 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Anderson

| | | |
|----------------|-------|------------|
| CREDIT | 87007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | <u>25-</u> |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |
| TOTAL PAID | \$ | <u>25-</u> |

Pre-Need Lot At Need On Acct.

Pre-need Trust Cash Check

1460

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59271

MOUNT HOPE CEMETERY

(619) 527-3400

From: Cendejas, Anita Address: 1157-10th Ave. # 3 SD CA 92101 Date: 10/04, 20 05
Twenty-Five Dollars (\$ 25 -)

in Part Payment of Pre-need trust.

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 352 -

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

1462

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

PAID

OCT - 4 2005

MOUNT HOPE CEMETERY

ISSUED BY PLR

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 83033 | <u>25 -</u> |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | <u>25 -</u> |
| TOTAL PAID | \$ | |

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Nov. 2, 2005From: Anita Cendejas Address: on-recordTwenty-Five and 00 Dollars (\$ 25.-)in part Payment of Pre-need trust account.Lot 148 Grave 11 Row Section 2 Division Block 12Invoice No. E-18022Acct. No. W.O. BALANCE DUE \$ 327-

Pre-Need Lot | | At Need | | On Acct | |

Pre-need Trust Cash | | Check

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

1470

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

NOV 02 2005

MOUNT HOPE

ISSUED BY

P. Crawford

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | <u>25-</u> |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |

TOTAL PAID \$ 25-


 WHITE _____ TO CUSTOMER
 CANARY _____ CEMETERY
 PINK _____ AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

R-53448

Date: Dec 2, 2005From: Anita Cendegas Address: on record
Sweetie Fried Dollars (\$ 25)
in part Payment of Pre-need Trust
 Lot 148 Grave 11 Row _____ Section 2 Division Block 12
Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 302 -Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

1474

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

PAID

DEC 02 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

| | | |
|----------------|-------|--------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| 80% Sales | 100 | |
| of Lots | 77184 | |
| Opening/ | 100 | |
| Closing | 77181 | |
| Burial | 100 | |
| Containers | 77182 | |
| | 100 | |
| Handling Fee | 77185 | |
| Recording & | 100 | |
| Misc. Fees | 77183 | |
| Pre-Need | 63033 | <u>25. -</u> |
| Trust | 77186 | |
| Sales Tax | 60101 | |
| | 78390 | |

TOTAL PAID \$ 25 -

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY

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

P 00027

Date: 1/3, 20 06
 From: A. Cordero Address: on record
Twenty Five Dollars (\$ 25 00)
 in part Payment of Pre-need Trust
 Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11
 Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ _____

 Pre-Need Lot

 Money Order

 Pre-Need Trust

 Charge

 Check 1480

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

JAN - 3 2006

MOUNT HOPE CEMETERY

ISSUED BY pcrawford
 CREDIT 67007
 20% Sales Care 77184
 Pre-Need 63033
 Trust 77186
25 -

TOTAL PAID

\$

25 -

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00085

Date: 1/30, 20 06

From Anita Cordero Address: on record

Julisty Fine Dollars (\$ 25-)

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row 148 Grave 11

Invoice No. E 18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 252.-

Pre-Need Lot Money Order

Pre-Need Trust Charge

check 1487

AC-212 (11-06)

This information is available in alternative formats upon request.

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

PAID

JAN 30 2006

MOUNT HOPE CEMETERY

ISSUED BY Paullette

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77164 | |
| Pre-Need | 63033 | <u>25</u> |
| Trust | 77186 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL PAID | \$ | <u>25 -</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00162

Date: 3/6, 20 06

From: A. Cordero Address: On record

Monthly trust Dollars (\$) 25-

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 227.-

Pre-Need Lot Money Order

Pre-Need Trust Charge

Check

AC-212 (11-05)
This information is available in alternative formats upon request.

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

PAID

MAR - 6 2006

MOUNT HOPE CEMETERY
ISSUED BY Parlette

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>25-</u> |
| Trust | 77186 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL PAID | \$ | <u>25-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00231
E-18822

Date: 4/14, 2006

From: Anita Cendejas Address: on record

Twenty-Five Dollars (\$ 25-)

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 202.-

Pre-Need Lot

Money Order

Pre-Need Trust

Charge

Check 1501

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

PAID

APR 11 2006

MOUNT HOPE CEMETERY

ISSUED BY Paullette

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>25-</u> |
| Trust | 77186 | |

TOTAL PAID \$ 25-

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00271

Date: 5-8, 2006

From: Anita Cendejas Address: _____

in part Payment of Five Dollars (\$ 25)

Payment of five-need

Div 12 Sec 2 Bk/Row _____ Lot 148 Grave 11

Invoice No. E-18022

Acct. No. _____

W.O. _____

BALANCE DUE \$ 177-

Pre-Need Lot

Money Order

Pre-Need Trust

Charge

Check 1506

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

PAID

MAY 08 2006

ISSUED BY MOUNT HOPE CEMETERY

| | |
|----------------|-------|
| CREDIT | 67007 |
| 20% Sales Care | 77184 |
| Pre-Need | 63033 |
| Trust | 77186 |

| | | |
|--|----|---|
| | 25 | - |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 25 | - |

TOTAL PAID

\$

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00338

Date: 6-13, 2006

From: Anita Cendejas Address: on record

Twenty-five and 00 Dollars (\$ 25-)

in part Payment of Pre-need Trust

Div 12 Sec 2 Bk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 152-

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge

Check 1512

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

PAID

JUN 12 2006

MOUNT HOPE CEMETERY

ISSUED BY Peru/ent

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>25</u> |
| Trust | 77186 | |
| TOTAL PAID | \$ | <u>25-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00394

Date: July 14, 20 06
From: Anita Cendejas Address: 1157 104th Ave #3 San Diego 92101
Twenty five + no/00 Dollars (\$ 25.00)
in _____ Payment of Pre-need TRUST
Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. _____
Acct. No. E-18822
W.O. _____
BALANCE DUE 127.00

Pre-Need Lot Money Order
 Pre-Need Trust Charge
 Check 1515

AG-212 (11-05)

This information is available in alternative formats upon request.

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

PAID
JUL 12 2006

MOUNT HOPE CEMETERY

ISSUED BY

Maria D.

| | | |
|----------------|-------|-----------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>25</u> |
| Trust | 77186 | |

TOTAL PAID

\$

25

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00494
E 18822

Date: 9-15, 2006

From: Anita Cendegas Address: on record

Dollars (\$ 25-)

in part Payment of Pre-need of Anita Cendegas

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. ED18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 77.-

4904350122

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge
- Check

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

PAID

SEP 15 2006

MOUNT HOPE CEMETERY

ISSUED BY Pauline C.

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | <u>25-</u> |
| Pre-Need | 63033 | |
| Trust | 77186 | |
| TOTAL PAID | \$ | <u>25-</u> |

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY

P 00547

(619) 527-3400

Date: 10/24, 20 00

From: A. Cendejas
Twenty-Five

Address: on record

Dollars (\$ 25.-)

In part Payment of pre-need

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 52.-

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge
- Check 1530

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

PAID

OCT 24 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>25 -</u> |
| Trust | 77186 | |

TOTAL PAID

\$ 25 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00594

From: Anita Cendejas Date: 11-27, 20 06
Address: on record
Twenty-Five and 00 Dollars (\$ 25-)
in part Payment of pre-need trust #23 coupon
Div 12 Sec 2 Blk/ Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE \$ 27-

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Pre-Need Lot | <input type="checkbox"/> Money Order |
| <input checked="" type="checkbox"/> Pre-Need Trust | <input type="checkbox"/> Charge |
| | <input type="checkbox"/> Check |

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

NOV 27 2006

MOUNT HOPE CEMETERY

ISSUED BY

Paulette C.

| | | |
|----------------|-------|------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>25-</u> |
| Trust | 77186 | |

TOTAL PAID

\$

25-

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 00626

Date: 12/18, 20 06

From: Anita Cendayo Address: on record

Twenty-seven and 00 Dollars (\$ 27-)

in full Payment of Pre-need trust paid in full. Coupon #24

Div 12 Sec 2 Blk/Row _____ Lot 148 Grave 11

Invoice No. E-18822

Acct. No. _____

W.O. _____

BALANCE DUE 0

- Pre-Need Lot
- Pre-Need Trust
- Money Order
- Charge
- Check

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

PAID

DEC 18 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

| | | |
|----------------|-------|-------------|
| CREDIT | 67007 | |
| 20% Sales Care | 77184 | |
| Pre-Need | 63033 | <u>27.-</u> |
| Trust | 77186 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL PAID | \$ | <u>27.-</u> |

AT NEED
IN GRAVE
OF
MIKAZU KAMINAKA

11/25 Family pickup remains permit needs to be engraved over with correct dates. Schedule in future.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

11-24-04 09:01 PAID

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

of AYAKO KAMINAKA ¹⁻¹¹ AYD

in a ASH vault Funeral, date, time 12/6/04 @ 10:30

Church, Chapel, Delivery : Community Mortuary. C.V.

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

Division 7 Section 11 Blk/Row _____ Lot 130 Grave 3

Grave space & Care Fund E-16862

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 116-

Burial Container 61-

Handling Fees 106-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

NOV 24 2004

MOUNT HOPE CEMETERY

Total Due 297²³

Paid receipt number 297²³

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 _____

(R) maria

X MIYUKI T. KAMINAKA
Name
300 HANN AVE PA
Address
VISTA, CA 92087
City Zip Code
760-726-7109
Telephone

Work Order # E 18823

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 18823

GRAVE BLIND CHECK FORM

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

in grave of Mikasa Kaminaka

| | | | | | | |
|--|--|--|---|--|--|---------------|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | Furuka 442 |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 11/24

Interment space for: AYAKO KAMINAKA ~~5~~

Interment Date: 12/6/04 Time: 10:30

Div: 7 Sect: 11 Blk/Row: _____ Lot: 130 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No Flag

Blind Check & Verified By: Warren Date: _____

E-18823 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) Ayako | 1B. MIDDLE - | 1C. LAST (FAMILY) Kaminaka | 2. DATE OF BIRTH MONTH DAY YEAR 03/31/1925 | 3. DATE OF DEATH MONTH DAY YEAR 10/21/2004 | 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 Wayne Kaminaka - Son 320 Hanaalei Drive Vista, CA 92083 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Community Mortuary 855 Broadway Chula Vista, CA 91911 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD1682 | | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>[Signature]</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 10/22/2004 | | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 10/22/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2417909 <i>[Signature]</i> |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA San Diego County | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222 | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

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

| | | | | |
|-------------------------------|--|---|---------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 1-11-05 | 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 10/21/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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

AT NEED

City of San Diego

11-24-04 13:08 PATD

Date 11/24/04

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

of ROSIE BRADLEY 228366

in a D.D. crypt Funeral, date, time Weds Dec 1 11:00

Church, Chapel, Graveside : CA BURIAL Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 36 Grave 10

Grave space & Care Fund **PAID** 985.00

Overtime/Late Arrival Fees **NOV 24 2004** 413.00

Opening/Closing & Setup 418.00

Burial Container 352.00

Handling Fees 1163.85

Flower vases Galunase Marker setting fee 50.00

Recording/Filing/Transfer Fees 32.50

Sales taxes 2414.35

Total Due 2414.35

Paid receipt number R-58260 2414.35

Balance due 0

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

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

Joe W Bradley
Signature

* Joe W Bradley
Print Name
5552 Santa Maria Terr
Address
San Diego 92114
City Zip Code
(619) 262-9011
Telephone

Paulette
Work Order # E 18824

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18824

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: Rosie Bradley

Interment Date: 12-1-04 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: _____ Lot: 36 Gr: 10

Grave Laid out by: Ken and David

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: W. Warren Date: 11-26-04

E-18229

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROSIE | 1B. MIDDLE ALBERTA | 1C. LAST (FAMILY) BRADLEY | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/10/1924 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/22/2004 | 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 JOE W. BRADLEY—HUSBAND 5352 SANTA MARIA TERRACE SAN DIEGO, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1680 | | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>C. Russ</i> DATE SIGNED 11/30/2004 | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/30/2004 C. RUSS | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420132 |
| | 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 CORONOR'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, CALIFORNIA 92102 | 11B. DATE BURIED 12/1/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ¹²⁻⁰³⁻⁰⁴ 12:23 PAID

PC ~~12-01-04 10:08 PAID~~ Date 12/2/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ryanne Wright 228381

in a BLINERTO Funeral, date, time Tues 12/7/04 01:00
Church, Chapel, Gravesite San Diego Memorial Mortuary.

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

Division 9 Section 1 Blk/Row _____ Lot 364 Grave 1

Grave space & Care Fund _____ **PAID** 110-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 138-

Burial Container _____ 77-

Handling Fees _____ 28-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 50-

Sales taxes _____ 597

Total Due 408 97

Paid receipt number R-58283 408 97

Balance due 0

Mortuary
TO PAY

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 need.

Signature [Handwritten Signature]

(R) Maria

x Tarikka Marie Jenkins
Print Name
x 2951 L St
Address
x San Diego 92102
City
x (619) 544-0397
Telephone
Zip Code

Work Order # E 18825

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E 18825

GRAVE BLIND CHECK FORM

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

| | | | | | | | |
|--|--|--|----------|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | X | | | | |
| | | | no names | | | | |
| | | | | | | | |
| | | | | | | | |

Blind Check Initiated By: Maria Date: 12/3/04

Interment space for: Ryanna Weight

Interment Date: Tue. 12/7/04 Time: 1:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 364 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: M. Senter Date: 12/6/04

E 18825

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|---|--|---|------------------------------------|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) RYANNE | | 1B. MIDDLE MARIE | 1C. LAST (FAMILY) WRIGHT | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/25/2004 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/25/2004 | 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: TARIKKA MARIE JENKINS— MOTHER 2951 L STREET SAN DIEGO CA 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: 7B. CALIF. LICENSE NUMBER — IF APPLICABLE SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104 FD-1575 | | | | BA. SIGNATURE OF APPLICANT—Person taking permit: <i>Ronnie Pryor</i> 8B. DATE SIGNED 12/06/2004 | | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7160 of the Health and Safety Code. | | | | | | |

| | | | | |
|---|---|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 12/06/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420443 |
| | BD. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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 12/7/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Ronnie Pryor</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED: | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED: | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

AT NEED

City of San Diego

Date 11-4-04

228324

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

of William Taylor Jr.

in a DD. CRYPT "A" Funeral, date, time Mon. Nov 8 1:00

Type of Burial Container

Church Chapel, Graveside : Preferred Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 122 Grave 8

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 413.00

Burial Container 418.00

Handling Fees 352.00

Flower vases - Marker setting to NOV. 04 2004 —

Recording/Filing/Transfer Fees 50.00

Sales taxes 32.40

PAID

PAID

Total Due 2290.40

NOV 04 2004 Paid receipt number R-58199 2250.40

PL Balance due 0

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

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

Rose C. Taylor
Signature

Rose C. Taylor
Print Name
811 Innsdale Lane
Address
San Diego, 92114
City Zip Code
(619) 475-0648
Telephone

Penhette
18826

Work Order # E

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18826

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|-------|----------|---|-------|--|--|
| | | | | | | |
| | | | | | | |
| | Banks | Jarrett | X | Homes | | |
| | | McKnight | | | | |
| | | | | | | |

Blind Check Initiated By: Pawlette Date: 11-8

Interment space for: William Taylor Jr.

Interment Date: 11-8-04 Time: 1:00

Div: 1A Sect: 1 Blk/Row: _____ Lot: 122 Gr: 8

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

F. Cox

Blind Check & Verified By: Kenneth Collins Date: 11/4/14

E-18826 15

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | |
|--|------------------------|---|--|---|--------------------|-------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) William | 1B. MIDDLE - | 1C. LAST (FAMILY) Taylor JR. | 2. DATE OF BIRTH MONTH DAY YEAR 08/22/1919 | 3. DATE OF DEATH MONTH DAY YEAR 11/01/2004 | 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 Carole Taylor - Wife 8611 Innesdale Ln San Diego, California 92104 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Preferred Cremation and Burial 3094 El Cajon Boulevard Ste., A San Diego, California 92104 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1746 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mark Jenkins</i> | | | 8B. DATE SIGNED 11/1/2004 |

| | | | | |
|---|---|--|--|---|
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/04/2004 Mark Jenkins | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2418570 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, California 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 CORONOR'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 S.D. CA 92102 | 11B. DATE BURIED 11/8/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

AT NEED
IN GRAVE
OF FELISIANO
ESTRADA

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-4-04

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

of SERGIO ESTRADA ~~8~~ 788350

in a ASH VAULT Type of Burial Container Funeral, date, time Tue. 11-16-04 11:00

Church Chapel, Graveside Bayview Mortuary.

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

Division 12 Section 3 Blk/Row _____ Lot 25 Grave 3

Grave space & Care Fund _____ PAID 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 116-

Burial Container Standard NOV 04 2004 _____ 61-

Handling Fees _____ 66-

Flower vases - Marker setting _____ MOUNT HOPE CEMETERY

Recording/Filing/Transfer Fees _____ 50-

Sales taxes _____ 473

Total Due _____ 297⁷³

Paid receipt number R# 58200 297⁷³

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.

Graciela Gilbert
Signature
maria
I.D. Resident Fee

Graciela Gilbert
Print Name
2255 CONIFER
Address
S.D. CA 92154
City Zip Code
(619) 424-9133
Telephone

Work Order # E 18827

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-18827

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|--|--|--|--|
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Colwell Gamble x McNeil's

Blind Check Initiated By: Pawlette Date: 11/15

Interment space for: Sergio Estrada

Interment Date: Chapel Time: 11/

Div: 12 Sect: 3 Blk/Row: _____ Lot: 25 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

[Handwritten signature]

Blind Check & Verified By: _____ Date: _____

F18827
311696

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|-----------------|--|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) SERGIO | 1B. MIDDLE - | 1C. LAST (FAMILY) ESTRADA - MORKLES | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/16/1967 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/03/2004 | 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 ROSALIA JOHNSON - MOTHER 3154 L ST. SAN DIEGO, CA 92102 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; BAYVIEW CREM. & BURIAL, 815 THIRD AVE. #315-B CHULA VISTA, CA 91911 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1713 | | 8A. SIGNATURE OF APPLICANT—Person issuing permit: <i>[Signature]</i> 8B. DATE SIGNED <i>[Signature]</i> | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 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 \$13.00 | 9B. DATE PERMIT ISSUED 11/08/2004 T. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 2418835 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

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

| | | | | |
|-------------------------------|--|--|---|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 11/16/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM. 192 COMMERCE DR., PERRIS, CA 92571 | 12B. DATE CREMATED 11/09/2004 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/24/04

*At Need
Total of 6 chairs*

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

in a ASH VAULT Funeral, date, time Weds Dec 1 1:00
Type of Burial Container
 Church, Chapel, Graveside : Conrad Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 1377 Grave 1

Grave space & Care Fund E-18527 651.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 154.00

Burial Container _____ 81.00

Handling Fees _____ 88.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees NOV 24 2004 66.00

Sales taxes _____ 6.28

MOUNT HOPE CEMETERY 1096.28

Paid receipt number Visa Card 1046.28

Balance due 0

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

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

Paullette Jonason
 Signature

CAROLE JONASON
 Print Name
427 Hotz St.
 Address
Spring Valley CA. 91977
 City Zip Code
(619) 475-1230
 Telephone

Paullette

Work Order # E 18828

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18828

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|-------|--|--------|----------|-----------|--|--|
| | | | | | | |
| | | Taylor | Akin | | | |
| 50hms | | | x | Armstrong | | |
| | | | Mc-Nulty | Riles | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 11-29

Interment space for: Allen Johnson

Interment Date: 12-1-04 Time: 1:00

Div: 10 Sect: Blk/Row: Lot: 1377 Gr: 1

Grave Laid out by: NORMAN

Agrees with Legal Card: Yes No Flag

Agrees with Map: Yes No

Blind Check & Verified By: Paul Thomas Date: 11-29-04

E18828 31804
18092

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|---------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ALLEN | 1B. MIDDLE BOYD | 1C. LAST (FAMILY) JONASON | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/01/1935 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/22/2004 | 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 Carole M. Jonason - Wife 427 Hots Street Spring Valley, CA 91977 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533 | | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code. | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |
| | | | 8B. DATE SIGNED 11/23/2004 | | |

| | | | | |
|--|--|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small> | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 11/23/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Kim Beaulieu 241976 |
| 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 checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|---|--|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 12-1-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory 1625 Gisler Avenue Costa Mesa, CA 92626 | 12B. DATE CREMATED NOV 24 2004 | 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.

AT
NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/29/04

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

of Albert Collins Jones

In a liner Funeral, date, time Thurs. 12/2/04 10:00

Church, Chapel, Graveside : Ragsdale Mortuary.

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

Division 11 Section M.V. 1 Blk/Row - Lot 117 Grave 2

Grave space & Care Fund 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160-

~~Flower Vases - Marker setting fee~~ R-58270 50-

Recording/Filing/Transfer Fees 16²⁰

Sales taxes 16²⁰

PAID

NOV 30 2004

MOUNT HOPE CEMETERY
Total Due 1833²⁰

Paid receipt number R-58269 1833²⁰

Balance due 0

mortuary
to pay

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

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

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____

Signature _____

See Attached
for Signatures

(R) maria

Work Order # E 18829

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18829

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-------|-----------|--------|--|--|
| | | | | | | |
| | | | Ballinger | | | |
| | | Perry | X | Palmer | | |
| | | | Hollis | | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 11/29

Interment space for: Albert Collins Jones

Interment Date: 12/2/04 Time: 10:00

Div: 11 Sect: 1 Blk/Row: _____ Lot: 117 Gr: 2

Grave Laid out by: Norma Perry

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: DARKEY Date: 11-29-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS


E18829

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

| | | | | | |
|---|------------------------------|---|---|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ALBERT | 1B. MIDDLE COLLINS | 1C. LAST (FAMILY) JONES | 2. DATE OF BIRTH MONTH DAY YEAR 03/16/1926 | 3. DATE OF DEATH MONTH DAY YEAR 11/26/2004 | 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 MELISSA C. JONES, WIFE 3934 HILLTOP DRIVE 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 FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit:  |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 108055 of the Health and Safety Code, and was authorized pursuant to Section 1100 of the Health and Safety Code. | | | | | 8B. DATE SIGNED 11/29/2004 |

| | | | | |
|---|---|--|---|--|
| 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 13.00 | 9B. DATE PERMIT ISSUED 12/29/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT V. DAVIS |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 12-2-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION - | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION - |

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

AT
NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/29/04

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

of Albert Colline Jones

in a liner type of casket container Funeral date, time Nov 12/2/04, 10:00

Church, Chapel, Graveside Ragsdale Mortuary

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

Division 11 Section H.V. 21 Block/Row - Lot 117 Grave 2

Grave space & Care Fund 985-

Overnight/late Arrival Fees _____

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50-

Sales taxes 16²⁰

Total Due 1833²⁰

Paid receipt number 1833²⁰

Balance due _____

*mortuary
to pay*

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.

Melissa C. Jones
Signature

Melissa C. Jones
Print Name

3934 Hilltop Drive
Address

San Diego, CA 92102
City

(619)264-0086
Telephone

(R) maria

Work Order # E 18829

Invoice # _____

Acct # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At need

Date 11/29/04

11-29-04 10:43 OUT

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irene Marie Tumlinson 225581

in a Liner Funeral, date, time Friday Dec. 3, 1:00

Church, Chapel, Graveside ; Conrad Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 619/460 Donna

will be applied and billed to undersigned. _____

Division IOOF Section — Blk/Row 10 Lot 20 Grave 2

Grave space & Care Fund C-1243 ⊖

Overtime/Late Arrival Fees ⊖

Opening/Closing & Setup D-8158 ⊖

Burial Container " ⊖

Handling Fees " ⊖

Flower vases - Marker setting fee " ⊖

Recording/Filing/Transfer Fees " ⊖

Sales taxes " ⊖

Total Due ⊖

Paid receipt number _____

Balance due ⊖

Fax 460-8747

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

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

X _____
Signature

X _____
Print Name
X _____
Address
X _____
City _____ Zip Code
_____ Telephone

See attached for signature

Paulette
Work Order # E 18830

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 18830

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|---------|---------|---------|--|--|
| | | | | | | |
| | | | Baldwin | | | |
| | | Preston | x | Gardner | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette C. Date: 11-30

Interment space for: Irene M. Tumlinson

Interment Date: 12-3-04 Time: 1:00 P.M.

Div: 100F Sect: (B)K/Row: 10 Lot: 20 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: David Noriega Date: 11-30

E-18830

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|----------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) IRENE | 1B. MIDDLE MARIE | 1C. LAST (FAMILY) TUMLINSON | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/19/1903 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/25/2004 | 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 Jeanvieve M. Allen - DPOA 10231 Pebble Beach Drive Santee, CA 92071 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD941 | 6A. SIGNATURE OF APPLICANT—Person taking permit <i>Kim Beaulieu</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 12/02/2004 | |

| | | | | |
|--|---|--|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/02/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Kim Beaulieu 2420271 |
| | 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 ITEM(S) | FOR CORONER'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|---|--|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 12/3/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Pensternitz</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

11/29/2004

12:30

6194608747

SD MT. HOPE CEMETERY → 94608747

CONRAD LG MORTUARY

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

at need

Date 11/29/04

11-29-04 10:43 OUT

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

of Irene Marie Tunlinson

In a Liner Funeral, date, time Friday Nov. 3, 1:00

Church, Chapel, Gravelside Conrad Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 600.00 Donna

will be applied and billed to undersigned.

Division IDOF Section 10 Lot 20 Grave 2

Grave space & Care Fund C-1243

Overtime/Late Arr. Fee ---

Opening/Closing & Setup D-8158

Burial Container ---

Handling Fees ---

Flower vase - Marker setting fee ---

Recording/Filing/Transfer Fees ---

Sales taxes ---

Total Due ---

Paid receipt number ---

Balance due ---

Fax 460-8747

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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
**NO LIVING RELATIVES/
PRE-NEEDED AT CONRAD
MORTUARY**
Paulette

E 18830

CONRAD LEMON GROVE MORTUARY

[Signature]

7387 BROADWAY

LEMON GROVE, CA 91945

619/460-4601

Invoice # _____

Acct. # _____

Form is available in alternative format upon request.

*pre-need
lot & trust*

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11-29-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mr. For Mildred Lyons 228370

in a J. A. Vault Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary.

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

| | | | | | |
|----------------------------|--|---------------|----------------|----------------|---------|
| Division <u>12</u> | Section <u>2</u> | Blk/Row _____ | Lot <u>121</u> | Grave <u>6</u> | |
| Grave space & Care Fund | PAID NOV 29 2006 MOUNT HOPE CEMETERY <i>sent to collection on 9-12-05 Invoice # 4497912 Acc # 132530</i> | | | | 985.00 |
| Overtime/Late Arrival Fees | | | | | — |
| Opening/Closing & Setup | | | | | 413.00 |
| Burial Container | | | | | 275.00 |
| Handling Fees | | | | | 204.00 |
| Flower vases - Marker | | | | | — |
| Recording/Printing | | | | | 50.00 |
| Sales taxes | | | | | 21.31 |
| | Total Due | | | | 1948.31 |
| | Paid receipt number <u>Down</u> | | | | 500.00 |
| | Balance due <u>R-58263</u> | | | | 1448.31 |

** See pre-need folder for interment Accounting*

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.

Selena Simmons
Signature

Selena Simmons 228369
First Name
211 So. Euclid Ave
Address
San Diego CA 92114
City Zip Code
(619) 527-1312
Telephone

Paulette

Work Order # E 18831

Invoice # _____
Acct. # _____

E18831

SENDER, COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Selena Simmons
 211 So. Euclid Ave
 San Diego, Ca. 92114

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Selena Simmons* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

SAN DIEGO 5-06

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No



3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

Yes

2.

PS

Office of the City Treasurer | City of San Diego

9-12-06

REFER FAMILY TO COLLECTIONS

E18831

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Delinquent Bills - Debts

The Collection Division is responsible for the collection of all delinquent monies owed to the City of San Diego.

1010 Second Avenue, 6th Floor West Tower
San Diego, CA 92101

(619) 744-3100

Fax: (619) 533-3840

E-mail: collections@sandiego.gov

9-12-06

Acc # 132530

Invoice #

449791

pin# 228369

due 10th each month

#60.35 monthly
#60.26 Final

E-18831

Simmons, Selena 211 So. Euclid Avenue, San Diego, CA 92114 (619) 255-8515

div 12 Sec 2 Lot 121 Grave 6

Debit

Credit

Balance

| | | | | Debit | Credit | Balance |
|----------|--|---------------------|------------------------|------------|----------|------------|
| 11/29/04 | Opened pre-need Lot/Trust, Trust includes | | | \$1,948.31 | \$500.00 | \$1,448.31 |
| | O/C, B/C, H/F, R/F, Tax on TS Vault R-58263 | | | | | |
| 01-05-05 | R-58379 | Coupon #1 | Feb. 2005 | | \$60.35 | \$1387.96 |
| 03-15-05 | R-58628 | Coupon #2 | Mar. 2005 | | \$100.00 | \$1287.96 |
| 05-05-05 | R-58817 | Coupon #3 | April 2005 | | \$100.00 | \$1187.96 |
| 06-03-05 | R-58898 | Coupon #4 | May 2005 | | \$100.00 | \$1087.96 |
| 01-01-06 | P-00005 | Coupon #5 thru #12 | Pd thur Jan. 2006 | | \$482.80 | \$605.16 |
| 04-05-06 | Mailed Delinquent letter | | | | | |
| 04-28-06 | P-00255 | Coupon # 13, 14, 15 | Feb, March, April 2006 | | \$181.05 | \$424.11 |
| 5-9-06 | P-00278 | Coupon # 16 | MAY 2006 | | 60.35 | \$363.76 |
| 6-28-06 | left Country Reminders payment past due | | | | | |
| 7-7-06 | left Country Reminders payment past due | | | | | |
| 7-28-06 | mail sent during letter | | | | | |
| 8-1-06 | left Country Reminders payment 4 mths past due | | | | | |

9-12-05

Forward To Collections

Acc# 132530

INVOICE# 449791

ACR07I

INVOICE: 441671

ACCOUNT: 130585

1st time sent to Collections

INVOICE INQUIRY

INV TOTAL:

NAME: SELENA SIMMONS

E-1883

PG 2

605.16

INVOICE STATUS

VOID

DISPOSITION

DATE

AMOUNT

05/03/06

COLLECTION ACTIONS

LATE NOTICE - 1ST:
- 2ND:
- 3RD:

REFERRED TO - TREAS COLLECTION:
- CITY ATTORNEY :
- COLLECTION AGENCY:

LATE CHGS BILLED

DATE

INVOICE

AMOUNT

LATE CHG-1:
-2:

DEPRESS PA1 KEY FOR NEXT SCREEN

5-3-06

This family was sent to Collections, then invoice was voided because family caught up on payments and payments are on time. Spoke with Kimberly and she was able to void invoice before it was sent to Collections.

If family fails to continue payments on time we will generate an invoice & send family to Collections.

ACR02U PSWD:

INVOICE DATA ENTRY

518831

PG 1

ACTION: A BY: SSB

ACCOUNT: 132530

INVOICE: 449791

INV DATE: 09 12 06

NAME: SELENA SIMMONS

1) 211 SO. EUCLID AVE

2) SAN DIEGO, CA. 92114

3)

4)

CITY: SAN DIEGO

ST: CA

ZIP: 92114

COUNTRY: 6192558515

DEPT: 072

CONTACT: MT. HOPE CEMETERY

PHONE: 619 527 3400

REFER NO: E-18831

DAYS DUE: 010

INV TYPE: GE

TYPE CHG: _

NOTICES: Y

TREAS-REF: Y

ENCLOSURES: N

PD COVERED: R

EXCEPT CODE: _

ACCRUAL CODE: _

TIME PAYM CODE: _

STD DESC CODE: _

INVOICE TOTAL:

363.76

DESCRIPTION OF CHARGE

AMOUNT

PRE-NEED LOT & TRUST

363.76

DIVISION 12 SECTION 2

LOT 121 GRAVE 6

TOTAL DUE

363.76

TE CHARGE #1 - DAYS DUE: _

AMOUNT: _

AND/OR PCT CODE: _

#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

2nd time sent F-18831 to collections

ACTION
A

OPTION
1

ACCOUNT
132530

EDI CODE
-

Ref Family to collection 9-17-06

CUSTOMER NAME
SELENA SIMMONS

SHORT NAME
SIMMONS

ADDRESS: 211 SO. EUCLID AVE
SAN DIEGO, CA. 92114

| CITY | STATE | ZIP | COUNTRY |
|-----------|-------|-------|------------|
| SAN DIEGO | CA | 92114 | 6192558515 |

| CUSTOMER CONTACT - NAME | PHONE | ORIG DEPT |
|-------------------------|--------------|-----------|
| MT. HOPE CEMETERY | 619 527 3400 | 072 |

| STATEMENTS | UPD BY | LAST UPDATED |
|------------|--------|--------------|
| N | SSB | 09/12/06 |

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

ACR07I
INVOICE: 449791
ACCOUNT: 132530

INVOICE INQUIRY
INV TOTAL:
NAME: SELENA SIMMONS

363.76 PG

PAYMENT DATA

APPLIED
09/29/06

RECEIVED
09/26/06

AMOUNT
363.76

METH
CK

REF NO
7265

E1883

DEPRESS PA1 KEY FOR NEXT SCREEN

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/29/04

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

of Gregoria Espinoza 228361

in a TS vault Funeral, date, time Wed. 12/1/04 9:30

Church Chapel, Graveside GUADALUPANA Mortuary.

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

Division 12 Section 1 Blk/Row _____ Lot 78 Grave 6

Grave space & Care Fund **PAID** 985-

Overtime/Late Arrival Fees **NOV 29 2004** 413-

Opening/Closing & Setup 275-

Burial Container 204-

Handling Fees **MOUNT HOPE CEMETERY** 50-

Flower vases - Marker setting fee 50-

Recording/Filing/Transfer Fees 21.31

Sales taxes 1948.31

Total Due 1948.31

Paid receipt number R 58266 1948.31

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 Manuela
Manuela

Manuela Alfaro
Print Name
 924 QUIALIST RD.
Address
 San Diego, Ca 92102
City Zip Code
 619 264-0017
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18832

MT HOPE CEMETERY

E-18832

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|---------|---|----------|--|--|
| | | | | | | |
| | | | | | | |
| | | JACKSON | X | Delphina | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 11/29/04

Interment space for: Gregoria Espinoza

Interment Date: 12/1/04 Time: 10:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 78 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: DARKEY Date: 11-29-04

E18832

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | |
|---|--|---|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) GREGORIA | 1B. MIDDLE - | 1C. LAST (FAMILY) ESPINOZA | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/17/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/24/2004 | 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 MARIA M. ALZAMIRANO—DAUGHTER 924 QUAIL ST. SAN DIEGO, CA. 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Selene Chavez</i> | | 8B. DATE SIGNED 11/30/2004 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | | |

| | | | | |
|--|---|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$13300 | 9B. DATE PERMIT ISSUED SELENE CHAVEZ 11/30/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420103 |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA. 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - |

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

| | | | | |
|-------------------------------|---|--|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102 | 11B. DATE BURIED 12-1-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 11-29-04
12-01-04 10:24 PAID

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

of Michael Beckwith 228372

in a Liner Funeral, date, time Dec. Friday 3, 11:00

Church, Chapel, Graveside ; Preferred Mortuary.

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

| | | | | | |
|-----------------------------------|------------------|---------|----------------|----------------|-----------------------------------|
| Division <u>12</u> | Section <u>2</u> | Blk/Row | Lot <u>210</u> | Grave <u>1</u> | |
| Grave space & Care Fund | | | | | PAID 985.00 |
| Overtime/Late Arrival Fees | | | | | — |
| Opening/Closing & Setup | | | | | DEC - 3 2004 413.00 |
| Burial Container | | | | | 204.00 |
| Handling Fees | | | | | MOUNT HOPE CEMETERY 160.00 |
| Flower vases - Marker setting fee | | | | | — |
| Recording/Filing/Transfer Fees | | | | | 50.00 |
| Sales taxes | | | | | 16.20 |
| Total Due | | | | | 1833.20 |

Mort. to pay

Paid receipt number R-58273 1833.20
Balance due 0

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

I hereby authorize the interment in lot I hold under deed

Michael Beckwith
Signature

Joris Beckwith
Print Name
4572A LOGAN AVE #204
Address
SAN DIEGO CA. 92113
City
619-263-4426 Zip Code
Telephone

Paulette

Work Order # E 18833

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-18833

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-------|------|--|--------|--------|
| | | | | | | |
| | | | | | | |
| | | SCOTT | X | | | Bennet |
| | | | Free | | Carter | |
| | | | | | | |

Blind Check Initiated By: Paulette C. Date: 12-1-04

Interment space for: Michael Beckwith

Interment Date: Friday Dec 3 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 210 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: Pat Jones Date: 12/2/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18833
15

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

| | | | | | |
|---|------------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Michael | 1B. MIDDLE Raynold | 1C. LAST (FAMILY) Beckwith | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/04/1988 | 3. DATE OF DEATH MONTH, DAY, YEAR 11/26/2004 | 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 Michelle Beckwith - Mother 4872 Logan Avenue #104 San Diego, California 92113 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Preferred Cremation and Burial 3094 El Cajon Boulevard Ste., A San Diego, California 92104 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1746 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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>Mark Jenkins</i> 8B. DATE SIGNED: 11/30/2004 | | |

| | | | | |
|---|--|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 11/30/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Mark Jenkins ▶ 2420142 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, California 92186-5222 | 9E. 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 CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENTOMBMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca.92102 | 11B. DATE BURIED 12-3-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Jenkins</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12-1-04

*At need
Total of 15
chairs if
possible*

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

of Samuel Carter Jr. 228379

in a T.S. Vault Funeral, date, time Monday Dec. 6 #1:00

Church, Chapel, Graveside Roosdale Mortuary moniesha

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

| | | | |
|-----------------------------------|------------------|--------------------|----------------|
| Division <u>12</u> | Section <u>2</u> | Blk/Row <u>109</u> | Grave <u>1</u> |
| PAID | | | |
| Grave space & Care Fund | 1310.00 | | |
| Overtime/Late Arrival Fees | — | | |
| Opening/Closing & Setup | 509.- | | |
| Burial Container | 866.- | | |
| Handling Fees | 277.- | | |
| Flower vases — Marker setting fee | — | | |
| Recording/Filing/Transfer Fees | 66.- | | |
| Sales taxes | 28.37 | | |

MOUNT HOPE CEMETERY

DEC - 3 2004

Total Due 2590.37

Paid receipt number R-58286 2590.37

Balance due 0

MORT. TO PAY

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

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

Signature _____

Print Name _____

Address _____

City _____

Telephone _____

Invoice # _____

Acct. # _____

*See attachment
for signature*

Paulotte

Work Order # E 18834

MT HOPE CEMETERY

E18834

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|---------|------------|----------|----------|--|--|--|
| | | | | | | |
| | Carter III | | | | | |
| | | Williams | X | | | |
| Gillard | | Bowen | Sullivan | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/3/04

Interment space for: Samuel Carter Jr.

Interment Date: 12-6-04 Time: 1:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 107 Gr: 1

Grave Laid out by: Norman Piquen

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: DARREYL Date: 12-3-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18834

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

| | | | | | |
|--|-----------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Samuel | 1B. MIDDLE Jerome | 1C. LAST (FAMILY) Carter, Jr. | 2. DATE OF BIRTH MONTH DAY YEAR 03/17/1963 | 3. DATE OF DEATH MONTH DAY YEAR 11/30/2004 | 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 Christa B. Carter, Wife 9094 Harness Street, Apt. #1 Spring Valley, CA 91977 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragedale Mortuary; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 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>V. Davis</i> | |
| | | | | 8B. DATE SIGNED 12/03/2004 | |

| | | | | |
|---|---|--|--|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 12/06/2004 V. Davis | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420435 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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; 8751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 12/6/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12D. SIGNATURE OF PERSON IN CHARGE OF CREMATION - |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY - |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER - |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION - |

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

At need

Date 12-1-04

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

In a T.S. Vault Funeral date time Monday Dec. 6th 1:00

Church, Chapel, Grave, Ragsdale Mortuary

All Funeral calls must arrive before 3:00 p.m. of regular work day or an extra charge of \$100/week will be applied and billed to undersigned.

| | | | | | | | | | |
|-----------------------------------|-------------------|---------|----------|---------|-----|-------------------|-------|----------------|----|
| Division | <u>12</u> | Section | <u>2</u> | Blk/Row | Lot | <u>107 93</u> | Grave | <u>1 9</u> | PC |
| Grave space & Care Fund | <u>PC 1310.00</u> | | | | | | | | |
| Overtime/Late Arrival Fees | <u>---</u> | | | | | | | | |
| Opening/Closing & Setup | <u>589.---</u> | | | | | | | | |
| Burial Container | <u>866.---</u> | | | | | | | | |
| Handling Fees | <u>271.---</u> | | | | | | | | |
| Flower vases - Marker setting fee | <u>---</u> | | | | | | | | |
| Recording/Filing/Transfer Fees | <u>66.---</u> | | | | | | | | |
| Sales taxes | <u>28.37</u> | | | | | | | | |
| Total Due | | | | | | | | <u>2590.37</u> | |

MORT. TO PAY

Paid receipt number _____

Balance due _____

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.

Christa Carter
Signature

CHRISTA CARTER

First Name
9094 Harness St Apt 1
Address
Spring Valley, CA 91977
City
(619) 698-6063 Zip Code
Telephone
916-9476

Paullette

Work Order # E 18834

Invoice # _____

ADOT # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

AT Need City of San Diego

Date 12-2-04

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

of ABDOLSHKOR GHAFOURI 228374

in a SLAB Funeral, date, time Sat. Dec 4 10:00

Church, Chapel Graveside : GREENWOOD Mortuary.

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

Division Muslim Section _____ Blk/Row _____ Lot 156 Grave 1 pe Muslim

Grave space & Care Fund —

Overtime/Late Arrival Fees 429.00

Opening/Closing & Setup 413.00

Burial Container 88.00

Handling Fees —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 50.00

Sales taxes 682

MOUNT HOPE CEMETERY

PAID
DEC - 2 2004

Total Due 986.82

Paid receipt number Mastercard 986.82

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.

Farzin Ghafouri
signature

FARZIN GHAFOURI
Print Name
7619 STEVENSON WAY
Address
SAN DIEGO, CA 92120
City Zip Code
619-229-0270
Telephone
619-337-1648

Paulletts
Work Order # E 18835

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 10835

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|--------------------|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | 155 S Gravel | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Pauleta Date: 12-2-04

Interment space for: ABDOLSHKOR GHA FOURI

Interment Date: 12-4-04 Time: 10:00

Div: Mb Sect: _____ Blk/Row: _____ Lot: 156 Gr: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

Pauleta

E 19835

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

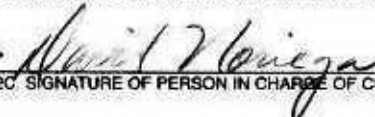
USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | | | |
|---|--|---|---|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ARDOLSHAKOR | | 1B. MIDDLE | 1C. LAST (FAMILY) GHAFOURI | | 2. DATE OF BIRTH MONTH DAY YEAR 01/01/1916 | 3. DATE OF DEATH MONTH DAY YEAR 11/30/2004 | 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 FARZIN GHAFOURI—SON 7619 STEVENSON WAY. SAN DIEGO CA 92120 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MORTUARY, 1-805 & IMPERIAL AVE SAN DIEGO CA 92102 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 843 | | 8A. SIGNATURE OF APPLICANT—Person taking permit  | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 12/03/2004 | |

| | | | | | |
|---|---|--|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/03/2004 K JONES | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420356 |
| | 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 CORONOR'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT | |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA | |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|-----------------------------------|---|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102 | 11B. DATE BURIED 4-4-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date _____

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

of John Doe PA # 20011059

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 13 Section - Block/Row _____ Lot 1B Grave 1B

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 500.00

Sales taxes _____

Total Due _____ 500.00

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18836

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

12-03-04 11:00 PAID

Date 12-3-04

AT NEED

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

of Vladislav Baluyev

in a Liner Funeral, date, time Mon. Dec 6 12:00

Church Chapel, Graveside _____ : Mayer Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 98 Grave 1

Grave space & Care Fund 600-

Overtime/Late Arrival Fees PAID

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160.-

Flower vases - Marker setting fees 50.00

MOUNT HOPE CEMETERY

Recording/Filing/Transfer Fees 50.00

Sales taxes 16.20

Total Due 1458.90

Paid receipt number Visa Card 1458.90

AP 598169 Balance due 0

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paullette
Work Order # E 18837

*E-18837
See file need lot
& trust
for signatures*

MT HOPE CEMETERY E 18837

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|--|---|---------|--------|--------|
| | | | | | | |
| | | | | Thomas | | |
| | | | | | Foxes | |
| | | | X | Mills | Devine | Devine |
| | | | | Sanders | | |
| | | | | | | |

Blind Check Initiated By: Rulette Date: 12/13

Interment space for: Vladislav Baluyev

Interment Date: 12/06 Time: 12:00

Div: 10 Sect: Blk/Row: Lot: 98 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Waller Date:

FLG

E-18837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | |
|--|--|--|--|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) VLADISLAV | | 1B. MIDDLE - | 1C. LAST (FAMILY) BALUYEV | | 2. DATE OF BIRTH MONTH DAY YEAR 01/27/1955 | 3. DATE OF DEATH MONTH DAY YEAR 12/02/2004 | 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 RUZANNA BALUYEV - WIFE 14360 CAMINO DE LA LUNA #5 SAN DIEGO, CA 92127 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1424 | | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>R. Martinez</i> | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 12/03/2004 | |

| | | | | |
|--|---|---|---|---|
| <input checked="" type="checkbox"/> 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/03/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT R. MARTINEZ |
| | 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 CORONOR'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 92102 | 11B. DATE BURIED 12/6/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Sutermark</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

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

Pre-NEED

MT. HOPE CEMETERY INTERMENT ORDER

12-03-04 13:20 City of San Diego

Date 12/3/04

12-03-04 13:20 PAI

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

of Amalia Chavez & Ramon Hernandez

in a Two D.D. Crypts Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 83 Grave 546

Grave space & Care Fund 2 @ 985 1970-

Overtime/Late Arrival Fees **PAID**

Opening/Closing & Setup 4 @ 413 1652-

Burial Container DEC - 3 2004 2 @ 418 836-

Handling Fees 2 @ 352 704-

Flower vases - **MOUNT HOPE CEMETERY**

Recording/Filing/Transfer Fees 4 @ 50- 200-

Sales taxes 2 @ 32.40 64.80

Total Due 5426.80

Paid receipt number R58284 5426.80

Balance due 0

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

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

Amalia Chavez

Signature

Maria (R)

Work Order # E 18838

X Amalia Chavez
Print Name
2560 ISLAND
Address
SAN DIEGO CALIF 92104
City Zip Code
X 6197230-1229
Telephone

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Pre-need
lots*

Date 12-13-04

12-03-04 14:27 PAID

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

of MUSLIM ORGANIZATION

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division Muslim Section _____ Blk/Row _____ Lot 108, 109, 170 Grave 1

Grave space & Care Fund **PAID** 1815.00

Overtime/Late Arrival Fees

Opening/Closing & Setup.....

Burial Container..... **DEC - 3 2004**

Handling Fees.....

Flower vases - Marker setting fee **MOUNT HOPE CEMETERY**

Recording/Filing/Transfer Fees.....

Sales taxes.....

Total Due 1815.00

Paid receipt number R-58289 1815.00

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.

S. Shah
Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Pouletts
Work Order # E 18839

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 12/6/04

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

of Daisey Glasco

In a liner Funeral, date, time Fri. Dec 10th 10:00

Church, Chapel, Graveside Greenwood Mortuary.

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

Division 8 Section 1 Blk/Row _____ Lot S24 Grave 1

Grave space & Care Fund C-5233

Overtime/Late Arrival Fees _____

Opening/Closing & Setup PAID 549.00

Burial Container _____ 278.00

Handling Fees _____ 213.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 66.00

Sales taxes _____ MOUNT HOPE CEMETERY Tax 21.54 1127.54

Total Due 1127.54

Paid receipt number Visa Card

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.

William R. Glasco
Signature

W.R. Glasco
Print Name
1949 Monarch Ridge Cir
Address
El Cajon Ca 92019
City Zip Code
619 442 9243
Telephone

Paulite

Work Order # E 18840

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 18840

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--------|--|--------|--------|----------|--|--|
| | | | | | | |
| | | | | | | |
| Sandri | | Glasco | x | Definger | | |
| | | Bedden | snyder | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/7

Interment space for: Daisy Glasco

Interment Date: 12-10-04 Time: 10:00 Chapel

Div: 8 Sect: 1 Blk/Row: _____ Lot: 524 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Waller Date: 12-7-04

E-18840
100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

| | | | | | | | | |
|---|--|------------------------|---|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DAISY | | 1B. MIDDLE B | 1C. LAST (FAMILY) GLASCO | | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/03/1904 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/04/2004 | 4. SEX F | |
| 5A. CITY OF DEATH EL CAJON | | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT WILLIAM GLASCO—SON 1949 MONARCH RIDGE CIRCLE EL CAJON, CA, 92019 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MORTUARY, 1-805 & IMPERIAL AVE SAN DIEGO CA 92102 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 843 | | 8A. SIGNATURE OF APPLICANT — Person taking permit: CEA | | 8B. DATE SIGNED 12/06/2004 |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/08/2004 K JONES | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420612 |
| | | 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 CORONOR'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 12/19/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. J. [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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

MT. HOPE CEMETERY
INTERMENT ORDER

AT NEED

City of San Diego
12-09-04 10:58 PAID Date 12-7-04

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

of Viola C. Stump ^{PC}

in a Urn _{Type of Burial Container} Funeral, date, time Dec 13 Mon 1:30

Church, Chapel, Graveside Delivery Only: EL Oajon Mortuary.

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

Division 10 Section _____ Blk/Row _____ Lot 3824 Grave 1

Grave space & Care Fund _____ Ø

Overtime/Late Arrival Fees _____ —

Opening/Closing & Setup _____ **PAID** 549.00

Burial Container _____ 278.00

Handling Fees _____ 213.00

Flower vases - Marker setting fee _____ 184.00

Recording/Filing/Transfer Fees _____ 66.00

Sales taxes _____ 21.54

Total Due 1311.54

Paid receipt number Mastercard 1311.54

Balance due Ø

Fax 440 0176

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]
Signature

Paulet Stump
Print Name
127 Rouffon Rd
Address
Hampton, VA 23664
City Zip Code
757 851 3583
Telephone

Paulette
Work Order # E 18841

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E18841

GRAVE BLIND CHECK FORM

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

| | | | | | | |
|--|--|-------|-------------|---------|---------|--|
| | | | | | | |
| | | Starr | → Gardner → | | | |
| | | | x | Stelmoe | Johnson | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/9/04

Interment space for: Viola C. Stump

Interment Date: 11-13-04 Time: AYD

Div: 10 Sect: _____ Blk/Row: _____ Lot: 3824 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: M. [Signature] Date: 12/9/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18841

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

| | | | | | |
|--|----------------------------|---|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Viola | 1B. MIDDLE Clara | 1C. LAST (FAMILY) Stump | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/12/1921 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/07/2004 | 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 Ronald Stump—Son 1315 E Grand Ave #3A Escondido, CA 92027 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 S Holliston Ave, El Cajon, CA 92020 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1022 | | 8A. SIGNATURE OF APPLICANT—Person taking care: <i>Jackie Kozica</i> |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | 8B. DATE SIGNED 12/10/2004 | | |

| | | | | |
|---|--|---|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/10/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Jackie Kozica |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P O Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 12-13-04 | 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 <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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 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
12-14-04 11:51 PAID

Date 12-7-04

AT NEED

278504

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

of ESTANISLAO RENGIFO

in a ~~DB~~ Funeral, date, time Fri. Jan 21, 2005 12:30

Church, Chapel, Graveside; Family Mortuary.

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

Division 8 Section 4 Blk/Row — Lot 3 Grave 1

Grave space & Care Fund E-18843 PAID 0

Overtime/Late Arrival Fees 116

Opening/Closing & Setup 116

Burial Container NOT NEEDED —

Handling Fees MOUNT HOPE CEMETERY —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees —

Sales taxes N/A —

Total Due 116

Paid receipt number R#58314 116

Balance due 0

grandfather
ABUSO Politico.

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

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

Signature

(K) maria

Work Order # E 18842

2 GENOVEVA CATTANO
Print Name
7414 BOAL ST.
Address
SAN DIEGO CA 92111
City
(602) 378 8108
Telephone
Zip Code

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18842

GRAVE BLIND CHECK FORM

Deceased Name Estanislao Rengifo ~~X~~

| | | | | | | |
|--|--|------|----------|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | King | Robinson | | | |

Today's Date 1-11-05

Interment Date: 1/21/05 Time: 12:30

Div: 8 Sect: 4 Blk/Row: _____ Lot: 3 Gr: 1

Flag placed by: _____

Grave Laid Out by: KEN

Blind Check Verified by: David Noriega

Agrees with Map: Initials _____ Verified DN

Agrees with Legal Card: Initials _____ Verified DN

Flag

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 18842
76

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

| | | | | | |
|---|-----------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ESTANISLAO | 1B. MIDDLE - | 1C. LAST (FAMILY) RENGIFO ALAVA | 2. DATE OF BIRTH MONTH DAY YEAR 07/09/1898 | 3. DATE OF DEATH MONTH DAY YEAR 07/05/1977 | 4. SEX M |
| 5A. CITY OF DEATH IQUITOS | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE PERU | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GENOVEVA CHIOINO - GRANDDAUGHTER 7414 BEAL STREET SAN DIEGO, CA 92111 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GENOVEVA CHIOINO, 7414 BEAL STREET, SAN DIEGO, CA 92111 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE - | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>Genoveva Chioino</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 01/11/2005 | |

| | | | | |
|---|---|--|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$11.00 | 9B. DATE PERMIT ISSUED 01/11/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L Bowen MD</i> |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA - | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222, SAN DIEGO, CA 92186-5222 | | |

| | |
|--|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. 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>1/10</i> | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>A. L. Bowen</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

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

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/7/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of June Elaine Bishop

in a TS vault Funeral, date, time Mon Dec 13, 2004

Church, Chapel, Graveside Delivery Only El Cajon Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 8 Section 1 Blk/Row _____ Lot 1564 Grave 1

Grave space & Care Fund E-18790 Ø

Overtime/Late Arrival Fees || Ø

Opening/Closing & Setup Ø

Burial Container Ø

Handling Fees || Ø

Flower vases - Marker setting fee Ø

Recording/Filing/Transfer Fees Ø

Sales taxes Ø

Total Due Ø

Paid receipt number E-18790 Ø

Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

maria

Work Order # E 18843

Print Name
 Address
 City
 Telephone
 Zip Code

see attachment for signature

Invoice # _____

Acct. # _____

MT HOPE CEMETERY [-18843

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|------|---------|---------|---------|---------|------------|--|
| | | | | | | |
| | | Watts | Granger | Granger | | |
| Shaw | Jacoste | Jacoste | x | Byrne | Montgomery | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/8

Interment space for: June Elaine Bishop

Interment Date: A/P Time: Delivery only

Div: 8 Sect: 1 Blk/Row: Lot: 564 Gr: 1

Grave Laid out by: Norm Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: [Signature] Date: 12-9-04

E 18843

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | | |
|---|-----------------------------|--|--|---|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) June | 1B. MIDDLE Elaine | 1C. LAST (FAMILY) Bishop | 2. DATE OF BIRTH MONTH DAY YEAR 12/23/1923 | 3. DATE OF DEATH MONTH DAY YEAR 12/05/2004 | 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 Kim Williams-Daughter 825 Crestview Ct San Marcos, CA 92069 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: El Cajon Mortuary 684 S Mollison Ave, El Cajon, CA 92020 | | 7B. CALIF LICENSE NUMBER — IF APPLICABLE FD-1022 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Jackie Kozica</i> | | | 8B. DATE SIGNED 12/10/2004 |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/10/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Jackie Kozica</i> |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P O Box 85222 San Diego, CA 92086-5222 | 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 CORONOR'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"/> D. 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 12-13-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. Jones</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 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.

AT
NEED

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/7/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of June Elaine Bishop

in a TS Vault Funeral date, time Mon Dec 13, 2004

Church, Chapel, Graveside Delivery Only El Cajon Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned _____

| | | | | |
|-----------------------------------|------------------|----------------|-----------------|----------------|
| Division <u>8</u> | Section <u>1</u> | Dist/Row _____ | Lot <u>1564</u> | Grave <u>1</u> |
| Grave space & Care Fund | <u>E-18790</u> | | | <u>0</u> |
| Overtime/Late Arrival Fees | <u>1 11</u> | | | <u>0</u> |
| Opening/Closing & Setup | | | | <u>0</u> |
| Burial Container | | | | <u>0</u> |
| Handling Fees | <u>11 11</u> | | | <u>0</u> |
| Flower vases - Marker setting fee | | | | <u>0</u> |
| Recording/Filing/Transfer Fees | <u>1 11</u> | | | <u>0</u> |
| Sales taxes | | | | <u>0</u> |

Total Due 0

Paid receipt number E-18790

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

Kim Williams
Signature

Maria

Work Order # E 18843

Kim Williams
Print Name
 825 Crestview Ct
Address
 San Marcos, Ca 92078
City State Zip
 (760) 591-0759
Telephone

Invoice # _____

Acct # _____

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/7/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Barnett Blackwell 228393
in a Liner Funeral, date, time Tues. 12/14/04 11:00
Type of Burial Container
Church Chapel, Graveside CALIF. BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 118 Grave 8

| | | |
|-----------------------------------|----------------------------|---------------|
| Grave space & Care Fund | PAID | <u>1310.-</u> |
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | DEC - 9 2004 | <u>549.-</u> |
| Burial Container | | <u>278.-</u> |
| Handling Fees | MOUNT HOPE CEMETERY | <u>213.-</u> |
| Flower vases - Marker setting fee | | |
| Recording/Filing/Transfer Fees | | <u>66.-</u> |
| Sales taxes | | <u>21.54</u> |

Mort. 2 pay

Total Due 2437.54

Paid receipt number R-58353 2437.54

Daughter Volanda Clark PC 2437.54

Balance due 0

I hereby certify I am the Volanda Clark of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

(nr) maria

Volanda CLARK
Print Name
358 Fel. organ Ave
Address
Spring Valley ca 91977
City Zip Code
(619) 472-2143
Telephone

Work Order # E 18844

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E18844

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--------|--------|--|---|--|--|--|
| | | | | | | |
| Jones | Bales | | | | | |
| Walker | Bryant | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/8

Interment space for: Barnett Blackwell

Interment Date: 12/14/04 Time: Tue 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 118 Gr: 8

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: [Signature] Date: _____

Flag

E18844

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BARNETT | 1B. MIDDLE - | 1C. LAST (FAMILY) BLACKWELL | 2. DATE OF BIRTH MONTH DAY YEAR 10/26/1937 | 3. DATE OF DEATH MONTH DAY YEAR 12/05/2004 | 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 YOLANDA CLARK-DAUGHTER 558 FELICITA AVE. SPRING VALLEY, CA 91977 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 12/07/2004 | | | |

| | | | | |
|---|---|---|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/07/2004 V MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420537 |
| | 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 CORONOR'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 12-14-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/

AT NEED

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Annie Lee

In a _____ Funeral, date, time Friday Dec 17th 1:00

Church, Chapel, Graveside _____: Merkley Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees

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

Paukette

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18845

Pre Need Lot & Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-15-04 10:49 PAID

Date 12/10/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FOR EDUARDO & MARTHA RODRIGUEZ

in a DD crypt Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____; _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 93 Grave 7

Grave space & Care Fund 1310-

Overtime/Late Arrival Fees

Opening/Closing & Setup..... 549-

Burial Container..... 556-

Handling Fees..... 468-

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees..... 66-

Sales taxes

MOUNT HOPE CEMETERY
paid in full balance of \$2000
Total Due 2992.09
Paid receipt number mc 2992.09

Balance due 2000-

I hereby certify I am the Martha Rodriguez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Martha Rodriguez
Print Name
171 Palomar
Address
Chula Vista #150
City (619) 4250784
Zip Code
Telephone

Signature _____

(NR) Maria

Work Order # E 18846

Invoice # _____

Acct. # _____

RODRIGUEZ, MARTHA & EDUARDO 171 Palomar St. Chula Vista, CA (619) 425-0784

| | | DEBIT | CREDIT | BALANCE |
|----------|--|---|---------|-----------------|
| 12-10-04 | Opened pre-need lot and trust to include 1 open and closing, DD crypt, handling fee, recording fee and tax. 25% down mc Div 12 Sec 2 Lot 93 Grave 7 | 1310.00 1682.09 | 992.09 | 2992.09 2000 |
| 12-15-04 | 58319 | no coupon 5171 to 20 th to 262 to 29 th remaining to at 11:00 | 2000.00 | 0 |

At Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/10/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ninnie B. Ford ~~228444~~

in a Ash Vault Funeral, date, time Thurs. Dec 30 10:30

Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 8 Section 4 Blk/Row _____ Lot 360 Grave 1

Grave space & Care Fund **PAID** 330.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup DEC 20 2004 116.00

Burial Container N/A _____

Handling Fees AMOUNT HOPE CEMETERY _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50.00

Sales taxes N/A _____

Total Due 496.00

Paid receipt number R-58336 496.00

Balance due 0

MDLT. TO PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulotta
Work Order # E 18847

" See attached "

MT HOPE CEMETERY

E18847

GRAVE BLIND CHECK FORM

Deceased Name Minnie B. Ford ~~X~~

| | | | | | | |
|--|--|-------------------|---|---------|--|--|
| | | | | | | |
| | | | | | | |
| | | E15 th | X | Gilbert | | |
| | | | | | | |
| | | | | | | |

Today's Date 12/29

Interment Date: 12-30-04 Time: 10:30

Div: 8 Sect: 4 Blk/Row: _____ Lot: ~~315~~ 360 Gr: 1

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: _____

Agrees with Map: Initials _____ Verified _____

Agrees with Legal Card: Initials _____ Verified _____

Flag

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 19847

| | | | | | | |
|---|--|--|----------------------------------|---|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Minnie | | 1B. MIDDLE Beatrice | 1C. LAST (FAMILY) Ford | 2. DATE OF BIRTH MONTH, DAY, YEAR 10/27/1967 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/01/2004 | 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 Stephanie Neely, Sister 246 Euclid Ave., Apt. # G San Diego, CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8B. DATE SIGNED 12/10/2004 |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70055 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>V. Davis</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 13.00 | 9B. DATE PERMIT ISSUED 12/10/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420765 <i>V. Davis</i> |
| | | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA |

| | |
|---|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |

| | | | | | |
|-------------------------------|--|---|--|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102 | 11B. DATE BURIED 12-30-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc.; 2570 Fortune Way; Vista, CA 92083 | 12B. DATE CREMATED: 12/13/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Walter R. Chang</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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Next of Kin
will call to
Clerk

Date 12/10/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Minnie B. Ford
in a Ash Vault Funeral date time _____
Church, Chapel, Graveside Ragsdale Mortuary _____
All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

| | | | |
|-----------------------------------|------------------|---------------|-------------------------------|
| Division <u>8</u> | Section <u>4</u> | Row/Col _____ | Lot <u>216</u> Grave <u>1</u> |
| Grave space & Care Fund | | | <u>380.00</u> |
| Overtour/late Arrival Fees | | | <u>116.00</u> |
| Opening/Closing & Setup | | | <u>116.00</u> |
| Burial Container | <u>N/A</u> | | <u>---</u> |
| Handling Fees | <u>N/A</u> | | <u>---</u> |
| Flower vases - Marker setting fee | | | <u>---</u> |
| Refracting/Filing/Transfer Fees | | | <u>50.00</u> |
| Sales taxes | <u>N/A</u> | | <u>---</u> |
| Total Due | | | <u>496.00</u> |

MOVT. TO PAY

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.
Stephanie Nerly
Signature

STEPHANIE NERLY
Print Name
246 EUCLID AVE. # 6
Address
SAN DIEGO, CA 92114
City State Zip
(619) 527-2573
Telephone

Paula
Work Order # E 18847

Invoice # _____
Acct # _____

This information is available in alternative formats upon request.

Elston
359
611507
361

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-13-04 09:53 PAID

Date 12/13/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ANNIE LEE 228407
in a TS Vault Funeral, date, time Fri. 12/17/04 1:00
 Church Chapel, Graveside Chinese Community Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division Chinese Section Chinese Blk/Row 9 Lot _____ Grave 13

Grave space & Care Fund _____ D-8555 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ **PAID** 413 -

Burial Container _____ 275 -

Handling Fees _____ **DEC 13 2004** 204 -

Flower vases - Marker setting fee _____ MV-50 -

Recording/Filing/Transfer Fees **MOUNT HOPE CEMETERY** 50 -

Sales taxes _____ 21.31

Total Due _____ 963.³¹

Paid receipt number VISA 963.³¹

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 Wilbur Lee

(R)-maria

WILBUR LEE
First Name
535 DODSON ST.
Address
SAN DIEGO, CA 92102
City
(619) 232-3908 Zip Code
Telephone

Work Order # E 18848

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 18898

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|------|---|----------------|-------|--|
| | | | | | | |
| | | | | | | |
| | | | X | Toy Row LEE | SZETO | |
| | | QUON | | Quon | Tom | |
| | | | | | | |

Blind Check Initiated By: Maria Date: 12/13

Interment space for: Annie Lee

Interment Date: 12/17 Time: 1:00

Div: _____ Sect: Chinese Blk/Row: 9 Lot: _____ Gr: 13

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: David Noriega Date: 12-14-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10048

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|-----------------------------|--|--|---|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ANNIE | 1B. MIDDLE MURIEL | 1C. LAST (FAMILY) LEE | 2. DATE OF BIRTH MONTH DAY YEAR 08/19/1904 | 3. DATE OF DEATH MONTH DAY YEAR 11/26/2004 | 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 WILBUR LEE - SON 535 DODSON STREET SAN DIEGO, CA 92102 | |
| 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 FD119 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rose M. Zullo</i> |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 of the Health and Safety Code, and was authorized pursuant to Section 7160 of the Health and Safety Code.</small> | | | 8B. DATE SIGNED 12/15/2004 | | |

| | | | | |
|---|--|---|--|---|
| 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. \$13.00 | 9B. DATE PERMIT ISSUED 12/15/2004 R.M. ZULLO | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Rose M. Zullo</i> |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA. P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --- | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|---|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102 | 11B. DATE BURIED <i>12/17/04</i> | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Peritore</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 12-13-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe RA # 20040395 228398

In a DB Crypt. (A) Funeral, date, time Weds. Dec 15th 10:15

Church, Chapel, Graveside Delwey : Azlan Mortuary. Leah

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 19 Grave 1A

Grave space & Care Fund _____ 131.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 454.00

Burial Container _____ 132.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 49.00

Sales taxes _____ 10.23

Total Due _____ 776.23

Paid receipt number 4197575 776.23

Balance due 0

PAID
FEB 02 2005
MOUNT HOPE CEMETERY

*FAX 858-694-3987
RA Nancy Hobbs
858-694-3500*

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.

See attached copy for signature

X Print Name _____
X Address _____
X City _____ Zip Code _____
X Telephone 419727

619-337-8300

Pauletta

Work Order # E 18849

Invoice # 410548 *deleted 410548 was not sent - need to resub or why for payment*
Acct. # 000952

E18849

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FD

| | | | | | |
|--|------------------------|---|---|---|--------------------------------------|
| 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 08/12/2003 | 4. SEX M |
| 5A. CITY OF DEATH San Diego | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Nancy Hobbs—Public Administrator 5201—A Ruffin Rd. San Diego, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 90941 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1658 | 8A. SIGNATURE OF APPLICANT — <i>John Doe</i> | | 8B. DATE SIGNED 12/10/2004 |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | |

03-01596
PERMIT
AUTHORIZATION OF
LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID
\$13.00

9B. DATE PERMIT ISSUED
**Leah A. Mink
12/10/2004**

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
2420751

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH —
IF DEATH OCCURRED IN CALIFORNIA
**PO Box 85222
San Diego, CA 92186-5222**

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION —
IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <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 CORONOR'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 Cemetary 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED 12-15 04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Perque</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-2-13-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe PA # 20040395 228398
in a DD Coffin (A) Funeral date time Wed. Dec 15th 10:15
Church, Chapel, Graveside Delaney Arizona Mortuary Leak

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned.

| | | | | |
|-----------------------------------|---------|---------|---------------|-----------------|
| Division <u>13</u> | Section | Ext/Row | Lot <u>19</u> | Grave <u>1A</u> |
| Grave space & Care Fund | | | | <u>131.00</u> |
| Overtime/Late Arrival Fees | | | | |
| Opening/Closing & Setup | | | | <u>454.00</u> |
| Burial Container | | | | <u>132.00</u> |
| Handling Fees | | | | |
| Flower vases - Marker setting fee | | | | <u>49.00</u> |
| Recording/Filing/Transfer Fees | | | | <u>10.23</u> |
| Sales taxes | | | | <u>776.23</u> |

PAID
FEB 07 2005
MOUNT HOPE CEMETERY

FAX 858 694-3987
PA Nancy Hobbs
858-694-3500

Total Due 776.23
Paid receipt number 4199515 776.23
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 / hold order #

Nancy Hobbs
Signature
337-8300
Paulotta

Nancy Hobbs
Public Administrator
Public Guardian
Address: 1114 Ruffin Road
City: San Diego, California
Telephone: 858 694 3531

Work Order # E 18849

Invoice # 410548
Acct. # 000952

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
5201-A RUFFIN ROAD
SAN DIEGO, CALIFORNIA 92123-1699

This information is available in alternative formats upon request.

ACR02U PSWD:
ACTION: D BY:
NAME:

INVOICE DATA ENTRY
ACCOUNT: 000952 INVOICE: 410548

E18849 PG 1
INV DATE: 12 20 04

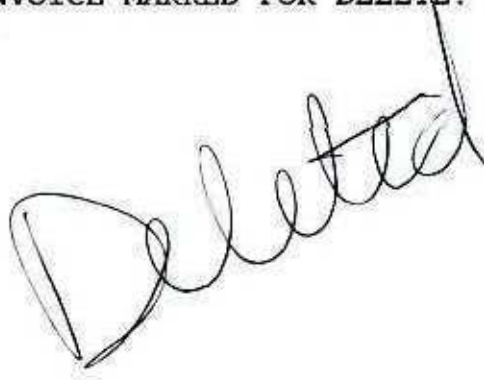
1) _____ 2)
3) _____ 4)

CITY: ST: ZIP: COUNTRY:
DEPT: 072 CONTACT: MARIA VILLEGAS PHONE: 619 527 3400
REFER NO: E-18849 DAYS DUE: 030 INV TYPE: GA TYPE CHG: _____ NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _____ ACCRUAL CODE: _____
TIME PAYM CODE: _____ STD DESC CODE: _____ INVOICE TOTAL: 776.23

| DESCRIPTION OF CHARGE | AMOUNT |
|------------------------|--------|
| JOHN DOE PA#20040395 | |
| DIV 13 LOT 19 GRAVE 1A | 131.00 |
| OPENING/CLOSING | 454.00 |
| BURIAL CONTAINER | 132.00 |
| RECORDING FEE | 49.00 |
| SALES TAX | 10.23 |

DATE CHARGE #1 - DAYS DUE: 30 TOTAL DUE 776.23
#2 AMOUNT: 776.23 AND/OR PCT CODE: _____

REQUEST COMPLETE. INVOICE MARKED FOR DELETE.



ACR02U PSWD: INVOICE DATA ENTRY
ACTION: A BY: PYC ACCOUNT: 000952 INVOICE: 419727 INV DATE: 05 04 05
NAME: COUNTY OF SAN DIEGO

- 1) PUBLIC ADMINISTRATOR
- 2) 5201 RUFFIN ROAD A
- 3)
- 4)

CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY:
 APT: 072 CONTACT: PAULETTE CRAWFORD PHONE: 619 527 3401
 REFER NO: E-18849 DAYS DUE: 030 INV TYPE: GA TYPE CHG: NOTICES: Y
 TREAS-REF: Y ENCLOSURES: Y PD COVERED: EXCEPT CODE: ACCRUAL CODE:
 TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 776.23

| DESCRIPTION OF CHARGE | AMOUNT |
|------------------------------|--------|
| JOHN DOE PA20040395 INDIGENT | |
| DIVISION 13 LOT 19 GRAVE 1A | 131.00 |
| OPENING/CLOSING | 454.00 |
| BURIAL CONTAINER | 132.00 |
| RECORDING FEE | 49.00 |
| SALES TAX | 10.23 |

DATE CHARGE #1 - DAYS DUE: TOTAL DUE 776.23
 #2 AMOUNT: AND/OR PCT CODE:

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

**MT. HOPE CEMETERY
INTERMENT ORDER**

*AT Need
10 CHAIRS*

City of San Diego
12-16-04 11:27 PAID Date 12-13-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gwendolyn Scott 228403 in a Liner of Burial Container. Funeral, date, time Friday Dec 17th 1:00 Church, Chapel, Graveside Ragsdale; Mortuary Shipper. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 **PAID** Blk/Row _____ Lot 87 Grave 5

| | | |
|-----------------------------------|----------------------------|----------------|
| Grave space & Care Fund | DEC 16 2004 | <u>985.00</u> |
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | MOUNT HOPE CEMETERY | <u>413.00</u> |
| Burial Container | | <u>209.00</u> |
| Handling Fees | | <u>160.00</u> |
| Flower vases - Marker setting fee | | |
| Recording/Filing/Transfer Fees | | <u>50.00</u> |
| Sales taxes | | <u>16.00</u> |
| Total Due | | <u>1833.00</u> |

Paid receipt number R-58328 1833.00

Balance due 0

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Eugene Scott
Signature

Paulette

Work Order # E 18850

EUGENE SCOTT
Print Name
7884 Skyline Dr.
Address
San Diego CA 92114
City
(619) 434-5280 Zip Code
Telephone

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E 18850

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--|---|--|---------|--|
| | | | | | | |
| | | | | | Johnson | |
| | | | X | | White | |
| | | | | | Gloria | |
| | | | | | | |

Blind Check Initiated By: R. Ulette Date: 12/16

Interment space for: Gwendlyn Scott

Interment Date: 12-17-04 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: _____ Lot: 87 Gr: 5

Grave Laid out by: Norman Fay

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DARREYI Flag Date: 12-16-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-18850

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------|---|---|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Gwendolyn | 1B. MIDDLE - | 1C. LAST (FAMILY) Scott | 2. DATE OF BIRTH MONTH DAY YEAR 12/04/1955 | 3. DATE OF DEATH MONTH DAY YEAR ED12/10/2004 | 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 Eugene Scott, Husband 7884 Skyline Drive San Diego, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8. SIGNATURE OF APPLICANT—Person taking permit: |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 12/15/2004 | |

| | | | | |
|---|---|---|---|--|
| 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 13.00 | 9B. DATE PERMIT ISSUED 12/15/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT V. Davis |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> 1. 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 12-17-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*At Need
11 chairs*

Date 12-13-04

12-13-04 11:38 PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CAROL Lynn Williams 228405

in a Liner Funeral, date, time Fri. Dec. 17th 11:00

Church Chapel, Graveside _____ : ATKINS - Fun. SERV. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 234 Grave 3

Grave space & Care Fund 1310.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 549.00

Burial Container 278.00

Handling Fees 213.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer 66.00

Sales taxes 2154

Total Due R-58310 2437.54

Paid receipt number 2437.54

Balance due 0

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

George Spicer
Signature _____

George Spicer
Print Name
29170 GRANITE CIR
Address
MENIFEE, CA 92584
City
(951) 679-5342
Telephone Zip Code

*ed verified
Paulette*
Work Order # E 18851

Invoice # _____
Acct. # _____

11230
 MT HOPE CEMETERY

E-10851

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--|---|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulott Date: _____

Interment space for: CAROL Lynn Williams

Interment Date: 12/17/04 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 234 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No Flag

Agrees with Map: Yes No

Blind Check & Verified By: DARKEYL Date: 12-14-04

E18851

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|---------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Carol | 1B. MIDDLE Lynn | 1C. LAST (FAMILY) Williams | 2. DATE OF BIRTH MONTH, DAY, YEAR 01/12/1963 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/10/2004 | 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 George Ray Spicer - Father 29170 Granite Circle Menifee, CA 92584 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Atkins Funeral Service 5551 Corning Ave., L.A., CA 90056 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 1817 | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Gregory Atkins</i> 12/16/04 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103056 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 13.00 | 9B. DATE PERMIT ISSUED 12/16/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Thomas G. Gauthier</i> |
| | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. B 85222, San Diego, CA 92186-5222 | 9E. 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 CORONOR'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"/> D. 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 12-17-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Leguan</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE NA | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

12-13-04 14:49 PAID Date 12-13-04

At Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yvonne Antonette Rivera 228412

in a Liner Funeral, date, time Mon 12/20/04 11:00

~~M.V. Church~~ Chapel Graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 20 Blk/Row _____ Lot 92 Grave 8

Grave space & Care Fund 985-

Overtime/Late Arrival Fees —

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160.-

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 50.-

Sales taxes 16.20

PAID

DEC 13 2004

MOUNT HOPE CEMETERY Due 1,833.20

Paid receipt number R-58311 1,833.20

Balance due 0

I hereby certify I am the father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Pablo m Rivera

Signature

PABLO M RIVERA

1828 29th St.

Address SAN DIEGO 92102

City (619) 239-9549 Zip Code

Telephone

res-fee
Paulotti
Work Order # E 18852

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E18832

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--|----------|-------|--|--|
| | | | | | | |
| | | | Houston | Scott | | |
| | | | X | | | |
| | | | Franklin | Term | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 12/14/04

Interment space for: Yvonne Rivera

Interment Date: 12/20/04 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 92 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: Wanner Date: 12-12-04

E-1885254

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | | |
|--|--|---|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) YVONNE | | 1B. MIDDLE ANTONETTE | 1C. LAST (FAMILY) RIVERA | 2. DATE OF BIRTH MONTH DAY YEAR 12/11/1950 | 3. DATE OF DEATH MONTH DAY YEAR 12/10/2004 | 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 Pablo M. Rávera (Father) 1828 29th St., San Diego, CA 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1083 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mabel Dorig</i> | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 12/17/2004 | |

| | | | | |
|---|---|--|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID 13.00 | 9B. DATE PERMIT ISSUED 12/17/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421170 <i>M. Dominguez</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. Box 88222 San Diego, CA 92186-5222 | 9E. 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 CORONOR'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"/> D. 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 12/10/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. L. Brown</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED IN GRAVE WITH HISAKO MATHEWS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/13/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dan Mathews 214360
in a DD crypt "B" Funeral, date, time FRIDAY 12-17-04/2:00

Church, Chapel, Graveside Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 33 Grave 1

Grave space & Care Fund E-17986

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due

I hereby certify I am the EXECUTOR sister in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

J Ruby Watanabe
Signature

maria

J. Ruby Watanabe
Print Name
5294 Etheldo AVE
Address
Culver City, CA 90230
City Zip Code
J Ruby Watanabe
Telephone
(310) 398-6190

Work Order # E 18853

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

F18853

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

in grave w/ Hisako H.

| | | | | | | |
|--|-------------|--|-----------|----------|-------|--|
| | | | | | | |
| | | | | | | |
| | Young wr | | X | Stephens | Jones | |
| | | | Current | | | |
| | | | marker is | | | |

Blind Check Initiated By: Marla Date: 12/13/04

Interment space for: Dan Mathews

Interment Date: 12/17/04 Time: 2:00

Div: 11 Sect: 2 Blk/Row: _____ Lot: 33 Gr: 1

Grave Laid out by: KEY

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: M. Carstairs Date: 12/14/04

Flag

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18853 77

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|------------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DAN | 1B. MIDDLE WILLIAM | 1C. LAST (FAMILY) MATHEWS, JR | 2. DATE OF BIRTH MONTH, DAY, YEAR 07/25/1927 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/08/2004 | 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 DAN H. MATHEWS - SON 856 TOYNE ST SAN DIEGO CA 92102 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ECM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-670 | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>[Signature]</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 12/10/2004 | |

| | | | | |
|----------------------------------|---|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/15/2004 L CASTRO | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420975 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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 12-17-04 | ▶ | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | ▶ | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

AT NEED

City of San Diego

12-14-04 11:43 PAID

Date 12/14/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of OMAR NUHAILY 228396

In a slab Funeral, date, time Tues. Dec. 14 2004 1:30

Church, Chapel, Graveside : Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division Muslim Section _____ Blk/Row _____ Lot 83 Grave 1

Grave space & Care Fund E-11562 0

Overtime/Late Arrival Fees

Opening/Closing & Setup..... **PAID** 549.00

Burial Container..... 117.00

Handling Fees..... DEC 14 2004 _____

Flower vases - 39.00 138.00

Recording/Filing/Transfer Fees..... MOUNT HOPE CEMETERY 66.00

Sales taxes 9.06

Total Due 899.06

Paid receipt number R# 58315 879.06

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 1 hold under deed.

Signature
[Signature]

Non-Res.

Paulette

Work Order # E 18854

x Dean Nuhaile
Print Name
x 1420 E. Plaza Blvd. D-5
Address
x National City CA 91950
City
x (619) 474-1445 Zip Code
619) 778-4141
Telephone

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18854

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--|---|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: _____ Date: _____

Interment space for: OMAR MUHAJIR

Interment Date: 12/14/04 Time: ?

Div: Muslim Sect: _____ Blk/Row: _____ Lot: 83 Gr: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F18854 61

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|---------------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) OMAR | 1B. MIDDLE MUHRIDDENE | 1C. LAST (FAMILY) MUHATLY | 2. DATE OF BIRTH MONTH DAY YEAR 05/21/1943 | 3. DATE OF DEATH MONTH DAY YEAR 12/13/2004 | 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 MONA MUHATLY—WIFE 1404 RIDGEBACK RD. #7 CHULA VISTA, CA. 91910 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY, 1-805 & IMPERIAL AVE SAN DIEGO CA 92102 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 843 | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>CKL</i> 8B. DATE SIGNED 12/14/2004 | | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/14/2004 K JONES | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2420940 |
| 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 CORONOR'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"/> 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 12-14-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*AT NEED
D.I.P.*

Date 12-14-04

12-17-04 08:45 PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jeremy D. Hogan 228401
 in a T.S. Vault Funeral, date, time Friday Dec. 17th 10:00
 Church Chapel, Graveside; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned.

| | | | | |
|---|------------------|---------------|----------------|----------------|
| Division <u>12</u> | Section <u>1</u> | Blk/Row _____ | Lot <u>101</u> | Grave <u>4</u> |
| Grave space & Care Fund <u>985.00</u> | | | | |
| Overtime/Late Arrival Fees <u>—</u> | | | | |
| Opening/Closing & Setup <u>413.00</u> | | | | |
| Burial Container <u>275.00</u> | | | | |
| Handling Fees <u>204.00</u> | | | | |
| Flower vases — Marker setting fee _____ | | | | |
| Recording/Filing/Transfer Fees <u>50.00</u> | | | | |
| Sales taxes <u>21.31</u> | | | | |

PAID

DEC 17 2004

MOUNT HOPE CEMETERY

Total Due 1948.31
 Paid receipt number R-58331 1948.31
 Balance due 0

MORT & Pay

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.

Diana Hogan
 Signature

Diana Hogan
 Print Name
972 ALVIN ST
 Address
SD 92114
 City Zip Code
619 527 0029
 Telephone

Pauletta

Work Order # E 18855

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

51895

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--------|--|--|---|--|--|-------------|
| | | | | | | |
| | | | | | | Zackery Jr. |
| Fowler | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/15

Interment space for: Jeremy D. Hogan

Interment Date: 12-17-04 Time: 10:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 101 Gr: 4

Grave Laid out by: Damen Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: Damen Date: 12-15-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18855

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|----------------------------|---|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Jeremy | 1B. MIDDLE David | 1C. LAST (FAMILY) Hogan | 2. DATE OF BIRTH MONTH DAY YEAR 12/07/1986 | 3. DATE OF DEATH MONTH DAY YEAR 12/13/2004 | 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 Diana Hogan, Mother 972 Alvin Street San Diego, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA— FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person using permit: |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 12/15/2004 | | |

| | | | | |
|---|--|--|---|--|
| 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 13.00 | 9B. DATE PERMIT ISSUED 12/15/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT W. Davis |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA Vital Records, P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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 12-17-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION | 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need lot

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtle DAVIS

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 87 Grave 1 & 2

Grave space & Care Fund 2 @ 1310 - 2620

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Family pd in full to collections on Total Due 2620

03-01-06 Paid receipt number CA 58322 655

see attached invoice Inquiry Balance due 1965

Pd in Full Balance 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 bold under deed.

Signature _____

(NR) maria

Myrtle DAVIS
Print Name
10880 Calle Verde
Address
LA MESA 91941
City Zip Code
619 660 9055
Telephone

Invoice # 433403

Acct. # 128579

Work Order # E 18856

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent To

Street, Apt. No.;
or PO Box No.

City, State, ZIP+4

7005 1820 0000 0810 3816
9198 0190 0000 0297 5002

F-18856

527

RETURNED TO SENDER
UNCLAIMED

Myrtle Davi
10880 C [redacted] # 239
La Mess [redacted] 91941

FIRST CLASS



UNITED STATES POSTAGE
ESTIMATED POSTAGE
02 *4
00046021

\$ 04.65⁰

MAILED FROM ZIP CODE 92101

FINAL NOTICE

9-29
10-9

70051220000008103816



CERTIFIED MAILSM

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E18856

WHITE - CUSTOMER

YELLOW - RETURN
WITH PAYMENT

EDI REF NO: C433403

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 122289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

MYRTLE DAVIS
10880 CALLE VERDE #239
LA MESA, CA 91941
LA MESA

ACCT NO
128579

CA 91941

6196609055

-----TREASURERS USE ONLY-----

PAYMENT

DATE: _____

BY: CA CK IF ED

PAYMENT REF NO _____

AMT PAID: _____

INVOICE DATE
01/04/06

PAYMENT DUE
01/14/06

PERIOD COVERED
DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

MT. HOPE CEMETERY

REF NO: E-18856

DEPT: MT. HOPE CEMETERY

619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

PRE-NEED LOT
DIVISION 12 SECTION 2
LOT 87 GRAVES 1 & 2

1,965.00

TOTAL DUE

1,965.00

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 \$25,
WHICHEVER IS GREATER, INTEREST OF 12% PER YEAR
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

CUSTOMER COPY

INV NO. 433403

Pin# 128399

CONTRACT Expires Jan 2007

/ payments

E-18856

Davis, Myrtle 10880 Calle Verde #239 La Mesa, CA 91941

#31.83 monthly

(619) 660-9055

| | | | | |
|----------|--|---------|--------|---------|
| 12-15-04 | Opened pre-need lot account w/25% down | 2620.00 | | 2620.00 |
| | R-58322 Div 12 Sec 2 Lot 87 Graves 1&2 | | 655.00 | 1965.00 |

9-22-05 mailed Delinquent conf. letter
Family needs to pay 736.92 to be
up to date.

10-18-05 called left message on phone - need to update
payments

Need to update address & phone
number

NEVER made payments

1-4-06

Sent to Collections
ACCOUNT # 128579
INVOICE # 433403

ACR07I

INVOICE INQUIRY

E18856

INVOICE: 433403

INV TOTAL:

1,965.00

ACCOUNT: 128579

NAME: MYRTLE DAVIS

INVOICE STATUS



PAID

DISPOSITION

DATE
03/01/06

AMOUNT
1,965.00

COLLECTION ACTIONS

- LATE NOTICE - 1ST:
- 2ND:
- 3RD:

- REFERRED TO - TREAS COLLECTION: 01/24/06
- CITY ATTORNEY :
- COLLECTION AGENCY:

LATE CHGS BILLED
INVOICE

- LATE CHG-1:
- 2:

DATE

AMOUNT

DEPRESS PA1 KEY FOR NEXT SCREEN

E-18856

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15th day of December, 2004, between Muntle Davis, 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 07, Grave 142, Row , Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$2,620, payable as follows: \$ 655 cash herewith, the receipt of which is hereby acknowledged; \$188 ~~144~~ on the 10th day of February, 2005; and the balance in installments of \$81.76 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

F18856

WITNESS our hands this day and year above written.

Deed to be issued to:

23 @ 81.68

1 @ 81.76

Name

Address

PURCHASER

Myrtle J. DAVIS
Print Name

Myrtle J. Davis
Signature

10880 Calle Verde #239
Street Address (Mail)

La Mesa CA 91941
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Maria Villegas

SLN:st(62-1)
1-23-90



E-18856

THE CITY OF SAN DIEGO

9/22/2005

**CERTIFIED MAIL
RECEIPT NO. 7005 1820 0000 0810 3816**

Ms. Myrtle Davis
10880 Calle Verde # 239
La Mesa, Ca. 91941

Reference: Delinquent Pre-Need Account

Dear Ms. Davis,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since December 15, 2004. Your contract specified that your first payment of \$81.88 was due February 15, 2005, and every month thereafter. To bring your account to a current status, you need to pay **\$736.92**. Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by October 1, 2005, your account will be referred to our collection department. We hope the above action is not necessary. If you have any questions, please contact Mt. Hope Cemetery at (619) 527-3400.

Your original receipt contains the following contract information: Contract number E-18856, issued December 15, 2004. Cemetery location: Division 12, Section 2, Lot 87, Grave 1 & 2.

Sincerely,

David Lugo
Cemetery Manager

Attachments:

Interment Order
Contract Entry Verification



E 18856

ACR02U PSWD:

INVOICE DATA ENTRY

ACTION: A BY: SSB

ACCOUNT: 128579

INVOICE: 433403

INV DATE: 01 04 06

NAME: MYRTLE DAVIS

1) 10880 CALLE VERDE #239

2) LA MESA, CA 91941

3)

4)

CITY: LA MESA

ST: CA

ZIP: 91941

COUNTRY: 6196609055

PT: 072

CONTACT: MT. HOPE CEMETERY

PHONE: 619 527 3400

REFER NO: E-18856

DAYS DUE: 010

INV TYPE: GE

TYPE CHG:

NOTICES: Y

TREAS-REF: Y

ENCLOSURES: N

PD COVERED: R

EXCEPT CODE: _

ACCRUAL CODE: _

TIME PAYM CODE: _

STD DESC CODE: _

INVOICE TOTAL:

1,965.00

DESCRIPTION OF CHARGE

AMOUNT

PRE-NEED LOT

1,965.00

DIVISION 12 SECTION 2

LOT 87 GRAVES 1 & 2

TOTAL DUE

1,965.00

LATE CHARGE #1 - DAYS DUE: _

AMOUNT: _

AND/OR PCT CODE: _

#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

F10050

ACTION
A

OPTION
1

ACCOUNT
128579

EDI CODE

CUSTOMER NAME
MYRTLE DAVIS

SHORT NAME
MYRTLE

ADDRESS: 10880 CALLE VERDE #239
LA MESA, CA 91941

CITY
LA MESA

STATE
CA

ZIP
91941

COUNTRY
6196609055

CUSTOMER CONTACT - NAME
MT. HOPE CEMETERY

PHONE
619 527 3400

ORIG DEPT
072

STATEMENTS
N

UPD BY
SSB

LAST UPDATED
01/04/06

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-17-04 11:42 PAID

Date 12/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vian Smittick

in a Liner Type of Burial Container Funeral, date, time Tues 12/15/04 11:00
CA. Burial Mortuary

Church Chapel, Graveside _____
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division Masonic Section B Blk/Row Mas Lot 4 Grave 5

Grave space & Care Fund **PAID** 0

Overtime/Late Arrival Fees 413 -

Opening/Closing & Setup **DEC 17 2004** 209 -

Burial Container 160 -

Handling Fees **MOUNT HOPE CEMETERY**

Flower vases - Marker setting fee 50 -

Recording/Filing/Transfer Fees 16²⁰

Sales taxes 848²⁰

Total Due 848²⁰

moetuary to pay Paid receipt number _____ Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____
(R) maria

Work Order # E 18857

X Print Name _____
X Address _____
X City _____ Zip Code _____
X Telephone _____
Invoice # _____
Acct. # _____

See the attached

MT HOPE CEMETERY E18857

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--|-------|----------|----------|--|
| | | | | | | |
| | | | | | | |
| | | | x | Griswold | Hildalgo | |
| | | | woods | | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 12/17/04

Interment space for: Vian Smittick

Interment Date: 12/21/04 Time: 11:00

Div: B Sect: Masonic Row: _____ Lot: 4 Gr: 5

Grave Laid out by: Norman Fey

Agrees with Legal Card: Yes No Flag

Agrees with Map: Yes No

Blind Check & Verified By: M. [Signature] Date: 12/20/04

E18857

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|---------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) VIAN | 1B. MIDDLE INEZ | 1C. LAST (FAMILY) SMITTICK | 2. DATE OF BIRTH MONTH DAY YEAR 02/13/1938 | 3. DATE OF DEATH MONTH DAY YEAR 12/12/2004 | 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 VELMA SMITTICK-DAUGHTER 3434 E. FLORENCE ST. #F SAN DIEGO, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: 7B. CALIF. LICENSE NUMBER — IF APPLICABLE CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950 | | FD-1889 | | 8A. SIGNATURE OF APPLICANT—Person using permit <i>Deudette Russ</i> | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 12/17/2004 | |

| | | | | |
|--|---|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED C. RUSS | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421218 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITALRECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | | | | |

| | | | | | |
|-------------------------------|--|---|-------------------------------------|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOBE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED <i>12/17/04</i> | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Smittick</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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.

POWER OF ATTORNEY

E-18857

KNOW ALL MEN BY THESE PRESENTS : That DOROTHY ~~WHEELER~~ WHEELER

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE, a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE CEMETERY

MASONIC AREA

SECTION B LOT 4 GRAVE 5

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of SAN DIEGO

On 7-13-2004 before me, the undersigned, a Notary Public in and for said State personally appeared, Dorothy Wheeler

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Maria R. Stanley
Notary Public Signature

(SEAL)



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
DATE OF DOCUMENT _____ NUMBER OF PAGES _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vian Smittick

In a liner Funeral, date, time Tues 12/14/04 11:00
CA. BURIAL Mortuary

All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed as undersigned.

Division B Section MBS BK/Row 4 Grave 5

Grave space & Care Fund 0

Overline/Late Arrival Fees 413

Opening/Closing & Setup 209

Burial Container 160

Handling Fees 50

Flower vases - Marker setting fee 16

Responding/Printing/Transfer Fees 20

Sales taxes 848

Total Due 848

Mortuary to pay Paid receipt number 848

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.

Sharon D. Herwan
(R) Maria

DIANE D. HERWAN
2053 WASHINGTON ST.
LETMAN GROVE, CA 91945
TEL 313-5242

Work Order # E 18857

Invoice #
Acct #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-15-04

AT NEED

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William P. Ludwig 228321

in a D.P. Crypt "A" Funeral, date, time Mon. Dec. 20th 11:am

Church, Chapel Graveside Conrad Mortuary.

Family only!

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____ *pc*

Division 6 Section 3 Blk/Row _____ Lot 136 Grave X 3

Grave space & Care Fund E-18803 Q

Overtime/Late Arrival Fees —

Opening/Closing & Setup E-18803 View pd 549.00

Burial Container " View pd 556.00

Handling Fees " View pd —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees E-18803 View pd 66.00

Sales taxes " " 4909

Total Due Q

Paid receipt number _____ —

Balance due Q

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 _____ Post Name _____
Address _____

City _____ Telephone _____ Zip Code _____

Invoice # _____

Work Order # E 18858 Accl. # _____

Donna called to see if I informed her of grave change PC.

see Attached for signatures

MT HOPE CEMETERY

E-18852

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--------|--------|--|--|--|
| | | | | | | |
| | | Fraser | Shol | | | |
| | | Forbes | Pearce | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paula Date: 2/16

Interment space for: William P. Ludwig

Interment Date: 12-20-04 Time: 11:00 6.S.

Div: 6 Sect: 3 Blk/Row: _____ Lot: 136 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: M. [Signature] Date: 12/16/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 18858

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|---------------------------|---|--|--|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM | 1B. MIDDLE PAUL | 1C. LAST (FAMILY) LUDWIG | 2. DATE OF BIRTH MONTH DAY YEAR 08/30/1926 | 3. DATE OF DEATH MONTH DAY YEAR 12/14/2004 | 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 Kathryn H. Ludwig - Wife 6170 Nagel Street La Mesa, CA 91942 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Conrad Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 91945-1533 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD941 | | |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kim Beaulieu</i> | | 8B. DATE SIGNED 12/16/2004 |

| | | | | |
|---|---|---|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/16/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421103 |
| AUTHORIZATION OF LOCAL REGISTRAR | 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 | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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"/> D. 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 12-20-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kim F. Jumps</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

12/15/2004

16:32

SD MT. HOPE CEMETERY -> CONRAD

NO. 322

001

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date 12-15-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William P. Ludwig

In a D.P. Crypt "A"

Funeral, date, time MONDAY -- 11 a.m.
DECEMBER 20, 2004

Church, Chapel, Graveside

Conrad Manary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Division 6 Section 3 Blk/Row _____ Lot 136 Grave 2

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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.

Kathryn M Ludwig
Signature

Kathryn M. Ludwig

Print Name
6170 Nagel Street

Address
La Mesa, CA 91942

City Zip Code

619/466-1910

Telephone

Invoice # _____

Acct. # _____

Work Order # E 18858

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-16-04 09:41 PAID

Date 12-16-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains ^{PC}
of Robert Roscoe
in a LINER Funeral, date, time Tues 12-20-04/1:00
Church, Chapel Graveside CA-BURIAL Mortuary 11:00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 479 Grave 1

| | | |
|-------------------------------------|---|---------------------------|
| Grave space & Care Fund | PAID DEC 16 2004 MOUNT HOPE CEMETERY | <u>1095</u> |
| Overtime/Late Arrival Fees | | <u>413</u> |
| Opening/Closing & Setup | | <u>209</u> |
| Burial Container | | <u>160</u> |
| Handling Fees | | <u>50</u> |
| Flower vases - Marker setting fee | | <u>16</u> ²⁰ |
| Recording/Filing/Transfer Fees | | <u>1943</u> ²⁰ |
| Sales taxes | | <u>1943</u> ²⁰ |
| Total Due | | <u>1943</u> ²⁰ |
| Paid receipt number <u>R# 58326</u> | | <u>1943</u> ²⁰ |

Balance due _____

I hereby certify I am the Evelyn Hartzog 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.

Evelyn Hartzog
Signature
(R) maia

Evelyn Hartzog
Print Name
 4040 Wabash Ave # 8
Address
 San Diego 92104
City Zip Code
619 284-6094
Telephone

Work Order # E 18859

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E-10859

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|---------|---|---------------|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | Walbambashian | | |
| | | Hawkins | | | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 12/16/04

Interment space for: ROBERT ROSCOE

Interment Date: 12/20/04 Time: 1:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 479 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: AW Date: 12-17

E-18859

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT | 1B. MIDDLE - | 1C. LAST (FAMILY) ROSCOE | 2. DATE OF BIRTH MONTH DAY YEAR 06/21/1945 | 3. DATE OF DEATH MONTH DAY YEAR 12/06/2004 | 4. SEX M |
| 5A. CITY OF DEATH LEMON GROVE | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ORA HUTSONA—SISTER 7461 DAYTONA ST., #1 LEMON GROVE, CA 91945 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA CREMATION & BURIAL CHAPEL 3888 HAYWARD AVENUE, SAN DIEGO, CA 92115 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Good Ben</i> | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10955 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 12/17/2004 | |

| | | | | |
|---|---|---|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/21/2004 J. BENYARD | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421321 |
| | 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 CORONOR'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"/> D. 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 12-21-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Paul J. Benyard</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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

AT Need 12-16-04 11:07 PAID

Date 12-16-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hector Ivan Quinonez 228409 in a 0-Liner Funeral, date, time SAT. Dec. 18th 1:00 Church/Chapel, Graveside Bergk, Roberts Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1120 Grave 1

| | |
|---|------------------------------------|
| Grave space & Care Fund | <u>110.00</u> |
| Overtime/Late Arrival Fees | <u>SAT. 275.00</u> |
| Opening/Closing & Setup | <u>138.00</u> |
| Burial Container | <u>33" L x 14" W x 10" H 77.00</u> |
| Handling Fees | <u>28.00</u> |
| Flower vases - Marker setting fee | <u>50.00</u> |
| Recording/Filing/Transfer Fees | <u>5.97</u> |
| Sales taxes | <u>683.97</u> |
| PAID | |
| DEC 16 2004 | |
| Total Due | <u>683.97</u> |

Paid receipt # 68327 Balance due 0

I hereby certify I am the X PADRE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed _____

Paullette
Signature _____

X HECTOR M. QUINONEZ
Print Name
X 2702 HIGHLAND AVE
Address
X SAN DIEGO 92105
City Zip Code
X (619) 2645867
Telephone

Paullette

Work Order # E 18860

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-1886a

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--|---|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Handwritten notes in red ink:
 - Above the 'X': ~~Emmanuel~~
 - To the right of the 'X': Emmanuel
 - Below the 'X': ~~Wadley~~
 - Below the 'X': Wadley
 - Below the 'X': Gould

Blind Check Initiated By: MARIA Date: 12/16/04

Interment space for: Hector Quinonez

Interment Date: 12/18/04 Time: 1:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 120 Gr: 1

Grave Laid out by: PARKEY

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: CP Date: 12-16-04

Handwritten note: flag

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F-18860
1 month

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FD

| | | | | | |
|---|---------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) HECTOR | 1B. MIDDLE IVAN | 1C. LAST (FAMILY) QUINONEZ | 2. DATE OF BIRTH MONTH DAY YEAR 10/30/2004 | 3. DATE OF DEATH MONTH DAY YEAR 12/14/2004 | 4. SEX M |
| 5A. CITY OF DEATH SAN DIEGO | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT HECTOR QUINONEZ—FATHER 2702 HIGHLAND AVE. SAN DIEGO, CA 92105 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-284 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109065 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>Carla Arac</i> | | 8B. DATE SIGNED 12/16/2004 | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/17/2004 C GRIER | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421216 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

| | |
|---|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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 ENTAVLMENT <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 MARKER ST. SAN DIEGO, CA 92102 | 11B. DATE BURIED 12/14/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date 12/20/04

12-20-04 12:54 PAI

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BEHAINESH ZEROM 228418
in a LINER Type of Burial Container Funeral, date, time WEDS DEC 22 11:00

Church Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 216 Grave 11

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number MC 1833.20

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.

Johnny Best
Signature

SOLOMON B. DESTA
Print Name
11211 Del Diablo St
Address
San Diego Ca 92129
City
858-672-9022
Zip Code
Telephone

Pautelle
Work Order # E 18861

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 18861

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Names Don't Mark

| | | | | | | |
|--|---------|-----------|--------|--------|---------|--|
| | Beltran | | Bamick | | | |
| | | Robertson | | | | |
| | | | X | | | |
| | | | | Wilson | Cressur | |
| | | | | | | |

Blind Check Initiated By: 12/21/04 Paulette Date: _____

Interment space for: TSEHAINESH ZEROM

Interment Date: 12-22-04 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 216 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No *Flag*

Agrees with Map: Yes No

Blind Check & Verified By: M. [Signature] Date: 12/21/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-10061

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------|---|---|--|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) TSEHAINESH | 1B. MIDDLE - | 1C. LAST (FAMILY) ZEROM | 2. DATE OF BIRTH MONTH DAY YEAR 06/11/1942 | 3. DATE OF DEATH MONTH DAY YEAR 12/17/2004 | 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 SOLOMON DESTA, SON-IN-LAW 11211 DEL DIABLO ST. SAN DIEGO, CA 92129 | |
| 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 FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 109055 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 12/21/2004 |

| | | | | |
|---|---|---|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID 13.00 | 9B. DATE PERMIT ISSUED 12/21/2004 V. DAVIS | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421344 |
| 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 CORONOR'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 12/22/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-20-04 14:29 PAID

Date 12/20/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Karla Garcia 228420
in a crystal size 13 1/2" high, 7" wide wood 12/22/04 1:00
Type of Burial Container Graveside Funeral, date, time

Church, Chapel, Graveside Guadalupeana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1163 Grave 1

Grave space & Care Fund 110-

Overtime/Late Arrival Fees PAID

Opening/Closing & Setup 138-

Burial Container DEC 20 2004

Handling Fees —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 22-

Sales taxes —

Total Due 270-

Paid receipt number R#58340270

Balance due 0

Mortuary
Paid

I hereby certify I am the FUNERAL DIRECTOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature
(R) Maria

X JOSE CHAVEZ
Print Name
12601 IMPERIAL AVE
Address
SAN DIEGO, CA 92102
City / Zip Code
619 5449333
Telephone

Work Order # E 18862

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 18862

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--------|---|-------|--|--|
| | | | | smith | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | warren | | | | |

Blind Check Initiated By: MARIA Date: 12/21/04

Interment space for: KARLA GARCIA

Interment Date: 12/22/04 Time: 1:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 1163 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: David Harris Date: 12-22-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18862

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------------------|---|--|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) KARLA | 1B. MIDDLE LIZETH | 1C. LAST (FAMILY) GARCIA | 2. DATE OF BIRTH MONTH DAY YEAR 12/10/2004 | 3. DATE OF DEATH MONTH DAY YEAR 12/10/2004 | 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 PETRA PALOMARES-MOTHER 4059 1/2 ESTRELLA AVENUE SAN DIEGO, CA, 92109 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GUADALUPANA MORTUARY, 2601 IMPERIAL AVE SAN DIEGO, CA, 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1425 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Jose Chavez</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 12/22/2004 | | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED JOSE CHAVEZ 12/22/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421464 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA, 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA — | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS:

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | FOR CORONOR'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
|--|--|--|

| | | | | |
|-------------------------------|--|-------------------------------------|--|--|
| COMPLETE ALL APPLICABLE ITEMS | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA, 92102 | 11B. DATE BURIED 12-22-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i> | |
| | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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

Military honor
 AT NEED

City of San Diego

12-21-04 15:44 ~~CRS~~ 12/21/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT GOLDEN

in a T.S. Vault Funeral, date, time Mon. Dec. 27 11:00

Church, Chapel, Graveside RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ MONISHA

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row _____ Lot 164 Grave 7
 Grave space & Care Fund 985.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fees 204.00

PAID

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 50.00

DEC 21 2004

Sales taxes 21.31

MOUNT HOPE CEMETERY Total Due 1948.31

Paid receipt number MJC 1948.31

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.

Frances Martin
 signature

Frances Martin
 Print Name
2870 Evelyn Ct.
 Address
Merced CA. 95348
 City Zip Code
626-318-8007
 Telephone

Paulette

Work Order # E 18863

Invoice # _____
 Acct. # _____

MT HOPE CEMETERY

E-10063

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|------|---------|--|--|----------|
| | | | | | | |
| | | Burt | Cochran | | | Let Burt |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paula De Date: 12/22

Interment space for: Robert Bouden

Interment Date: 12/27/04 Time: mon 27th

Div: U Sect: 1 Blk/Row: Lot: 164 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: M. Christensen Date: 12/28/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18803

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|-----------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT | 1B. MIDDLE EDWARD | 1C. LAST (FAMILY) BOLDEN | 2. DATE OF BIRTH MONTH DAY YEAR 09/20/1958 | 3. DATE OF DEATH MONTH DAY YEAR 12/15/2004 | 4. SEX M |
| 5A. CITY OF DEATH SAN FRANCISCO | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN FRANCISCO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANCES L. MARTIN MOTHER 2870 EVELYN CT. MERCED, CALIFORNIA 95348 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH THOMPSON FUNERAL HOME 9900 INTERNATIONAL BLVD., OAKLAND, CA., 94603 | | 7B. CALIF. LICENSE NUMBER—IF APPLICABLE FD-1219 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> | | |

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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
12/21/2004

| | | | | |
|----------------------------------|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/21/04 | 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 101 GROVE STREET RM.218 SAN FRANCISCO, CALIFORNIA 94102 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSE CRANS ST. SAN DIEGO, CA., 92110 | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | | |
|--|--|-------------------------------|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | FOR CORONER'S USE ONLY |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT | |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA | |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

| | | | | |
|-------------------------------|---|--|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92101 | 11B. DATE BURIED 12/27/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

E18863

| | | | | | |
|--|---|---|--|--|---|
| 1. NAME - FIRST NAME - MIDDLE NAME BOBLEN, Robert Edward | | 2. SEX M | 3. SOCIAL SECURITY NUMBER 561 23 0289 | | 4. DATE OF BIRTH YEAR MONTH DAY 58 09 20 |
| 5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC-11 | | 6. GRADE, RATE OR RANK Lance Corporal | | 7. DATE OF RANK YEAR MONTH DAY 77 11 01 | |
| 8. SELECTIVE SERVICE NUMBER UNKNOWN | 9. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE UNKNOWN | | 10. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 6505 Garber San Diego, CA 92139 | | |
| 11. TYPE OF SEPARATION Discharge | | | 12. STATION OR INSTALLATION AT WHICH EXPECTED Sgt 1, Hq Co 1st Mar Div, Camp Pendleton, CA 92055 | | |
| 13. AUTHORITY AND REASON KPSL | | | 14. EFFECTIVE DATE YEAR MONTH DAY 78 11 08 | | |
| 15. CHARACTER OF SERVICE UNDER CONDITIONS OTHER THAN HONORABLE | | | 16. TYPE OF CERTIFICATE ISSUED DD-794-MC | 17. REENLISTMENT CODE RE-4 | |
| 18. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1st Mar Div, Camp Pendleton, CA 92055 | | | 19. COMMAND TO WHICH TRANSFERRED N/A | | |
| 20. TERMINAL DATE OF RESERVE/REG OBLIGATION YEAR MONTH DAY None | | 21. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Los Angeles, CA 90010 | | 22. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 77 03 11 | |
| 23. PRIMARY SPECIALTY NUMBER AND TITLE 2512 Field Wireman | | 24. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A | | 25. RECORD OF SERVICE | |
| 26. SECONDARY SPECIALTY NUMBER AND TITLE N/A | | 27. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A | | 28. RECORD OF SERVICE | |
| 29. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 30. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 10 yrs (1-12 grades) COLLEGE N/A YRS | | 29. RECORD OF SERVICE | |
| 31. TIME LOST (Preceding Two Yrs) See Remarks Item #27 | | 32. DAYS ACCRUED LEAVE PAID NONE DUE | 33. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input checked="" type="checkbox"/> NONE | 34. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT N/A | |
| 35. DEPARTMENTS, AGENCIES, AND ACTIVITIES | | 36. PERSONNEL SECURITY INVESTIGATION A. TYPE KPMAC | | B. DATE COMPLETED 760930 | |
| 37. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE | | | | | |
| 38. REMARKS 21. 771229-780104 (05) 780118-780315 (27) 780313-781036 (226) *Marine requests his copy of the DD form 214 MC *R&B Marine declines certain separation data. R&B | | | | | |
| 39. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State, ZIP) Same as #8c | | | 40. SIGNATURE OF PERSON BEING SEPARATED Robert Edward Boblen | | |
| 41. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R. E. HERSBERG JR., 1st Lt., USMC, ASSIGNED | | | 42. SIGNATURE OF AUTHORIZING OFFICER [Signature] | | |

DD FORM 214 MC

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

S/N 0102-LF-002-0001

REPORT OF SEPARATION FROM ACTIVE DUTY (1900)

SRB/OCR OR HOME

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

E-1883

| | | | | | | | | | | |
|--|--|---|---|--|--|---|--|---|---|--|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME BOLDEN, Robert Edward | | | 2. SEX M | | | 3. SOCIAL SECURITY NUMBER 561 23 0289 | | | 4. DATE OF BIRTH YEAR: 58 MONTH: 09 DAY: 20 | |
| 5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMCR-K | | | 6. GRADE, RATE OR RANK PFC | | | 6. PAY GRADE E-2 | 7. DATE OF RANK YEAR: 76 MONTH: 11 DAY: 02 | | | |
| 8A. SELECTIVE SERVICE NUMBER UNKNOWN | | 8. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE UNKNOWN | | | C. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 6505 Garber Ave., San Diego, CA 92139 | | | | | |
| 9A. TYPE OF SEPARATION Released Fr Int Tour Act Du for Trng | | | | | B. STATION OF INSTALLATION AT WHICH EFFECTED SepCntr MCB Campen CA. ROC: 33149 | | | | | |
| 2. AUTHORITY AND REASON MBK2 | | | | | | | D. EFFECTIVE DATE YEAR: 77 MONTH: 01 DAY: 07 | | | |
| K. CHARACTER OF SERVICE HONORABLE | | | | | J. TYPE OF CERTIFICATE ISSUED N/A | | 10. REENLISTMENT CODE RE-1A | | | |
| 11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HqBn, 4thMarDiv, Campen, CA 26382 | | | | | 12. COMMAND TO WHICH TRANSFERRED 4thTkbN, FORTTRPS, FMF, San Diego, CA 87272 | | | | | |
| 13. TERMINAL DATE OF RESERVE/RECALL OBLIGATION YEAR: 82 MONTH: 08 DAY: 25 | | | 14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Los Angeles, CA | | | | | 15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 76 MONTH: 08 DAY: 30 | | |
| 16A. PRIMARY SPECIALTY NUMBER AND TITLE 2512 FldWireMan | | B. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 822-281 StationInstaller | | 18. RECORD OF SERVICE | | | YEARS | MONTHS | DATE | |
| | | | | (a) NET ACTIVE SERVICE THIS PERIOD | | | 00 | 04 | 08 | |
| | | | | (b) PRIOR ACTIVE SERVICE | | | 00 | 00 | 00 | |
| | | | | (c) TOTAL ACTIVE SERVICE (a + b) | | | 00 | 04 | 08 | |
| | | | | (d) PRIOR INACTIVE SERVICE | | | 00 | 00 | 04 | |
| | | | | (e) TOTAL SERVICE FOR PAY (c + d) | | | 00 | 04 | 12 | |
| | | | | (f) FOREIGN AND/OR SEA SERVICE THIS PERIOD | | | 00 | 00 | 00 | |
| 19. INDICATE OR KOREA SERVICE SINCE AUGUST 5 1954 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | 20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 10 YRS (1-12 grades) COLLEGE 00 YRS | | | | | |
| 21. TIME LOST (Including Time (Yr)) NONE | | 22. DAYS ACCRUED LEAVE PAID 11.5 | 23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE | | 24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT _____ | | 25. PERSONNEL SECURITY INVESTIGATION A. TYPE ENTINAC | | B. DATE COMPLETED 760830 | |
| 26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Rifle Marksman Badge, | | | | | | | | | | |
| 27. REMARKS (1) "6 MO AD TRNG" (2) "NOT A FINAL DISCHARGE" Marine requests copy #1 of DD Form 214 (MC) R.E.B | | | | | | | | | | |
| 28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State, ZIP) SEE ITEM #8C | | | | | 29. SIGNATURE OF PERSON BEING SEPARATED <i>Robert E Bolden</i> | | | | | |
| 30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER G. J. IVERSON, 1stLt., USMCR, AdminO | | | | | 31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i> | | | | | |

DD FORM 214 MC

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

S/N 0102-002-0001

REPORT OF SEPARATION FROM ACTIVE DUTY (1900)

SRB/OQR OR HQMC 2

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego 12-20-04 14:51 PAID

Date 12/20/04

pre-need trust

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of for Lucy G. Skatzes
 in a ash vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary _____

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row _____ Lot 83 Grave 8

Grave space & Care Fund E-5133 0

Overtime/Late Arrival Fees _____ —

Opening/Closing & Setup _____ 116.00

Burial Container **PAID** _____ 61.00

Handling Fees _____ 66.00

Flower vases - Marker setting **DEC 20 2004** _____ —

Recording/Filing/Transfer Fees _____ 50.00

Sales taxes **MOUNT HOPE CEMETERY** _____ 4.73

Total Due _____ 297.73

Paid receipt number 12-58341 297.73

Balance due 0

I hereby certify I am the self of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____
 hold under deed. 218976 LUCY G SKATZES
 Print Name _____
2336 COMMONWEALTH
 Address _____
SAN DIEGO 92104
 City _____ Zip Code _____
619 280-1824
 Telephone _____

Signature _____

Paulette
 Work Order # **E 18864**

Invoice # _____
 Acct. # _____

AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego
12-21-04 09:46 PAID Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eduardo Rodriguez 228386

in a DD crypt A Funeral, date, time Thue. 12/23/04 11:00
Type of Burial Container
Church, Chapel, Graveside : Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

| | | | | |
|-----------------------------------|----------------------------|---------------|----------------|-------------------------------------|
| Division <u>12</u> | Section <u>2</u> | Blk/Row _____ | Lot <u>93</u> | Grave <u>7</u> |
| Grave space & Care Fund | PAID | | <u>E-18846</u> | <input checked="" type="checkbox"/> |
| Overtime/Late Arrival Fees | | | | <input type="checkbox"/> |
| Opening/Closing & Setup | | | | <input checked="" type="checkbox"/> |
| Burial Container | DEC 21 2004 | | | <input checked="" type="checkbox"/> |
| Handling Fees | | | | <input checked="" type="checkbox"/> |
| Flower vases - Marker setting fee | MOUNT HOPE CEMETERY | | | <input type="checkbox"/> |
| Recording/Filling/Transfer Fees | | | | <input checked="" type="checkbox"/> |
| Sales taxes | | | | <input checked="" type="checkbox"/> |
| | | | Total Due | <input checked="" type="checkbox"/> |

Paid receipt number _____
Credit card 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 _____
maria

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____
see attached for signatures

Work Order # E 18865

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-18865

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|-----|-------|---|------------|--|-----------|
| | | | | | | |
| | | | | Walker III | | cramped |
| | Red | EARLY | x | Revilla | | Robertson |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 12/21/04

Interment space for: Eduardo Rodriguez

Interment Date: 12/23/04 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 93 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flag

Blind Check & Verified By: David Novick Date: 12-22-04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-188865

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|------------------------|---|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Eduardo | 1B. MIDDLE E | 1C. LAST (FAMILY) Rodriguez | 2. DATE OF BIRTH MONTH DAY YEAR 06/02/1939 | 3. DATE OF DEATH MONTH DAY YEAR 12/20/2004 | 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 Martha E. Rodriguez - Wife 171 Palomar St., #150 Chula Vista, Ca. 91911 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Preferred Cremation and Burial 3094 El Cajon Blvd., Ste. A San Diego, CALIFORNIA 92104 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1746 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i> |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | 8B. DATE SIGNED 12/20/2004 | | |

| | | | | |
|---|---|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 12/22/2004 Mark Jenkins | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421487 |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: P.O. Box 85222 San Diego, California 92186-5222 | | 9E. 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 CORONOR'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 8751 Market Street San Diego, California 92102 | 11B. DATE BURIED 12/22/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E18865

Pre Need Lot & Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-15-04 10:49 PAID

Date 12/10/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FOR EDUARDO & MARTHA RODRIGUEZ

in a DD crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 93 Grave 7

Grave space & Care Fund _____ 1,310-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ **PAID** 549-

Burial Container _____ 556-

Handling Fees _____ 468-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 66-

Sales taxes _____ 43.09

MOUNT HOPE CEMETERY
paid in full balance of \$2000
Total Due 2992.09
Paid receipt number mc 2992.09

Balance due 2000-

I hereby certify I am the Martha Rodriguez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

(NR) maria

Work Order # E 18846

Martha Rodriguez
Print Name
171 Palomar
Address
Chula Vista #150
City
(619) 4250784
Telephone
Zip Code

Invoice # _____

Acct. # _____

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/21/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Baby Boy Serrano
in a ? Funeral, date, time ?

Church, Chapel, Graveside : Atylan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned.

| Division | Section | Blk/Row | Lot | Grave |
|---|----------|---------|-------------|----------|
| <u>90</u> | <u>1</u> | | <u>1009</u> | <u>1</u> |
| Grave space & Care Fund <u>110-</u> | | | | |
| Overtime/Late Arrival Fees | | | | |
| Opening/Closing & Setup <u>138-</u> | | | | |
| Burial Container <u>61-</u> | | | | |
| Handling Fees <u>66-</u> | | | | |
| Flower vases - Marker setting fee | | | | |
| Recording/Filing/Transfer Fees <u>50-</u> | | | | |
| Sales taxes <u>4.73</u> | | | | |

VOID
**12/27/04 Father came in
can not afford M.V.**

Total Due 429.73
Paid receipt number R#58344 429.73
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.

ISMAEL SANTANA
Point Name
2420'D AVE
Address
NATIONAL CITY CA.
City
619 3369516
Telephone
Zip Code

Signature
(R) maria

Work Order # E 18866

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT need

12-27-04 08:30 PAID

Date 12/21/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARKCITO SAYAPI CONLEY 228425

in a Liner Funeral, date, time Tues Dec 28 11:00

Church Chapel Graveside : Featheringill Mortuary Jerry

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 150 Grave 11

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 413.00

Burial Container 209.00

Handling Fees 160.00

Flower vases - Marker setting 50.00

Recording/Filing/Transfer Fees 16.00

Sales taxes 1833.00

Total Due 1833.00

Paid receipt number R# 58351 1833.00

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.

M. C. Conley
Signature

Paulite

Work Order # E 18867

REA-104 (3-04)

CHRIS CONLEY
Print Name
9906 MISSION VEGA RD #2
Address
SANTER, CA 92071
City
619-954-5555
Telephone

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY

F-19867

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|-------|--------|--|---|-------|---|--|
| | | | | | | |
| | Styles | | | Peter | ✓ | |
| Quent | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/27

Interment space for: Mark Kito Sayapi Conley

Interment Date: 12/28 Tues Time: 11:00

Div: 12 Sect: 2 Blk/Row: Lot: 150 Gr: 11

Grave Laid out by: KEN A DARREYL

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: [Signature] Date: 12-27-07

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18867 29

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------------------|--|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Markcito | 1B. MIDDLE Sayapi | 1C. LAST (FAMILY) Conley | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/10/1975 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/19/2004 | 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 Lynda F. Conley (Mother) 1950 Arnold Way #8 Alpine, CA 91901 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92155 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1083 | | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>M. Dominguez</i> |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100555 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 12/23/2004 | | |

| | | | | |
|---|---|---|--|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 12/22/2004 M. Dominguez | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421469 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|---------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102 | 11B. DATE BURIED | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Gondermacker</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED 12/22/04 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>M. Gondermacker</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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/21/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of GRACE BEAULOYE 20/6/16
in a liner Funeral, date, time Wed 12/29/04 10:00
Church, Chapel Graveside Holy Cross : Goodbody Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1674 Grave 1

Grave space & Care Fund _____ 0

Overtime/Late Arrival Fees _____ **PAID**

Opening/Closing & Setup _____ 549-

Burial Container _____ 278-

Handling Fees _____ 213-

Flower vases - Marker setting _____ 25⁸⁵

Recording/Filling/Transfer Fees _____ 106-

Sales taxes _____ 2154

Total Due _____ 1153.³⁹

Paid receipt number Rx 58343 1153.³⁹

Balance due 0

I hereby certify I am the Son Alfred Beauloye of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature _____

(NR) maria

ALFRED BEAULOYE
Print Name
3215 S. GRACIA AVE
Address
SPAIN VALLEY CA 91977
City Zip Code
619-465-5526
Telephone

Work Order # E 18868

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E 108600

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|-------|--------------------|---|----------|--|--|
| | | | | | | |
| | | | | | | |
| | grave | ALFRED Beauloye | X | Richmond | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/23

Interment space for: Grace Beauloye

Interment Date: 12/29/04 Time: 10:00

Div: 10 Sect: used Blk/Row: 1674 Gr: 1

Grave Laid out by: Norman Ferry

Agrees with Legal Card: Yes No

Agrees with Map: Yes No Flag

Blind Check & Verified By: David Neriya Date: 12-27-04

E188608 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) GRACE | 1B. MIDDLE V | 1C. LAST (FAMILY) MILLER | 2. DATE OF BIRTH MONTH DAY YEAR 04/13/1922 | 3. DATE OF DEATH MONTH DAY YEAR 12/20/2004 | 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 ALFRED BEAULOYE—SON 3215 SO. GRANADA AVE. SPRING VALLEY, CA. 91977 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GOODBODY MORTUARY, 5027 EL CAJON BLVD. SAN DIEGO CA 92115 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 790 | | 8A. SIGNATURE OF APPLICANT—Person taking permit |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 12/22/2004 | | |

| | | | | |
|--|---|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/22/2004 K JONES | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421527 |
| 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 CORONOR'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 12/29/04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT DEED

12-22-04 12:00 Date 12-22-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robin Mv. Kenneth Dunn 228421

in a Liner Funeral, date, time Mon. Dec. 27th 11:00

Church Chapel, Graveside CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row _____ Lot 666 Grave 1

Grave space & Care Fund D-6002 0

Overtime/Late Arrival Fees **PAID** _____

Opening/Closing & Setup _____ 413.00

Burial Container DEC 22 2004 _____ 209.00

Handling Fees _____ 160.00

Flower vases - Marker setting **MOUNT HOPE CEMETERY** _____

Recording/Filing/Transfer Fees _____ 50.00

Sales taxes _____ 16.20

Total Due _____ 848.20

Paid receipt number R-58346 848.20

MORT 2 pay

POWER ATTORNEY / For Family

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 [Signature]

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette
Work Order # E 18869

See Attached

MT HOPE CEMETERY

E-188609

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|---------|---------|-----------|---------|---------|--|--|
| | | | | | | |
| | | | | | | |
| Andrews | Andrews | ORR | X | | | |
| | | Sweepston | Fairley | Leonard | | |
| | | | | | | |

Blind Check Initiated By: Paulette Date: 12/23

Interment space for: Robin ~~Kenneth Dunn~~

Interment Date: MON 27th Time: 11:00 Church

Div: 11 Sect: 1 Blk/Row: _____ Lot: 666 Gr: 1

Grave Laid out by: Norman Peyton

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Handwritten signature/initials

Blind Check & Verified By: Robt. [Signature] Date: 12/23/04

E-18869

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|---------------------------|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROBIN | 1B. MIDDLE KEPT | 1C. LAST (FAMILY) DAVE | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/01/1932 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/19/2004 | 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 CLASSIE DUNN—WIFE 1909 E. 16TH STREET NATIONAL CITY, CA 91950 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA CREMATION & BURIAL CHAPEL 5800 EL CAJON BLVD. SAN DIEGO, CA 92115 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1357 | | 8A. SIGNATURE OF APPLICANT — Person taking permit <i>Victoria Mitchell</i> | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 12/23/2004 | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/23/2004 V. MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421578 |
| | 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED 12/19/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>K. C. Brown</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

POWER OF ATTORNEY

F18869

KNOW ALL MEN BY THESE PRESENTS : That NEWELL G. & DOROTHY EVANS

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE, a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE CEMETERY
DIVISION II, LOT 66, SECTION 1, GRAVES 1+2

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

X Newell E. Evans
Signature

X Dorothy L. Evans
Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of California County of Santa Barbara

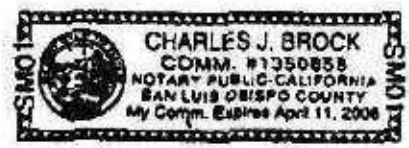
On August 23rd ^{ca} 2004 before me, the undersigned, a Notary Public in and for said State personally appeared, NEWELL E. EVANS, DOROTHY L. EVANS

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

X Charles J. Brock
Notary Public Signature

(SEAL)



OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
DATE OF DOCUMENT _____ NUMBER OF PAGES _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

12-22-04 10:55 PAID

Date 12-22-04

*pre-need
Lot & Trust
in full*

Gela Roberto Campos

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Yrs. Mr. Gela R. Campos [REDACTED]

in a Urner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 5 Section 2 Blk/Row _____ Lot 6 Grave 2 ^{pc.}

Grave space & Care Fund **PAID** 1755.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup DEC 22 2004 413.00

Burial Container 209.00

Handling Fees **MOUNT HOPE CEMETERY** 160.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50.00

Sales taxes 16.20

Total Due 2603.20

Paid receipt number R-58545 2603.00

Balance due 0

I hereby certify I am the Power of Attorney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.
Daisy R. Pomilia
Signature _____

228493
Gela R. Campos
Print Name _____
3611 W. Wilson Ave
Address _____
San Diego, CA 92104
City _____ Zip Code _____
619-336-1249
Telephone _____

Daisy R. Pomilia
Paula
619) 691-0955
18870

Please contact: Daisy at 619-691-0955
Invoice # _____
Acct. # _____

Work Order # E 18870

AT NEED
Intigent

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/22/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Debra Davis PA # 20050705 228449 in a D.D. Crypt B Funeral, date, time Thurs Dec 30th 10:30 Church, Chapel, Graveside Bay View Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 858-277-7820 monica will be applied and billed to undersigned.

| | | | | |
|-----------------------------------|---------------|---------------|---------------|-----------------|
| Division <u>13</u> | Section _____ | Blk/Row _____ | Lot <u>19</u> | Grave <u>2B</u> |
| Grave space & Care Fund | | | | <u>131.00</u> |
| Overtime/Late Arrival Fees | | | | |
| Opening/Closing & Setup | | | | <u>454.00</u> |
| Burial Container | | | | <u>132.00</u> |
| Handling Fees | | | | |
| Flower vases - Marker setting fee | | | | <u>49.00</u> |
| Recording/Filling/Transfer Fees | | | | <u>10.23</u> |
| Sales taxes | | | | <u>776.23</u> |

PAID

FEB 22 2005

MOUNT HOPE CEMETERY

Total Due 776.23
Paid receipt number 776.23
Paid by ck # 419722
Balance due 0

P.A. Ellen
Beauparlant
858-694-3987

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____

Signature attached

Palletta
Work Order # E 18871

Invoice # 419722
Acct. # 000952

E18871 51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|---------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DEBRA | 1B. MIDDLE JEAN | 1C. LAST (FAMILY) DAVIS | 2. DATE OF BIRTH MONTH DAY YEAR 11/24/1953 | 3. DATE OF DEATH MONTH DAY YEAR 11/17/2004 | 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 ELLEN BEAUPARIANT — PUBLIC GUARDIAN 5201-A RUFFIN RD., SAN DIEGO, CA 92123 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: BAYVIEW CREM. & BURIAL, 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1661 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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>Ellen Davis</i> | | 8B. DATE SIGNED 12/30/2004 | | | |

| | | | | |
|---|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/30/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT R. MARTINEZ |
| AUTHORIZATION OF LOCAL REGISTRAR | 8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONOR'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 12 30 04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED

INTERMENT ORDER

City of San Diego

Date 12/22/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Debra Davis PA #20050705

In a D.A. Crypt B Funeral, date, time Bayview Mortuary.

Church, Chapel, Graveside Marisa

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge will be applied and billed to undersigned.

Division 13 Section _____ Blk/Row _____ Lot 19 Grave 1B

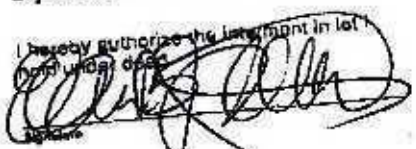
| | |
|-----------------------------------|--------|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | 454.00 |
| Opening/Closing & Setup | 132.00 |
| Burial Container | |
| Handling Fees | |
| Flower vases - Marker setting fee | 49.00 |
| Recording/Filing/Transfer Fees | 10.23 |
| Sales taxes | 776.23 |
| Total Due | |

P.A. Ellen Beauparlant
858-694-3987

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. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot _____


Pauletta

Ellen Beauparlant
3201-A Ruffin Rd.
San Diego, CA 92123
(858) 694-3987

Invoice # _____
Acct. # _____

Work Order # E 18871

Information is available in alternative formats upon request.

ACR02U PSWD:

INVOICE DATA ENTRY

E-18871

PG 1

ACTION: A BY: PBG ACCOUNT: 000952 INVOICE: 419722 INV DATE: 05 04 05
NAME: COUNTY OF SAN DIEGO

- 1) PUBLIC ADMINISTRATOR
- 2) 5201 RUFFIN ROAD A
- 3)
- 4)

CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY: _____
 DEPT: 072 CONTACT: PAULETTE CRAWFORD PHONE: 619 527 3401
 REFER NO: E-18871 DAYS DUE: 030 INV TYPE: GA TYPE CHG: _____ NOTICES: Y
 TREAS-REF: Y ENCLOSURES: Y PD COVERED: _____ EXCEPT CODE: _____ ACCRUAL CODE: _____
 TIME PAYM CODE: _____ STD DESC CODE: _____ INVOICE TOTAL: 776.23

| DESCRIPTION OF CHARGE | AMOUNT |
|-------------------------------|--------|
| DEBRA DAVIS PA20050705 INTIG. | |
| LOT 19 GRAVE 2B DIVISION 13 | 131.00 |
| OPENING/CLOSING | 454.00 |
| BURIAL CONTAINER | 132.00 |
| RECORDING FEE | 49.00 |
| SALES TAX | 10.23 |

LATE CHARGE #1 - DAYS DUE: _____ TOTAL DUE 776.23
 #2 AMOUNT: _____ AND/OR PCT CODE: _____

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

"y" means this invoice will be sent to Kim Ward. She will call me & have all documents to pay sent to "Flo" in auditors.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-27-04 12:06 PAID

Date 12/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of KAYE HAYNES 228436
in a WOODEN CHERRY v. Funeral, date, time Wed. 12/29/04 11:00

Church, Chapel, Graveside CA. BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 10 Section 2 Blk/Row _____ Lot 1052 Grave _____

Grave space & Care Fund _____ 1095.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 413.-

Burial Container _____ 418.-

Handling Fees _____ 352.-

Flower vases - Marker setting fee _____ 50.-

Recording/Filing/Transfer Fees _____ 32,40

Sales taxes _____

Total Due 2360.40

PAID
DEC 27 2004
Paid receipt number R 58352 2360.40

Balance due 0

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Maria

JAMES L. HAYNES
Print Name
1071 BEVERLY ST
Address
SAN DIEGO CA 92114
City
619 264 7417
Telephone
Zip Code

Work Order # E 18872

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E18872

GRAVE BLIND CHECK FORM

Deceased Name Kaye Haynes

| | | | | | | |
|--|--|--------|--------|--|--|--|
| | | | | | | |
| | | | vaener | | | |
| | | Kallos | X | | | |
| | | | Evans | | | |
| | | | | | | |

Today's Date 12/27

Interment Date: 12/29 Time: 11:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1652 Gr: _____

Flag placed by: Maria

Grave Laid Out by: KEN

Blind Check Verified by: [Signature]

Agrees with Map: Initials _____ Verified [Signature]

Agrees with Legal Card: Initials _____ Verified [Signature]

E18872

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) KAYNE | 1B. MIDDLE D. | 1C. LAST (FAMILY) HAYNES | 2. DATE OF BIRTH MONTH, DAY, YEAR 09/02/1951 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/19/2004 | 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 L. HAYNES—HUSBAND 1071 BEVERLY ST. SAN DIEGO CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; 7B. CALIF. LICENSE NUMBER — IF APPLICABLE CALIFORNIA CREMATION & BURIAL 5880 EL WAJON BLVD. SAN DIEGO CA 92115 FD-1357 | | | 8A. SIGNATURE OF APPLICANT—Person issuing permit; 8B. DATE SIGNED <i>[Signature]</i> 12/23/2004 | | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code. | | | | | |

| | | | | |
|---|--|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 12/23/2004 V MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421555 |
| 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 CORONOR'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"/> D. 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 12/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

at
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

12-23-04 11:49 PAID City of San Diego

Date 12/03/04

Duenas

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILFRED V Mateo 228427

in a liner 0 Type of Burial Container m.v. Funeral, date, time Tues. 12/28/04 11:00
Church, Chapel, Graveside ~~no service~~ : Erickson Anderson Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row Lot 3926 Grave 1

Grave space & Care Fund **PAID** 146-

Overtime/Late Arrival Fees 184-

Opening/Closing & Setup **DEC 23 2004** 102-

Burial Container 37-

Handling Fees **MOUNT HOPE CEMETERY** 4624

Flower vases - temp ~~Marker~~ setting fee 66-

Recording/Filing/Transfer Fees 7.91

Sales taxes 589.915

Total Due 589.915

Paid receipt number MC 589-15 ~~589-15~~ m.v.

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 Maria

JEANETTE DUENAS
Print Name
OSCEI MELLANDOR DR #4
Address
LA MESA 91992
City
619-703-7805 Zip Code
Telephone

Work Order # E 18873

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E 18873

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--|--|---|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Blind Check Initiated By: MARIA Date: 12/23

Interment space for: WILFRED D. Mateo

Interment Date: 12/28 Time: 11:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 3926 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DAKOTA Date: 12-23-24

F18873

PAUL PYKA, D.O., F.A.C.O.G.

Obstetrics, Gynecology & Infertility

8851 Center Drive, #100
La Mesa, California 91942
Phone: (619) 463-9195
Fax: (619) 463-0956
Email: ppdo12@covad.net

December 27, 2004

RE: Jeanette Duenas

This letter is to verify that a premature infant (under 20 weeks) was delivered by me on December 18, 2004.

Please feel free to contact me if you have further questions.

Sincerely,



Paul Pyka, D.O., F.A.C.O.G.

PP;cb

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

12-23-04 14:04 PA Date 12/23/04

AT Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Major Ward 228442
in a Urn Funeral, date, time Thurs. Dec 30, 2004
Church, Chapel, Graveside Ragsdale Mortuary 1:00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 135 Grave 12
Grave space & Care Fund 985.00
Overtime/Late Arrival Fees _____
Opening/Closing & Setup 413.00
Burial Container **PAID** 209.00
Handling Fees 160.00
Flower vases - Marker setting **DEC 23 2004** _____
Recording/Filing/Transfer Fees 50.00
Sales taxes **MOUNT HOPE CEMETERY** 16.20

Total Due 1833.20

Paid receipt number R-58349 1833.20

Balance due 0

Paulette

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.

Effie O. Law
Signature

Res. verified

Work Order # E 18874

Effie O. Law
Print Name
5317 Encina Dr.
Address

City San Diego, Zip Code 92114
Telephone 263-4064

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

F-18874

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|--------|--|---|---------|---------|--------|
| | | | | | | |
| | Porter | | | | | |
| | Huxton | | X | Nichols | Johnson | Haynes |
| | | | | Bretler | | |
| | | | | | | |

Blind Check Initiated By: Bullette Date: 12/28

Interment space for: Major Lad

Interment Date: 12/30 Time: 7.00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 135 Gr: 12

Grave Laid out by: Alid Novis 12-28-04

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

F-18874

Blind Check & Verified By: Norman Date: 12/27/04

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18874

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|---------------------------|--|---|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MAJOR | 1B. MIDDLE GENE | 1C. LAST (FAMILY) LARD | 2. DATE OF BIRTH MONTH DAY YEAR 10/22/1935 | 3. DATE OF DEATH MONTH DAY YEAR 12/17/2004 | 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 EFFIE O. LARD, WIFE 5377 ENCINA DRIVE SAN DIEGO, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 12/21/2004 | | |

| | | | | |
|---|---|---|---|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 12/22/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2821439 |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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 12-30-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT Need

12-23-04 15:14 DATED PAID

12/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Diante' Dave 228429

in a Liner Type of Burial Container Funeral, date, time Tues Dec. 28th 11:30

Church Chapel Graveside : CA Burial Mortuary Claudette

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 77 Grave 11

Grave space & Care Fund 985.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup **PAID** 413.00

Burial Container 209.00

Handling Fees **DEC 23 2004** 160.00

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fee **MT. HOPE CEMETERY** 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R-58350 1,833.20

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.

Sonya L. Swanegan
Signature

✓ Sonya L. Swanegan
Print Name
243 Lausanne Dr.
Address
San Diego, CA 92114
City (619) 263-6666 Zip Code
Telephone

Paulette
Work Order # E 18875

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18875

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

| | | | | | | |
|--|-------|--|---|---------|---------|--|
| | | | | | | |
| | | | | | | |
| | Davis | | X | Johnson | Antoine | |
| | | | | | White | |
| | | | | | | |

Blind Check Initiated By: RULETTE Date: 12/27

Interment space for: Diante Dave

Interment Date: 12/28/04 Time: 11:30AM

Div: 12 Sect: 2 Blk/Row: _____ Lot: 77 Gr: 11

Grave Laid out by: KEN & DARRELL

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Flay

Blind Check & Verified By: DAVID N. Date: 12-27-04

E-18875

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | | |
|---|--|-------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) DIANTE | | 1B. MIDDLE D. | 1C. LAST (FAMILY) DAVE | 2. DATE OF BIRTH MONTH, DAY, YEAR 02/29/1989 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/18/2004 | 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 SONYA SWANEGAN—MOTHER 243 LAUSANNE DR. SAN DIEGO CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE 1357 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Mitchell</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | 8B. DATE SIGNED 12/22/2004 | | | |

| | | | | |
|---|---|--|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/22/2004 V MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421490 |
| | 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 CORONOR'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"/> 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"/> D. 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 12/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED - Intigent

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Jean Henderson 2000 50808 228447

in a DD Crypt A Funeral, date, time Thurs Dec 30th 1030

Church, Chapel, Graveside Ragsdale Moniecha Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 13 Section _____ Blk/Row _____ Lot 19 Grave 2A

Grave space & Care Fund 131.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 454.00

Burial Container 132.00

Handling Fees —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 49.00

Sales taxes 10.23

Total Due 776.23

Paid receipt number BY CK # 776.23

4199544 Balance due 0

P.A. Barmel
Price 850-694-3507

PAID
FEB 22 2005
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette
Work Order # E 18876

SEE THE ATTACHED FOR SIGNATURES

SAN DIEGO COUNTY
 AUDITOR AND CONTROLLER
 ROOM 163 COUNTY ADMINISTRATION CENTER
 SAN DIEGO, CA 92101-2478
 (619) 531-5321

E18876

| AUTHORITY/PO | INVOICE | DESCRIPTION | DISCOUNT AMOUNT | NET AMOUNT |
|--------------------------|----------------------|---|-----------------|------------------|
| E-7BL2-26- E-7BL2-26- | 20050318 20050705 | REF NO E-18885 (JOHN DOE) REF NO E-18871 DEBRA DAVIS | 0.00 0.00 | 776.23 776.23 |
| E-18876 | paid 20050808 | per Darlene Acct 858) 495 5273 w/ RA. please Apply to \$ Emma Jean Henderson Intercept Council 12/30/04 | | |
| | | | 0.00 | 1,552.46 |

==
 ==
 ==

F18876 53

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|---------------------------|--|---|--|---|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Emma | 1B. MIDDLE Jean | 1C. LAST (FAMILY) Henderson | 2. DATE OF BIRTH MONTH DAY YEAR 10/10/1951 | 3. DATE OF DEATH MONTH DAY YEAR 12/22/2004 | 4. SEX F |
| 5A. CITY OF DEATH National City | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego | | B. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Eugene Henderson, Son 248 Webster Street] Heflin, LA 71039 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mortuary; 5050 Federal Blvd San Diego, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | 8A. SIGNATURE OF APPLICANT—Person taking permit |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | | 8B. DATE SIGNED 12/27/2004 |

| | | | | |
|----------------------------------|---|--|--|---|
| 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 13.00 | 9B. DATE PERMIT ISSUED 12/28/2004 V. Davis | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT |
| 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 CORONOR'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"/> D. 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 12/29/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Suter</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED - Intigent

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emma Jean Henderson 20050808

2281446

in a DDCEUPT

Funeral, date, time Thurs, 12/30 @ 10:00 A

Church, Chapel, Graveside

Ragsdale Memorial

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 13 Section _____ Block/Row _____ Lot 19 Grave 18

| | |
|-----------------------------------|--------|
| Grave space & Care Fund | 131.00 |
| Overtime/Late Arrival Fees | — |
| Opening/Closing & Setup | 454.00 |
| Burial Container | 132.00 |
| Handling Fees | — |
| Flower vases - Marker setting fee | — |
| Recording/Filing/Transfer Fees | 49.00 |
| Sales Taxes | 10.23 |
| Total Due | 776.23 |

P.A. Darnel
Price 850-444-3501

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.

→ Emma Smith

→ Emma Smith
928 S. 45TH ST APT#2
SAN DIEGO, CA 92113
619-263-7119

Paulette
Work Order # E 18876

Invoice # _____
Acct. # _____

THE FACE OF THIS DOCUMENT CONTAINS A COLORED SECURITY TINT BACKGROUND ON WHITE PAPER.



County of San Diego
1600 Pacific Highway
San Diego, CA 92101-2478

BANK OF AMERICA
Community Development Bank
1500 Newell Ave. Ste. 200
Walnut Creek, CA 94596

90-4182

Warrant No.

4199514

Date of Issue: 01/24/2005

E-18876

The Treasurer Will Pay One Thousand Five Hundred Fifty-Two Dollars And 46 Cents*****

\$ *****1,552.46*

To
MT HOPE CEMETERY
ATTN: CITY TREASURER
3751 MARKET ST
SAN DIEGO CA 92102

VOID IF NOT PRESENTED TO COUNTY TREASURER WITHIN
SIX MONTHS FROM DATE OF ISSUE. GOV'T CODE SECT. 29802

AUDITOR AND CONTROLLER

Tracy M. Sautel

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW.

⑈04199514⑈ ⑆121141822⑆ 73132⑈00986⑈

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT NEED

Date 12/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Douglas Winberg # 228489 (son)

in a ASH VAULT Type of Burial Container Funeral, date, time 11:00 AM

Church, Chapel, Graveside Delivery Bonham Bros. & Stewart Mortuary
PH 760 789-3577

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 8 Section 31 Blk/Row D-890 Lot 764 Grave 1

Grave space & Care Fund _____ 0

Overtime/Late Arrival Fees _____ —

Opening/Closing & Setup _____ 154.00

Burial Container _____ 89.00

Handling Fees _____ 88.00

Flower vases - Marker setting fee _____ —

Recording/Filing/Transfer Fees _____ 66.00

Sales taxes _____ 6.28

PAID
JAN 13 2005
MOUNT HOPE CEMETERY

Total Due 395.28

Paid receipt number R-58409 395.28

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulatte

Work Order # E 18877

See attached for signatures

MT HOPE CEMETERY

E-18877

GRAVE BLIND CHECK FORM

Deceased Name Robert H. Winberg
Douglas Winberg

| | | | | | | |
|--|--|-----------------|-----------------|--------------|--|--|
| | | | | | | |
| | | | F. M. DIEPER | | | |
| | | H. A. STEELE | X | M. H. GAY | | |
| | | | H. SPIRES | | | |
| | | | | | | |

Today's Date 1-14-05

Interment Date: Delivery Time: AYD

Div: 8 Sect: 1 Blk/Row: _____ Lot: 764 Gr: 1

Flag placed by: Chuck

Grave Laid Out by: KEN

Blind Check Verified by: Wanner

Agrees with Map: Initials _____ Verified aw

Agrees with Legal Card: Initials _____ Verified aw

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18877
ID#1914339

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Fd

51

| | | | | | | | |
|---|--|-----------------------------|---|--|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Douglas | | 1B. MIDDLE Robert | 1C. LAST (FAMILY) Winberg | | 2. DATE OF BIRTH MONTH DAY YEAR 04/01/1947 | 3. DATE OF DEATH MONTH DAY YEAR 12/24/2004 | 4. SEX M |
| 5A. CITY OF DEATH Ramona | | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE San Diego | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Elizabeth Winberg Mother 1737 Eastwood Ct Fort Collins CO 80525 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Bonham Bros & Stewart Mortuary 321 12th St Ramona CA 92065 | | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD568 | | 8A. SIGNATURE OF APPLICANT — Person taking permit | |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | | | 8B. DATE SIGNED 12/28/2004 | |

| | | | | |
|--|---|--|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/28/2004 J. Stewart | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421704 |
| | 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 checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |
|---|--|

| | | | | |
|-------------------------------|--|--|---|---|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery San Diego CA 92102 | 11B. DATE BURIED 1-18-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Greenwood Mem Pk 4300 Imperial Ave San Diego CA 92102 | 12B. DATE CREMATED 01/01/2005 | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED - | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY - |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED - | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER - |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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

AT NEED

Date 12/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Douglas Winberg

in a ASH VAULT Funeral date, time _____

Church, Chapel, Graveside Delivery Fontana Bros. & Stewart Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

| | | | | |
|---|------------------|----------------------|----------------|----------------|
| Division <u>8</u> | Section <u>1</u> | Blk/Row <u>D-890</u> | Lot <u>764</u> | Grave <u>1</u> |
| Grave space & Care Fund <u>0</u> | | | | |
| Overnight/late Arrival Fees _____ | | | | |
| Opening/Closing & Setup <u>154.00</u> | | | | |
| Burial Container <u>81.00</u> | | | | |
| Handling Fees <u>98.00</u> | | | | |
| Flower vases - Marker setting fee _____ | | | | |
| Recording/Filing/Transfer Fees <u>66.00</u> | | | | |
| Sales tax <u>6.28</u> | | | | |
| Total Due | | | | <u>396.28</u> |

Paid receipt number _____ Balance due _____

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Elizabeth Winberg
Signature

Elizabeth Winberg
Print Name
1737 Eastwood Cr.
Address
San Marcos CA 92525
City
970 493 7226 Zip Code
Telephone

Paula

Work Order # E 18877

Invoice # _____
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-27-04 14:19 PAID

Date 12/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jose Barragan 228433
in a DD Crypt (A) Funeral, date, time Wed. 12/29/04 11:00
Church Chapel Graveside Howard Heath Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 83 Grave 6

Grave space & Care Fund **PAID** 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup **DEC 27 2004** 413-

Burial Container 418-

Handling Fees **MOUNT HOPE CEMETERY** 352-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50-

Sales taxes 3240

Total Due 2250 40

Paid receipt number R 58357 2250 40

Balance due 0

I hereby certify I am the wife of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Laura Barragan
Print Name
6709 Mezin way
Address
San Diego CA 92114
City Zip Code
(619) 266-0398
Telephone

Laura Barragan
Signature

(R) Maria

Work Order # E 18878

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-18878

GRAVE BLIND CHECK FORM

Deceased Name Jose Barragan

| | | | | | | |
|--|------|---------|---|-------|-------|--|
| | | | | | | |
| | | Shields | | | | |
| | Ward | Logan | X | Miles | Lenke | |
| | | | | | | |
| | | | | | | |

Today's Date 12/27

Interment Date: 12/29/04 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 83 Gr: 6

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: DARREYL

Agrees with Map: Initials LLF Verified _____

Agrees with Legal Card: Initials _____ Verified _____

E-18878

44

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|-----------------|--|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JOSE | 1B. MIDDLE - | 1C. LAST (FAMILY) BARRAGAN | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/17/1960 | 3. DATE OF DEATH MONTH, DAY, YEAR Feb 12/21/2004 | 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 Laura Barragan - Wife 6709 Mezin Way San Diego CA 92114 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Heath Funeral Home 611 Highland Ave., National City CA 91950 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 807 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>J. Heath</i> | | |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code. | | 8B. DATE SIGNED 12/28/2004 | | | |

| | | | | |
|--|--|---|---|--|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$ 13.00 | 9B. DATE PERMIT ISSUED 12/28/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L Bowen MD</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 Box 85222, San Diego CA 92186-5222 | 9E. 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, San Diego CA 92102 | 11B. DATE BURIED 12/28/04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>M. Susterma</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

12-27-04 14:29 PAID City of San Diego

Date 12/27/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Oliver 228438

In a Liner Funeral, date, time Wed. 12/29/04 11:00
Church Chapel, Graveside : Atlan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 183 Grave 81 ~~985~~ ^{MW}

| | | |
|-----------------------------------|----------------------------|-------------|
| Grave space & Care Fund | PAID | <u>985-</u> |
| Overtime/Late Arrival Fees | | |
| Opening/Closing & Setup | DEC 27 2004 | <u>413-</u> |
| Burial Container | | <u>209-</u> |
| Handling Fees | MOUNT HOPE CEMETERY | <u>160-</u> |
| Flower vases - Marker setting fee | | |
| Recording/Filing/Transfer Fees | | <u>50-</u> |
| Sales taxes | | <u>1620</u> |

Total Due 1833²⁰
Paid receipt number R#58358 1833²⁰
Balance due 0

I hereby certify I am the stepson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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]
(R) maria

Eduardo Reyno.
Print Name
16707 SAMAHA BLVD
Address
SPRIN VALLEY CA 91978
City Zip Code
(619) 303-2025
Telephone

Work Order # E 18879

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

E-188 79

GRAVE BLIND CHECK FORM

Deceased Name Richard Oliver

| | | | | | | |
|----------------|--|--|------|-------------|--|--|
| | | | COOK | Parraguerre | | |
| Pierson Jr. | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 12/27

Interment Date: 12/29 Time: 11:00

Div: 12 Sect: 2 Blk/Row: Lot: 183 Gr: 6

Flag placed by: Paulette

Grave Laid Out by: David Noriega

Blind Check Verified by: Norman Ferguson

Agrees with Map: Initials Verified

Agrees with Legal Card: Initials Verified

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

27
E-18879

| | | | | | |
|--|------------------------|---|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Richard | 1B. MIDDLE - | 1C. LAST (FAMILY) Oliver | 2. DATE OF BIRTH MONTH, DAY, YEAR 05/06/1977 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/28/2004 | 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 Maria Reyna-Mother 10707 Jamacha Blvd. Spring Valley, Ca 91988 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Funeraria Aztlan 7856L La Mesa Blvd. La Mesa, CA 91941 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1658 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Leah A. Mata</i> |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100050 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | 8B. DATE SIGNED 12/28/2004 | | |

| | | | | |
|---|--|---|--|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED Leah A. Mata 12/28/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 2421697 |
| 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 CORONOR'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"/> D. 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

AT Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruthie Brown

In a Liner Funeral, date, time Thurs Dec. 30th 10:00

Church Chapel, Graveside _____ : CA BURIAL Mortuary.

* All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 165.00 will be applied and billed to undersigned.

| | |
|--|----------------|
| Division <u>12</u> Section <u>2</u> Blk/Row _____ Lot <u>65</u> Grave <u>9</u> | |
| Grave space & Care Fund | <u>985.00</u> |
| Overtime/Late Arrival Fees | _____ |
| Opening/Closing & Setup | <u>413.00</u> |
| Burial Container | <u>209.00</u> |
| Handling Fees | <u>160.00</u> |
| Flower vases - Marker setting fee | _____ |
| Recording/Filing/Transfer Fees | <u>50.00</u> |
| Sales taxes | <u>1620</u> |
| Total Due | <u>1833.20</u> |

Mort. 2 pay

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, of I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Rauette

Work Order # E 18880

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-28-04

AT NEED

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Annie Swenson 228457

in a D.D. Crypt "B" Funeral, date, time Weds Jan 5, 2005 ^{10:00}

Church Chapel, Graveside Ragsdale Mortuary. Shipper

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row E-5739 Lot 113 Grave 2

Grave space & Care Fund —

Overtime/Late Arrival Fees —

Opening/Closing & Setup 413.00

Burial Container —

Handling Fees —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 50.00

Sales taxes —

Total Due 463.00

Paid receipt number 58387 Balance due 0

PAID

JAN - 5 2005

MOUNT HOPE CEMETERY

MOUNT 2 pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18881

MT HOPE CEMETERY E 18881

GRAVE BLIND CHECK FORM

In grave
Deceased Name Annie Swenson

| | | | | | | |
|--|--|--------|--------|--|--------|--|
| | | | | | | |
| | | | | | | |
| | | Marrow | X | | Israel | |
| | | | Duncan | | | |
| | | | | | | |

Today's Date 1-4-05

Interment Date: 1-5-05 Time: 10:00

Div: 11 Sect: 2 Blk/Row: _____ Lot: 113 Gr: 2

Flag placed by: Paulette C.

Grave Laid Out by: NORMAN FERGUSON

Blind Check Verified by: J. G. B...

Agrees with Map: Initials ROB Verified ROB

Agrees with Legal Card: Initials ROB Verified ROB

E-18881

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | | |
|--|--|----------------------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) Annie | | 1B. MIDDLE Laura | 1C. LAST (FAMILY) Swenson | 2. DATE OF BIRTH MONTH, DAY, YEAR 03/24/1914 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/26/2004 | 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 A. Morrow, Granddaughter P.O. Box 1243 Lemon Grove, CA 91946-1243 | | |
| 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 FB-1329 | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>[Signature]</i> 8B. DATE SIGNED 01/03/2005 | |

ACKNOWLEDGEMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 11.00 | 9B. DATE PERMIT ISSUED 01/04/2005 V. Davis | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2500166 |
| | 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 CORONOR'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 1-5-05 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12-28-04

AT NEED

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Swenson

In a D.D. CRYPT "B" Funeral, date, time Weds Jan 5, 2005
Type of Burial Container: Church Chapel, Graveside ; Ragsdale Mortuary, Shipper

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row E-5739 Lot 113 Grave 2

| | |
|-----------------------------------|---------------|
| Grave space & Care Fund | |
| Overtime/Late Arrival Fees | 413.00 |
| Opening/Closing & Setup | |
| Burial Container | |
| Handling Fees | |
| Flower vases - Marker setting fee | 50.00 |
| Recording/Filing/Transfer Fees | |
| Sales taxes | |
| Total Due | 463.00 |

MORE 2 pay

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 held under deed.

Linda Morrow
P.O. Box 1243

Linda Morrow
Granddaughter

Address Lemon Grove, CA 91946-1243
Zip Code

City (619)540-0206

Telephone

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18881

Information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

2114
500M

AT NEED
military honors

City of San Diego

12-28-04 13:09 PA 12-28-04

213390

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Edward Charles McGowan

in a ASH VAULT Funeral, date, time Friday Jan 7th 2005 2:00

Church, Chapel, Graveside Witness also: Goodbody Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 601 Grave 8

Grave space & Care Fund E-1531

Overtime/Late Arrival Fees _____

Opening/Closing & Setup **PAID** 116.00

Burial Container _____ 61.00

Handling Fees _____ 66.00

Flower vases - Marker setting fee VA MARKER **DEC 28 2004** 139.00

Recording/Filing/Transfer Fees _____ 50.00

Sales taxes _____ **MOUNT HOPE CEMETERY** 4.73

Total Due 435.73

Paid receipt number R-58359 435.73

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Anita D. McGowan
Signature

ANITA D. M^S GOWAN
Print Name

Address 4909 GREEN BRIE AVE S.D. CA

City _____ Zip Code 92120

Telephone (619) 5833429

Paulette

Work Order # E 18882

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-10002

GRAVE BLIND CHECK FORM

Deceased Name Edward Charles McGowan

| | | | | | | |
|---------|--|---------|---|-------|---------|--|
| | | | | | | |
| Acetado | | | | Smith | | |
| | | McGowan | X | | | |
| Collins | | Lana | | | Carnito | |
| | | | | | | |

Today's Date 1/5/05

Interment Date: 1-7-05 Time: 10:00

Div: 12 Sect: 3 Blk/Row: _____ Lot: 61 Gr: 8

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials KC Verified _____

Agrees with Legal Card: Initials KC Verified _____

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

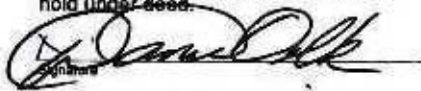
City of San Diego
12-28-04 14:44 PAID Date 12/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roger Oelke 228465 in a TS Vault Funeral, date, time FRI. JAN. 7, 2005 @ 11:00 Church, Chapel, Graveside Heath Mortuary. 477 4139
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

| | | | | |
|-----------------------------------|----------------------------|-------------------------|----------------|----------------|
| Division <u>11</u> | Section <u>1</u> | Blk/Row <u>M.V. 108</u> | Lot <u>108</u> | Grave <u>2</u> |
| Grave space & Care Fund | PAID | | | <u>985-</u> |
| Overtime/Late Arrival Fees | | | | |
| Opening/Closing & Setup | DEC 28 2004 | | | <u>413-</u> |
| Burial Container | | | | <u>275-</u> |
| Handling Fees | MOUNT HOPE CEMETERY | | | <u>204-</u> |
| Flower vases - Marker setting fee | | | | |
| Recording/Filing/Transfer Fees | | | | <u>50-</u> |
| Sales taxes | | | | <u>21.31</u> |
| Total Due | | | | <u>1948.31</u> |
| Paid receipt number | <u>R 58360</u> | | | <u>1948.31</u> |
| 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.



(R) Maria

228464
Daniel M. Oelke
Print Name
x 1923 Lawndale St.
Address
San Diego CA 92154
City Zip Code
x (619) 423-9845
Telephone
(619) 804-8142 cell
Invoice # _____

Work Order # E 18883

Acct. # _____

MT HOPE CEMETERY

E 18883

GRAVE BLIND CHECK FORM

Deceased Name Roger Delke

| | | | | | | |
|--|--|--|-------|--------|--------|--|
| | | | | | | |
| | | | | | | |
| | | | X | Bolles | Bolles | |
| | | | Adams | | Wade | |
| | | | | | | |

Today's Date 12/30/04

Interment Date: 1/7/05 Time: 11:00

Div: 11 Sect: 1 Blk/Row: _____ Lot: 108 Gr: 2

Flag placed by: Paulette

Grave Laid Out by: [Signature]

Blind Check Verified by: [Signature]

Agrees with Map: Initials [Signature] Verified _____

Agrees with Legal Card: Initials [Signature] Verified _____

Flag

E1888369

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------------------|--|--|---|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ROGER | 1B. MIDDLE EDWARD | 1C. LAST (FAMILY) OELKE | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/04/1935 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/26/2004 | 4. SEX M |
| 5A. CITY OF DEATH Chula Vista | | 5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego | 8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Daniel M. Oelke - Son 1923 Lawndale Street San Diego CA 92154 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Heath Funeral Home 611 Highland Ave., National City CA 91950 | | 7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 807 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shirley Tebeath</i> | | 8B. DATE SIGNED 01/03/2005 |
| ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. | 9A. AMOUNT OF FEE PAID \$ 13.00 | 9B. DATE PERMIT ISSUED 01/03/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Davidson</i> |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Box 85222, San Diego CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONER'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) |
| <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | |
|-------------------------------|---|--|-----------------------------------|---|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA 92102 | 11B. DATE BURIED 1-7-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kevin F. [Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-18883

LEGEND: Insert N/A to the items below which are not applicable.

| | | | | | | | | | | | | | | | | |
|----------------------------|--|--|------------------------|--|---|--|--|---|--|--|--------------------------|------|---|--|-------------------------------------|--|
| PERSONAL DATA | 1. LAST NAME - FIRST NAME - MIDDLE NAME DELKE, Roger Edward | | | 2. SERVICE NUMBER 4431036 | | 30. GRADE, RATE OR RANK Pvt | | 4. DATE OF BIRTH (Day, Month, Year) 20 Jan 56 | | | | | | | | |
| | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC | | | 5. NAME OF CITY (City, Post Office, State or Country) North Township, LaMoore County, North Dakota | | | 5. DATE OF BIRTH | | 6. MARITAL STATUS | | | | | | | |
| | 70. RACE Cauc. | | 71. SEX Male | | 72. COLOR HAIR Brown | | 73. COLOR EYES Blue | | 74. HEIGHT 71" | | 75. WEIGHT 175 | | 76. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 77. MARITAL STATUS Single | |
| | 100. HIGHEST CIVILIAN EDUCATION LEVEL High School - 4 years | | | | 101. MAJOR COURSE OR FIELD Vocational | | | | | | | | | | | |
| TRANSFER OR DISCHARGE DATA | 110. TYPE OF TRANSFER OR DISCHARGE Discharged | | | | | 111. STATION OR INSTALLATION AT WHICH EFFECTED Marine Barracks, MS, Treasure Island, San Francisco, California | | | | | | | | | | |
| | 112. REASON AND AUTHORITY 28B - Paragraph 10277.2b, Marine Corps Manual | | | | | | | 113. EFFECTIVE DATE 21 May 57 | | 114. DATE OF ENTRY 21 May 57 | | | | | | |
| | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND H&S Co, 3d Flk Bn, 3d Mar Div (Rear), FMF | | | | | 13. CHARACTER OF SERVICE CONDITIONS OTHER THAN HONORABLE | | | 14. TYPE OF CERTIFICATE DD Form 258 MG | | | | | | | |
| SELECTIVE SERVICE DATA | 14. SELECTIVE SERVICE NUMBER N/A | | | 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE N/A | | | | | 16. DATE INDUCTED N/A | | | | | | | |
| | 17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED N/A | | | | | | | | | | | | | | | |
| SERVICE DATA | 18. TERMINAL DATE OF RESERVE OBLIGATION N/A | | | 19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input checked="" type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER: | | | | b. TERM OF SERVICE (Years) Four | | c. DATE OF ENTRY 2 Dec 53 | | | | | | |
| | 20. PRIOR REGULAR ENLISTMENTS None | | | 21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Private | | | 22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Minneapolis, Minnesota | | | | | | | | | |
| | 23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) Route #1 Moorhead (Clay) Minnesota | | | | | 24. STATEMENT OF SERVICE | | YEARS | | MONTHS | | DAYS | | | | |
| | 25a. SPECIALTY NUMBER AND TITLE 3531 Motor Vehicle Operator | | | 25b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER 7-35.100 Routeman | | | 2. CREDITABLE FOR BASIC PAY PURPOSES | | (1) KEY SERVICE THIS PERIOD | | 3 | | 5 | | 20 | |
| | 26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal | | | | | | (2) OTHER SERVICE | | 1 | | 0 | | 20 | | | |
| | | | | | | | (3) TOTAL (Line (1) + Line (2)) | | 4 | | 6 | | 10 | | | |
| | 27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) N/A | | | | | | b. TOTAL ACTIVE SERVICE | | 3 | | 5 | | 20 | | | |
| | | | | | | | c. FOREIGN AND/OR SEA SERVICE | | 1 | | 6 | | 16 | | | |
| | 28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED | | | | | | 29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED | | | | | | | | | |
| | SCHOOL OR COURSE None | | | DATES (From - To) None | | | MAJOR COURSES None | | | COMPLETED None | | | | | | |
| VA DATA | 300. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | 301. AMOUNT OF ALLOTMENT N/A | | | 302. MONTH ALLOTMENT DISCONTINUED N/A | | | | | | | |
| | 303. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) N/A | | | | | 304. VA CLAIM NUMBER N/A | | | | | | | | | | |
| AUTHENTICATION | 32. REMARKS Time lost during current active duty 1 day. NO MOP PAID (NOT ENTITLED TO) H.L. FARMER 6090 | | | | | | | | | | | | | | | |
| | 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 2928 Bryant Street Palo Alto (Santa Clara) California | | | | | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Roger E. Delke</i> | | | | | | | | | | |
| | 35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER H. B. GREEN, CWO, USMC SEPARATION OFFICER | | | | | 35b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>H. B. Green</i> | | | | | | | | | | |

**MT. HOPE CEMETERY
INTERMENT ORDER**

AT Need

01-03-05 09:01 ^{City of San Diego} PAID

Date 12/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of XUYEN D. TRAN #228680

in a TS Vault Type of Burial Container Funeral, date, time thurs: 1/6/05 @ 12:00

Church Chapel Graveside Greenwood Mortuary UYENHO518 6510

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 11 CHINESE Section 2 Blk/Row _____ Lot 152 Grave 4

Grave space & Care Fund E-8744 0

Overtime/Late Arrival Fees _____ PAID

Opening/Closing & Setup _____ 413.00

Burial Container JAN - 3 2005 275.00

Headstone 204.00

Flower vases MOUNT HOPE CEMETERY 163.85

Recording/Filing/Transfer Fees _____ 50.00

Sales taxes _____ 21.31

Total Due 1127.16

Paid receipt number R#58368 1127.16

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Print Name _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

X Signature _____

Paulette

Work Order # E 18884

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E-10084

GRAVE BLIND CHECK FORM

Deceased Name Xuyen D. Tran

| | | | | | | |
|--|--|--|---|--|--|-------------|
| | | | | | | |
| | | | | | | W4 |
| | | | X | | | Blind check |
| | | | | | | |
| | | | | | | |

Today's Date 1-3-05

Interment Date: 1-6-05 Time: 12:00

Div. Chinese Sect: 2 Blk/Row: Lot: 152 Gr: 4

Flag placed by: Roulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials KC Verified

Agrees with Legal Card: Initials KC Verified

Flag

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18884
68

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|---------------------------|---|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) XUYEN | 1B. MIDDLE DINH | 1C. LAST (FAMILY) TRAN | 2. DATE OF BIRTH MONTH DAY YEAR 05/03/1936 | 3. DATE OF DEATH MONTH DAY YEAR 12/28/2004 | 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 TRAN—BROTHER 4779 CASTANA ST. SAN DIEGO CA 92102 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MORTUARY, 1-805 & IMPERIAL AVE SAN DIEGO CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD 843 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: 8B. DATE SIGNED 12/29/2004 |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/30/2004 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT K JONES |
| 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 CORONOR'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 1-6-05 | 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 CREMATORY |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

12/28/2004 16:31

SD MT. HOPE CEMETERY → 92643433

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

AT Need

Date 12/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of XUEN D. TRAN

In a TS VOLUME Funeral, date, time _____

Church, Chapel, Graveside Greenwood Monument Overpass 8510

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division CHINESE Section 2 Site/Row 152 Grave 4

Grave space & Care Fund E-8744

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

Burial Container 275.00

Handling Fees _____

Flower vases Marker setting fee 163.85

Recording/Filing/Transfer Fees _____

Sales taxes 81.31

Total Due 1120.16

Paid receipt number _____

Balance due _____

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 1 held under deed.

X Phuong Tran
Signature
X PHUONG TRAN
Print Name
X 7424 44th ST #207
Address
X SAN Diego, CA 92115
City
X 619 512-8510
Telephone

Paulette

Work Order # E 18884

Invoice # _____

Acct. # _____

in grave of
harry marshall
AT NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

12-29-04 10:57 PAID Date 12/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Beverly Marshall 228451
in a DD CRYPT "B" Funeral, date, time Mon ~~Dec~~ Jan 3, 11:00
Type of Burial Container

CA BUDAL Mortuary.
CA BUDAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 113 Grave 7

Grave space & Care Fund E-10963 0

Overtime/Late Arrival Fees _____ —

Opening/Closing & Setup **PAID** 413.00

Burial Container _____ —

Handling Fees DEC 29 2004 —

Flower vases - Marker setting fee _____ —

Recording/Filing Fees _____ 50.00

MOUNT HOPE CEMETERY

Sales taxes _____ —

Total Due 463.00

Paid receipt number R-58361 463.00

Balance due 0

I hereby certify I am the Daughter of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment. #228450

I hereby authorize the interment in lot I
hold under deed.

Paula Marshall
Signature

Octavia Marshall
Print Name
4972 Bunnell St
Address
San Diego CA 92113
(619) 459-4624
Telephone Zip Code

Paula
Work Order # E 18885

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E18885

GRAVE BLIND CHECK FORM

In the grave of Harry Marshall
 Deceased Name [REDACTED]

| | | | | | |
|--|--|--------|--------------|------|--|
| | | | | | |
| | | | Christianson | | |
| | | Wilder | X | Page | |
| | | | Welch | | |
| | | | | | |

Today's Date 12/30/04

Interment Date: 1-3-05 Time: 11:00 Church

Div: 11 Sect: 1 Blk/Row: Lot: 113 Gr: 7

Flag placed by: Paulette

Grave Laid Out by: [Signature]

Blind Check Verified by:

Agrees with Map: Initials Verified

Agrees with Legal Card: Initials Verified

MARKER on grave Flag

E-19885

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) BEVERLY | 1B. MIDDLE S. | 1C. LAST (FAMILY) MARSHALL | 2. DATE OF BIRTH MONTH DAY YEAR 03/05/1938 | 3. DATE OF DEATH MONTH DAY YEAR 12/27/2004 | 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 OTCIVIA MARSHALL—DAUGHTER 4972 BUNNELL ST. 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 FD-1357 | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>Grant Bull</i> 8B. DATE SIGNED 12/30/2004 | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | |

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|---|---|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$13.00 | 9B. DATE PERMIT ISSUED 12/30/2004 J. BENNERD | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421958 |
| | 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 CORONOR'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"/> D. 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 1-3-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Noriega</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION - | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY - | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER - | |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 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.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mose McClain 228461

in a LINER Funeral, date, time Wed. 1/5/05 @ 1:30

Church, (Chapel) Graveside San Diego Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 222 Grave 7

Grave space & Care Fund 985-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413-

Burial Container 209-

Handling Fees 160-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50-

Sales taxes 16²⁰-

Total Due 1833²⁰

Paid receipt number R# 58375 1833²⁰

Balance due 0

PAID

JAN - 4 2005

MOUNT HOPE CEMETERY

*mortuary
to pay*

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 _____

X Print Name _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18886

MT HOPE CEMETERY

E-100006

GRAVE BLIND CHECK FORM

Deceased Name Mose McClain

| | | | | | | |
|--|--|--|------------------|--|--|--|
| | | | | | | |
| | | | Long released | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 1/3/05

Interment Date: 1/5/05 Time: 1:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 222 Gr: 7

Flag placed by: Pawlette

Grave Laid Out by: Armand Perrier

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials _____ Verified Ken

Agrees with Legal Card: Initials _____ Verified Ken

Flag on grave

F18886 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) MOSE | | 1B. MIDDLE - | 1C. LAST (FAMILY) McCLAIN | 2. DATE OF BIRTH MONTH DAY YEAR 11/29/1934 | 3. DATE OF DEATH MONTH DAY YEAR 12/24/2004 | 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 SARAH J. McCLAIN-WIFE 3622 UNIVERSITY AVE. #31 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 with permit <i>Joseph Lemon Jr.</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100056 of the Health and Safety Code, and was authorized pursuant to Section 2100 of the Health and Safety Code. | | | 8B. DATE SIGNED 12/29/2004 | | | |

| | | | | |
|---|--|---|---|---|
| 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 \$13.00 | 9B. DATE PERMIT ISSUED 12/29/2004 J. LEMON JR. | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2421866 |
| | 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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | 11. 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 - | |

| | | | | | | |
|-------------------------------|---|--|------------------------------------|--|--|--|
| COMPLETE ALL APPLICABLE ITEMS | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. MOSE CEMETERY 3751 BASKET ST SAN DIEGO, CA 92104 | | 11B. DATE BURIED 1-05-09 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>D. F. Berlew.</i> | | |
| | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN-CHARGE OF CREMATION | | |
| | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | | |
| | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | | |
| | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | | 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.

AT
NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mose McClain

in a LINER Funeral, date, time Pending

Church CHSPD Graveside San Diego Memorial

All Funeral Cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be Applied and billed to undersigned

Division 12 Section 2 BK/Row _____ Lot 222 Grave 7

Grave space & Care Fund 985

Quarter/Late Arrival Fees _____

Opening/Closing & Setup 413

Burial Container 209

Handling Fees 160

Flower vases + Marker setting fee _____

Recording/Filing/Transfer Fees 50

Sales taxes 16

TOTAL DUE 1833

Paid receipt number 1833

Balance due _____

I hereby certify I am the Sarah M. McClain of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot / hold under deed.

(R) Maria

Work Order # E 18886

MSA-104 (3-04)

SARAH M. MCCLAIN
522 UNIVERSITY AVE #31
SAN DIEGO CA 92105
619 286-0671

Invoice # UNION BANK
Acct # 0153152194

This information is available in alternative formats upon request.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego
12-30-04 14:47 PAID

Date 12/30/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stephen A. Harris 228454

in a LINER Funeral, date, time Tues. JAN 4, 2005

Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 232 Grave 5

Grave space & Care Fund 985

Overtime/Late Arrival Fees

Opening/Closing & Setup 413

Burial Container 209

Handling Fees 160

Flower vases - Marker setting fee M.V. 50

Recording/Filing/Transfer Fees 50

Sales taxes 16²⁰

Total Due 1833²⁰

PAID
DEC 30 2004
Paid receipt number Rx 58366 1833²⁰

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. # 228452

I hereby authorize the interment in lot I hold under deed.

Ressie V Hagler
Signature

(K) maria

Ressie V HAGLER
Print Name

5239 Solala ave
Address

San Diego CA 92114
City Zip Code

619 263-3303
Telephone 3303

Work Order # E 18887

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18887

GRAVE BLIND CHECK FORM

Deceased Name Stephen A. HARRIS

| | | | | | | |
|--|--|--|---|--------|-------------|--|
| | | | | | | |
| | | | | | | |
| | | | X | HARRIS | | |
| | | | | | Ward Parker | |
| | | | | | | |
| | | | | | | |

Today's Date 12/30/04

Interment Date: 1/4/05 Time: 1:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 232 Gr: 5

Flag placed by: Paulett

Grave Laid Out by: Chuck & Ken

Blind Check Verified by: David Norwig

Agrees with Map: Initials DN Verified _____

Agrees with Legal Card: Initials DN Verified _____

Flag

E18887

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | | | | | | | |
|--|--|------------------------------|--|--|--|--|--|---|--|--------------------|--------------------------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) STEPHEN | | 1B. MIDDLE ANTHONY | | 1C. LAST (FAMILY) HARRIS | | 2. DATE OF BIRTH MONTH DAY YEAR 08/06/1949 | | 3. DATE OF DEATH MONTH DAY YEAR 12/28/2004 | | 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 PAMELA HARRIS, WIFE 4748 LOGAN AVE., APT. C SAN DIEGO, CA 92113 | | | | | |
| 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 FD-1329 | | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>[Signature]</i> | | | | | 8B. DATE SIGNED 01/04/2005 |
| ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10055 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 11.00 | 9B. DATE PERMIT ISSUED 01/04/2005 V. DAVIS | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2500143 |
| 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 92108-5222 | | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | | | |

| | | | | | | | |
|--|--|---|--|------------------------|--|--|--|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | | | | FOR CORONOR'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 1-4-05 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | | 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.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date ^{M.V.} 12/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joanne Small 228459 L.W

In a liner Funeral, date, time Wed. Jan 5, 05

Church Chapel Graveside Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 51 Grave 2

Grave space & Care Fund **PAID** 985.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 413.00

Burial Container JAN - 3 2005 209.00

Handling Fees 160.00

MOUNT HOPE CEMETERY Marker setting fee —

Recording/Filing/Transfer Fees 50.00

Sales taxes 16.20

Total Due 1833.20

Paid receipt number R-58369 1833.20

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. # 228459

I hereby authorize the interment in lot I hold under deed.
Gloria L. Davis
Signature

Gloria L. Davis
Print Name

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulets

Work Order # **E 18888**

MT HOPE CEMETERY

E18888

GRAVE BLIND CHECK FORM

Deceased Name Joanne Small

| | | | | | | |
|--|--|--|----------|---------|--|--|
| | | | | | | |
| | | | Cardenas | | | |
| | | | X | Hawkins | | |
| | | | | | | |
| | | | | | | |

Today's Date 1-3-05

Interment Date: 1-5-05 Time: 1:00

Div: 12 Sect: 1 Blk/Row: _____ Lot: 51 Gr: 2

Flag placed by: Paulette Crawford

Grave Laid Out by: Norman Perry

Blind Check Verified by: David Toranzo

Agrees with Map: Initials _____ Verified DN

Agrees with Legal Card: Initials _____ Verified DN

Flag on grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18888

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------|---|---|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) JIMM | 1B. MIDDLE - | 1C. LAST (FAMILY) SMALL | 2. DATE OF BIRTH MONTH DAY YEAR 11/04/1946 | 3. DATE OF DEATH MONTH DAY YEAR 12/24/2004 | 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 JONES, BROTHER 4140 34TH ST., APT. #3 SAN DIEGO, CA 92104 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH; 7B. CALIF. LICENSE NUMBER — IF APPLICABLE ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102 | | | 7C. CALIF. LICENSE NUMBER FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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 01/03/2005 | |

| | | | | |
|---|---|---|---|--|
| 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 11.00 | 9B. DATE PERMIT ISSUED 01/03/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT V. DAVES |
| AUTHORIZATION OF LOCAL REGISTRAR | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |
| ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION | | | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'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 12-5-05 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stephanie Alvarado 228463
in a Linex 0 Funeral, date, time Thur. 1/6/05 @ 12:00
Church, Chapel Graveside : San Diego Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 440 Grave 1
Grave space & Care Fund _____ 110-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ **PAID** 138-

Burial Container _____ 77-

Handling Fees _____ JAN - 4 2005 28-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ **MOUNT HOPE CEMETERY** 50-

Sales taxes _____ 5.97

Total Due _____ 408.97

Paid receipt number Rx 58385 408.97

Balance due 0

mortuary
to pay

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 _____

(R) Maria

228462
see attached for signatures
X Print Name _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Work Order # E 18889

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E18889

GRAVE BLIND CHECK FORM

Deceased Name Stephanie Alvarado

| | | | | | | | |
|--|--|--|-----------------|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | X | | | | |
| | | | no names around | | | | |
| | | | | | | | |

Today's Date 1/4/05

Interment Date: 1/6/05 Time: 12:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 440 Gr: 1

Flag placed by: Maria

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials KC Verified _____

Agrees with Legal Card: Initials KC Verified _____

Flag

E 18889

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | | |
|---|--|---|--|--|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) STEPHANY | | 1B. MIDDLE - | 1C. LAST (FAMILY) ALVARADO | 2. DATE OF BIRTH MONTH DAY YEAR 12/29/2004 | 3. DATE OF DEATH MONTH DAY YEAR 12/31/2004 | 4. SEX F |
| 5A. CITY OF DEATH SAN DIEGO | | 5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE SAN DIEGO | | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOSE LOIS ALVARADO—FATHER 3133 CLAY AVE. SAN DIEGO, CA 92113 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1575 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Joseph Alvarado</i> | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | | | 8B. DATE SIGNED 01/04/2005 | | |

| | | | | |
|---|---|---|---|--|
| 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 \$11.00 | 9B. DATE PERMIT ISSUED 01/05/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. LEMON JR. 2500243 |
| | 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | |

| | | | | | |
|-------------------------------|--|---|-----------------------------------|--|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102 | 11B. DATE BURIED 1-6-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i> | |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION | |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1/3/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stephanie Alvarado

in a Linex 0 Funeral, date, time Thurs. 1/6/05 e

Church, Chapel Graveside San Diego Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 9 Section 1 Burial Fee _____ Lot 440 Grave 1

Grave space & Care Fund _____ 110-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 138-

Burial Container _____ 77-

Handling Fees _____ 28-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 50-

Sales taxes _____ 5.97

Total Due _____ 408.97

Paid receipt number _____ 408.97

Balance due _____

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot: _____
hold under deed.

Jose Luis Alvarado
(R) Maria

Jose Luis Alvarado
13133 Clay Ave.
San Diego, CA 92113
619.254.0396

Work Order # E 18889

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*At Need
in the grave
Alberta Jones*

Date 1-3-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul Jones & # 228475

in a ASH VAULT Funeral, date, time WEDS JAN 12 11:00
Type of Burial Container
 Church, Chapel, Graveside Witness: FAMILY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

| | | | | |
|------------------------------------|------------------|---------------|----------------|----------------|
| Division <u>12</u> | Section <u>3</u> | Blk/Row _____ | Lot <u>83</u> | Grave <u>9</u> |
| Grave space & Care Fund | | | <u>E-12760</u> | <u>⊖</u> |
| Overtime/Late Arrival Fees _____ | | | | |
| Opening/Closing & Setup | | | <u>154.00</u> | |
| Burial Container | | | <u>81.00</u> | |
| Handling Fees | | | <u>28.00</u> | |
| Flower vases - Marker setting fee | | | <u>PAID</u> | |
| Recording/Filing/Transfer Fees | | | <u>66.00</u> | |
| Sales taxes | | | <u>6.28</u> | |
| JAN - 3 2005 | | | <u>395.28</u> | |
| Total Due | | | <u>395.28</u> | |
| Paid receipt number <u>R-58371</u> | | | <u>-245.28</u> | |
| MOUNT HOPE CEMETERY <u>M/C</u> | | | <u>-150.00</u> | |
| Balance due | | | <u>⊖</u> | |

I hereby certify I am the 5/5 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. # 207186

I hereby authorize the interment in lot & hold under deed.

Judy Charles
Signature
Paulette

Judy Charles
Print Name
24625 Huntviado
Address
Marysville Ca 92562
City
1-519-698-3337
Telephone
Zip Code

Work Order # E 18890

Invoice # _____
Acct. # _____

MT HOPE CEMETERY

F-18890

GRAVE BLIND CHECK FORM

ON Grave of Alberta Jones.

Deceased Name Paul Jones

| | | | | | | |
|--|--|--|-------|----|---------|--|
| | | | | | | |
| | | | | | | |
| | | | Ayala | X, | BIVINGS | |
| | | | | | Riggins | |
| | | | | | | |

Today's Date 1/10

Interment Date: 1-12-05 Wed Time: 11:00 G.S.

Div: 12 Sect: 3 Blk/Row: _____ Lot: 83 Gr. 9

Flag placed by: Paulette

Grave Laid Out by: Norman Feyman

Blind Check Verified by: DARKEY FAMBEL

Agrees with Map: Initials _____ Verified _____

Agrees with Legal Card: Initials _____ Verified _____

F-18890

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/4/05

206685

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mae Best 228470

in a LINER Funeral, date, time Mon. 1/10/05 @ 2:00
Type of Burial Container
Community Baptist Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 1990 Grave 1

Grave space & Care Fund D-169 _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413 -

Burial Container **PAID** 209 -

Handling Fees 160 -

Flower vases - Marker setting fee JAN - 6 2005 _____

Recording/Filing/Transfer Fees 50 -

Sales taxes 16 ²⁰ -

MOUNT HOPE CEMETERY

Total Due 848 ²⁰

Paid receipt number R-58391 848 ²⁰

Balance due 0

Mortuary to Pay

I hereby certify I am the Δ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Print Name _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Signature _____

maria

Work Order # E 18891

Invoice # _____

Acct. # _____

MT HOPE CEMETERY E-18891

GRAVE BLIND CHECK FORM

Deceased Name Mae Best

| | | | | | | |
|--|----------|------|---|--|--|--|
| | | | | | | |
| | Estate | | | | | |
| | Williams | BEST | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 1-10-05

Interment Date: 1-10-05 Time: 12:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1990 Gr: 1

Flag placed by: _____

Grave Laid Out by: KEN & NORM

Blind Check Verified by: David Noriega

Agrees with Map: Initials _____ Verified DN

Agrees with Legal Card: Initials _____ Verified DN

Flags

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E188910

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|------------------------------|---|---|--|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MAE | 1B. MIDDLE FRANCIS | 1C. LAST (FAMILY) BEST | 2. DATE OF BIRTH MONTH DAY YEAR 03/15/1914 | 3. DATE OF DEATH MONTH DAY YEAR NOV 12/24/2004 | 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 EDDIE BEST, SON 1102 WINSTON DRIVE SAN DIEGO, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: ANDERSON-RAGSDALE MROTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1329 | | |
| ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small> | | | | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>[Signature]</i> | |
| | | | | 8B. DATE SIGNED 01/06/2005 | |

| | | | | |
|---|--|--|--|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT 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 11.00 | 9B. DATE PERMIT ISSUED 01/06/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Nancy L. Bowman</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 CORONOR'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 1-10-04 | 11C. SIGNATURE OF PERSON IN CHARGE 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED

#275

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1/4/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mae Best

in a LINER Funeral, date, time Mon. 1/10/05 @ 11:00 A

Church, Chapel, Gravesite Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 1990 Grave 1

Grave space & Care Fund **PAID** D-169

Overtime/Late Arrival Fees _____

Opening/Closing & Setup JAN - 6 2005 413-

Burial Container _____ 209-

Handling Fees _____ 160-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fee _____ 50-

Sales taxes _____ 16²⁰

Mortuary to Pay

Total Due 848²⁰

Paid receipt number R-58391 848²⁰

Balance due _____

I hereby certify I am the A of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.



maria

Work Order # E 18891

Eddie Best
 1102 Winston Drive
 San Diego, CA 92114
 (619) 264-0847

Invoice # _____
Acct # _____

AT
NEED

12 CHAIRS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-4-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charlie L. Lane 228474

in a Liner Funeral, date, time Mon/Jan. 10, 2005 @ 11:00

Church, Chapel, Graveside San Diego Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 231 Grave 6

Grave space & Care Fund 985 -

Overtime/Late Arrival Fees **PAID**

Opening/Closing & Setup 413 -

Burial Container JAN - 4 2005 209 -

Handling Fees 160 -

Flower vases - Marker setting fee **MOUNT HOPE CEMETERY**

Recording/Filing/Transfer Fees 50 -

Sales taxes 16²⁰ -

Total Due 1833²⁰ -

Paid receipt number RA 58335 1833²⁰ -

Balance due 0

Mortuary
to pay

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 _____

(R) maria

Work Order # E 18892

X Print Name
X Address
X City
X Telephone
X Zip Code

Invoice # _____
Acct. # _____

See attached signatures for

AT NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-4-05

01/04/2005
1455

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charlie L. Lane

in a liner Funeral, date, time Mon/Jan. 10, 2005 @ 11:00

Church, Chapel Graveside San Diego Memorial

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 231 Grave 6

| | |
|-----------------------------------|----------------------|
| Grave space & Care Fund | 985 - |
| Overtime/Late Arrival Fees | |
| Opening/Closing & Setup | 413 - |
| Burial Container | 209 - |
| Handling Fees | 160 - |
| Flower vases - Marker setting fee | |
| Recording/Filing/Transfer Fees | 50 - |
| Sales taxes | 16 ²⁰ - |
| Total Due | 1833 ²⁰ - |
| Paid receipt number | 1833 ²⁰ |
| Balance due | |

Mortuary to pay

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 1 held under deed
Bobby Craig Lane
(R) maria

Bobbye Craig Lane
844 Pyramid St.
San Diego, CA 92114
619-264-7475

Work Order # E 18892

Invoice # _____
Acct. # _____

MT HOPE CEMETERY E 18892

GRAVE BLIND CHECK FORM

Deceased Name Charlie Lane

| | | | | | | |
|--|--|--|---|--|------|--|
| | | | | | | |
| | | | | | | |
| | | | X | | Ting | |
| | | | | | | |
| | | | | | | |

Today's Date 1/4/05

Interment Date: 1/10/05 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 231 Gr: 6

Flag placed by: MARIA Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: Kenneth Collins

Agrees with Map: Initials KC Verified _____

Agrees with Legal Card: Initials KC Verified _____

Flag

E-18872-70

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) CHARLIE | | 1B. MIDDLE L. | 1C. LAST (FAMILY) LANE | 2. DATE OF BIRTH MONTH DAY YEAR 03/30/1934 | 3. DATE OF DEATH MONTH DAY YEAR 01/03/2005 | 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 BOBBYE J. LANE-WIFE 844 PYRAMID STREET SAN DIEGO CA 92114 | | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1575 | | | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 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>Ronnie Pryor</i> | 8B. DATE SIGNED 01/06/2005 |

| | | | | |
|---|---|--|---|---|
| PERMIT AUTHORIZATION OF LOCAL REGISTRAR | THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA | 9A. AMOUNT OF FEE PAID \$11.00 | 9B. DATE PERMIT ISSUED 1/06/2005 <i>R. PRYOR</i> | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronny L. Cowan MD</i> |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS PO BOX 85222 SAN DIEGO, CA 92186-5222 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - | | |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT | FOR CORONOR'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. S SAN DIEGO, CA 92102 | 11B. DATE BURIED 1-10-04 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>R. L. Brown</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/5/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Reginald L. Balane 228468
in a TS Vault Funeral, date, time Sat, Jan. 8, 2005 @ 10:30
Church Chapel, Graveside Greenwood Mortuary.

All Funeral cars must arrive before 1:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and by _____

Division 12 JAN - 5 2005 Blk/Row _____ Lot 122 Grave 3

Grave space & Care Fund 1310 -

Overtime/Late Arrival Fees 878 -

Opening/Closing & Setup 549 -

Burial Container 366 -

Handling Fees 271 -

Flower vases - Marker setting fee 66 -

Recording/Filing/Transfer Fees 28 37

Sales taxes 2590 37

Total Due 2590 37

Receipt number VISA 2590 37

Balance due 0

878.00
+2590.37
3468.37 TOTAL PAID

I hereby certify I am the father of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment. # 228466

I hereby authorize the interment in lot I
hold under deed.

Signature Rogelio P. Balane

Print Name Rogelio P. Balane
Address 212 E. Paisley Street
Chula Vista, CA 91911
City Chula Vista, CA Zip Code
Telephone (619) 422-2996

(NR) maria

Work Order # E 18893

Invoice # _____
Acct. # _____

2590.37
878.00

3468.37

951-679-6075

MT HOPE CEMETERY

E-18893

GRAVE BLIND CHECK FORM

Deceased Name Reginald Balane

| | | | | | | |
|--|--|----------|---|----------|--|--|
| | | | | | | |
| | | Nicholsm | | Nicholsm | | |
| | | Giamanco | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 1/5/05

Interment Date: 1/8/05 Time: 10:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 122 Gr: 3

Flag placed by: _____

Grave Laid Out by: Norman Perqueen

Blind Check Verified by: David Noriega

Agrees with Map: Initials _____ Verified DN

Agrees with Legal Card: Initials _____ Verified DN


Placed

F18893

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

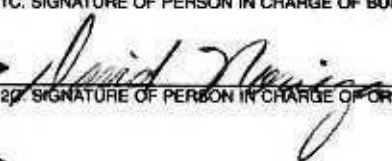
USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FID

| | | | | | |
|--|----------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) REGINALD | 1B. MIDDLE LOPEZ | 1C. LAST (FAMILY) BALANE | 2. DATE OF BIRTH MONTH, DAY, YEAR 11/19/1976 | 3. DATE OF DEATH MONTH, DAY, YEAR 01/02/2005 | 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 ROGELIO BALANE—FATHER 212 E. PAISLEY ST. CHULA VISTA, CA. 91911 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA— FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GREENWOOD MORTUARY, 1-805 & IMPERIAL AVE SAN DIEGO CA 92102 | | 7B. CALIF LICENSE NUMBER — IF APPLICABLE FD 843 | 8A. SIGNATURE OF APPLICANT—Person taking permit  | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 01/05/2005 | |

| | | | | |
|---|---|--|---|---|
| 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 \$11.00 | 9B. DATE PERMIT ISSUED 01/05/2005 K JONES | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2500257 |
| | 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 CORONOR'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 92100 | 11B. DATE BURIED 12-8-04 | 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/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

BT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Jan 5, 2005

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ethel Horton 228469

in a TS vault Funeral, date, time Mon, Jan. 10, 2005 @ 11:00

Church, Chapel Graveside : Conrad Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row _____ Lot 483 Grave 1

Grave space & Care Fund _____ B-6938 _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 549-

Burial Container _____ 366-

Handling Fees _____ 271-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 66-

Sales taxes _____ 28 37

Total Due _____ 1280 37

Paid receipt number _____ 1280 37

Balance due 0

PAID

JAN - 5 2005

MOUNT HOPE CEMETERY

mortuary
to pay

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

(NR) Maria

X Print Name
X Address
X City
X Telephone
Signatures attached

Zip Code

Work Order # E 18894

Invoice # _____

Acct. # _____

E-18894

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|--|-----------------------------|---|--|---|--------------------|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ETHEL | 1B. MIDDLE AMANDA | 1C. LAST (FAMILY) HORTON | 2. DATE OF BIRTH MONTH, DAY, YEAR 08/13/1915 | 3. DATE OF DEATH MONTH, DAY, YEAR 01/03/2005 | 4. SEX F |
| 5A. CITY OF DEATH STOCKTON | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE SAN JOAQUIN | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LANA BENNETT - DAUGHTER 2307 FAIRBAIRN DRIVE MODESTO CA 95355 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WALLACE-MARTIN FUNERAL HOME 520 N SUTTER ST STOCKTON CA 95202 | | 7B. CALIF LICENSE NUMBER — IF APPLICABLE FD-7 | 8A. SIGNATURE OF APPLICANT—Person taking permit <i>Merry Mitchell</i> | | |
| ACKNOWLEDGEMENT OF APPLICANT | | I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. | | 8B. DATE SIGNED 01/06/2005 | |

| | | | | |
|---|---|--|--|---|
| 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 11.00 | 9B. DATE PERMIT ISSUED 01/06/2005 M MITCHELL | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT FAX AUTH NO 77216 |
| | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P O BOX 2009 STOCKTON CA 95201 | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA 3851 ROSECRANS ST SAN DIEGO CA 92186-5222 | | |

| | |
|--|---|
| 10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS | FOR CORONOR'S USE ONLY |
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA | <input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address) |

| | | | | |
|-------------------------------|--|---|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA | 11B. DATE BURIED 1-10-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. [Signature]</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Jan 5, 2005

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethel Houston in a TS Vault Funeral date, time Mon, Jan. 10, 2005 11:00 Church, Chapel, Crescencia Conrad Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row _____ Lot 483 Grave 1

Grave space & Care Fund _____ 8-6938 _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 549-

Burial Container _____ 366-

Handling Fees _____ 271-

Flower vases - Marker setting fee _____

Recording/Piling/Transfer Fee _____ 66

Sales taxes _____ 28

Total Due _____ 1280

Paid receipt number _____ 1280

Balance due _____

mortuary
to pay

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.

Lana B. Bennett

(NE) Maria

Lana B. Bennett

2307 Fairbairn Dr.

Modesto 95355

(209) 578-3769

Work Order # E 18894

Invoice # _____

Acct. # _____

ABA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre
Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1/6/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernice Quillar 228439

in a Liner Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 W.D. Lot 247 Grave 1

PAID

Grave space & Care Fund 985⁻

Overtime/Late Arrival Fees 413⁻

Opening/Closing & Setup 209⁻

Burial Container 160⁻

Handling Fees 163⁸⁵

Flower vases - 25.85 Marker setting fee 138.00

Recording/Filing/Transfer Fees 50⁻

Sales taxes 16²⁰

Total Due 1997⁰⁵

Paid receipt number R# 58390 1997⁰⁵

Balance due 0

I hereby certify I am the Pauline Attorney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Edma Gray
Signature

(R) Maria

ESMARA 208195
Print Name
333054
Address
San Diego S.D. 92105
City
619-265-9275 Zip Code
Telephone

Work Order # E 18895

Invoice # _____
Acct. # _____

Intigent burial
AT Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 01/11/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Orlando Ruiz P.A.# 20050880

in a 10' crypt 8" Funeral, date, time Thurs Jan 20 (10:30)

Church, Chapel, Graveside Delivery Only: Merkle Mitchell Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ Loma

will be applied and billed to undersigned.

Division 13 Section _____ Blk/Row _____ Lot 19 Grave 13

Grave space & Care Fund 131.00

Overtime/Late Arrival Fees ~

Opening/Closing & Setup 454.00

Burial Container 132.00

Handling Fees ~

Flower vases - Marker setting fee ~

Recording/Filing/Transfer Fees 49.00

Sales taxes 10.23

Total Due 776.23

Paid receipt number PK# 4234942 776.23

Balance due 0

*Paid
Check Received
3/28/05 by County*

*PA: Ellen Beaufort
858-694-8502
Fax 858-694-9987
158-694-2316*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name
 Address
 City _____ Zip Code
 Telephone

See attached for signature

*3/15/05
Billed County
of S.D.*

Palette

Work Order # E 18896

Invoice # 410293
Acct. # 000952

*Intelligent burial
 AT Need*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 01/11/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Orlando Ruiz LA # 20050880
 in a OH Crypt 6 Funeral, date, time Thurs. Jan 20 (10:30)
 Church, Chapel, Grave/Graveside Delivery Only: Muehlen M. (Catholic) Mortuary. Loma
 All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

| | | | | |
|-----------------------------------|---------------|---------------|---------------|-----------------|
| Division <u>13</u> | Section _____ | Blk/Row _____ | Lot <u>19</u> | Grave <u>18</u> |
| Grave space & Care Fund | 131.00 | | | |
| Opening/Late Arrival Fees | ~ | | | |
| Opening/Closing & Setup | 454.00 | | | |
| Burial Container | 132.00 | | | |
| Handling Fees | ~ | | | |
| Flower vases - Marker setting fee | ~ | | | |
| Recording/Filing/Transfer Fees | 49.00 | | | |
| Sales taxes | 10.23 | | | |

Total Due 776.23
 Paid receipt number _____
 Balance due _____

*PA: Ellen Beauparlant
 958-694-3502
 Fax 858-694-3987*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize and interment in (or) hold under deed _____
 Signature: *[Signature]*

**Ellen Beauparlant*
 5201A Raffin Rd.
 San Diego 92123
 (858) 694-3502

Paulette
 Work Order # E 18896

Invoice # _____
 Acct. # _____

This information is available in alternative formats upon request.

E18896

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

| | | | | | |
|---|-----------------|--|---|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) ORLANDO | 1B. MIDDLE - | 1C. LAST (FAMILY) RUIZ | 2. DATE OF BIRTH MONTH, DAY, YEAR 12/14/1926 | 3. DATE OF DEATH MONTH, DAY, YEAR 12/24/2004 | 4. SEX M |
| 5A. CITY OF DEATH SAN DIEGO | | 5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE SAN DIEGO | 6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ELLEN BEAUPRIANT PUBLIC ADMINISTRATOR 5200 A RUFFIN ROAD SAN DIEGO, CA 92123 | | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: MERCLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103 | | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD119 | | 8A. SIGNATURE OF APPLICANT—Person taking permit: _____ |

8B. DATE SIGNED
01/10/2005

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100059 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 \$11.00 | 9B. DATE PERMIT ISSUED B.A. ELIANO 01/14/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Wancy L Bowen MD</i> |
| | | 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222 | | 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA - |

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

| | |
|--|--|
| <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT |
| <input type="checkbox"/> B. CREMATION | <input type="checkbox"/> F. DISINTERMENT |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA |

FOR CORONOR'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 1-20-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenn F. Jones</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | 12B. DATE CREMATED: | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | 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.

SAN DIEGO COUNTY
 AUDITOR AND CONTROLLER
 ROOM 163 COUNTY ADMINISTRATION CENTER
 SAN DIEGO, CA 92101-2478
 (619) 531-5321

WARRANT NO. 4234942

E18896

| AUTHORITY/PO | INVOICE | DESCRIPTION | DISCOUNT AMOUNT | NET AMOUNT |
|--------------|---------|---------------------------|-----------------|------------|
| 38618 | 416293 | ACCT# 000952 ORLANDO RUIZ | 0.00 | 776.23 |
| | | | 0.00 | 776.23 |

THE FACE OF THIS DOCUMENT CONTAINS A COLORED SECURITY TINT BACKGROUND ON WHITE PAPER.



County of San Diego
 1600 Pacific Highway
 San Diego, CA 92101-2478

Wells Fargo Bank Ohio, N.A.
 115 Hospital Drive
 Van Wert, OH 45891

56-385/412

Warrant No.

4234942

Date of Issue: 03/23/2005

The Treasurer Will Pay Seven Hundred Seventy-Six Dollars And 23 Cents*****

\$ *****776.23*

To MT HOPE CEMETERY
 3751 MARKET ST
 SAN DIEGO CA 92103

VOID IF NOT PRESENTED TO COUNTY TREASURER WITHIN SIX MONTHS FROM DATE OF ISSUE, GOVT CODE SECT 29802

AUDITOR AND CONTROLLER

Tracy M. Saul

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈04234942⑈ ⑆041203824⑆ 9600050662⑈

AT
NEED
IN GRAVE OF
TSUI, LEO

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/12/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Inhieu Tiet Tues.

in a DD Crypt "B" Funeral, date, time 1/22/05 @ 10:00

Church, Chapel, Graveside : Poway Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division chinese Section _____ Blk/Row 11 Lot _____ Grave 2

Grave space & Care Fund E-13257 0

Overtime/Late Arrival Fees sat. 878

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording/Filing/Transfer Fees 0

Sales taxes 0

Total Due 0

Paid receipt number _____

Balance due 0

VOID

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 _____

maria

Work Order # E 18897

X Print Name _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

AT
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/10/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Cayetana FERREL 207855

in a LINER Funeral, date, time THUR. 1/13/05 @ 10:00

Church, Chapel, Graveside ; CA. BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 260 Grave 11

Grave space & Care Fund E-13775

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee JAN 10 2005 _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Maria C. Salinas
Signature
maria

Maria C. Salinas
Print Name
7380 Gatewood lane
Address
San Diego ca 92114
City Zip Code
619 267-0123
Telephone

Work Order # E 18898

Invoice # _____

Acct. # _____

MT HOPE CEMETERY

E18898

GRAVE BLIND CHECK FORM

Deceased Name Cayetana Ferrel

| | | | | | | |
|--|------------|--------|--------|--|--|--|
| | | | | | | |
| | Echeverria | Squire | Watson | | | |
| | | | X | | | |
| | | Turner | | | | |
| | | | | | | |

Today's Date 1/10/05

Interment Date: 1/13/05 Time: 10:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 260 Gr: 11

Flag placed by: Paulette

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: Alaid Mariga

Agrees with Map: Initials _____ Verified DN

Agrees with Legal Card: Initials _____ Verified DN

Flag

E-18898 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) CAYETANA | 1B. MIDDLE M. | 1C. LAST (FAMILY) FERREL | 2. DATE OF BIRTH MONTH DAY YEAR 08/07/1925 | 3. DATE OF DEATH MONTH DAY YEAR 01/06/2005 | 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 MARIA SALINAS—DAUGHTER 7380 GATEWOOD LANE SAN DIEGO, CA 92114 | |
| 7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950 | | 7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-1689 | | 8A. SIGNATURE OF APPLICANT — Person taking permit: <i>Claudette Russ</i> 8B. DATE SIGNED 01/10/2005 | |
| ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100065 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 \$11.00 | 9B. DATE PERMIT ISSUED 01/11/2005 | 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2500726 |
| | 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 CORONOR'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"/> D. TRANSIT TO OUTSIDE OF CALIFORNIA | | | | |

| | | | | |
|-------------------------------|--|---|------------------------------------|--|
| COMPLETE ALL APPLICABLE ITEMS | BURIAL | 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102 | 11B. DATE BURIED 1-13-05 | 11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Hernandez</i> |
| | CREMATION | 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - | 12B. DATE CREMATED | 12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION |
| | SCIENTIFIC USE | 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS - | 13B. DATE RECEIVED | 13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY |
| | TRANSIT | 14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED - | 14B. DATE SHIPPED | 14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER |
| | SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE - | 15B. DATE OF DISPOSITION | 15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION |

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-10-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elba Luz Torres 228481

in a Liner Funeral, date, time Thurs. 13 Jan ^{10:00}

Church, Chapel, Graveside _____; AZTLAN Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

Division 3 Section 4 Blk/Row _____ Lot 9 Grave 1

Grave space & Care Fund 2334.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup..... 549.00

Burial Container..... **PAID** _____

Handling Fees..... 213.00

Flower vases - Marker setting fee JAN 10 2005 _____

Recording/Filing/Transfer Fees..... 66.00

Sales taxes **MOUNT HOPE CEMETERY** _____

Total Due..... 3,162.00

Paid receipt number MIC 1,700.00

R-58397 Balance due 1,462.00

Fax (6A) 337-8300

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. #228480

I hereby authorize the interment in and hold under deed.

Signature Jessamine Pellet

Print Name Jessamine Pellet
Address 7049 Saranac Ave
La Mesa Ct. 91941
City _____ Zip Code _____

Phone 609-460-1304
335-6015

Paulette

Work Order # E 18899

Invoice # _____

Acct. # _____

$$\begin{array}{r} 21.54 \\ 278.00 \\ \hline 299.54 \end{array}$$

MT HOPE CEMETERY

E-18899

GRAVE BLIND CHECK FORM

Deceased Name Elba Torres

| | | | | | | |
|--|--|---------|---------|------|------|--|
| | | | | | | |
| | | Goforth | Goforth | Cook | Cook | |
| | | Walters | X | | | |
| | | | | | | |
| | | | | | | |

Today's Date 1/11/05

Interment Date: 1/13/05 Time: _____

Div: 3 Sect: 4 Blk/Row: _____ Lot: 9 Gr: 1

Flag placed by: Paulette C.

Grave Laid Out by: Norman Ferguson

Blind Check Verified by: [Signature]

Agrees with Map: Initials ROB Verified _____

Agrees with Legal Card: Initials ROB Verified _____

Flag

CITY OF SD HT HOPE CEHETE
3751 MARKET ST
SAN DIEGO CA 92102
619-527-5474
4381322156665644

DATE: 10/02/06 TIME: 15:28:17
MER#: 322156665644 STR#: 4381 TRN#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0000
BATCH: 181
CD TYPE: MC
TR TYPE: PR

TOTAL: \$178.00

ACCT: *****6714 EXP: ***
AP: 876124

NAME: ELIZABETH E FAUROT-ANTONA

CARDMEMBER ACKNOWLEDGES RECEIPT OF
GOODS AND/OR SERVICES IN THE AMOUNT OF
THE TOTAL SHOWN HEREON AND AGREES TO
PERFORM THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

x *Eliz Antona*
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Flat 12x~~24~~24x3
Marker Setting Fee
FOR Elba Torres
Div 3 sec 4 LOT 9
GRI
E-18899
PIN #228481